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Caring for Those Who Care the Most: Bill Wilson Center Wellness Program Assessment

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Capstone Project and Thesis

Caring for Those Who Care the Most

Bill Wilson Center Wellness Program Assessment

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Executive Summary

Bill Wilson Center (BWC) is a community-based not-for-profit organization that provides mental health services, shelter, and support services to homeless youths and families in Santa Clara County. The agency currently has 137 staff members in the mental health division. The agency currently does not have an existing wellness program. The goal of this project is to evaluate the needs of the employees and what type of wellness activities they are interested in. BWC's employees are the agency's most valuable assets. Only through top performance can the agency continue to provide the highest level of services to more than 3,500 clients each year. BWC recognizes and acknowledges that the daily work performed by all staff in a social services environment, where caring for others is a top priority, can take its toll on a person's health and well-being. The pressures of productivity goals, limited staff, funding priorities, and supporting clients with numerous problems can wear on the mental health professional, thus creating high levels of stress, compassion fatigue and employee turnover. In order for BWC to continue to provide the outstanding services it is known for, the staff at all levels of the organization must receive the support they need to perform their jobs. This includes the means to reduce or eliminate stress and feel valued for their hard work and dedication.

Stress affects the health and the ability to function well at work and at home. Unmanaged stress can lead to an array of health-related problems, which is why BWC is proposing to introduce a wellness program to help the employees focus more on their own well-being. Wellness is a state of physical, mental, and social well-being, it is not merely the absence of disease or infirmity. The healthier the staff, the better they can serve their clients and help them achieve their own wellness. As this program is rolled out, the first issue to tackle at BWC

is reducing stress levels among staff while keeping in mind what all staff members do in their daily work and how they do it. A wellness program adds value to an organization.

The Wellness program will offer stress management classes, nutrition classes, and an exercise and fitness program. According to best practices literature, there are benefits and values to BWC having a wellness program and there is an inherent relationship between healthy employees and the related effects on retaining employees, reducing healthcare costs, decreasing rates of illness and injuries, reducing employee absenteeism, and improving employee morale. A worksite wellness program for employees includes the following benefits: improved physical fitness, increased stamina, lower levels of stress, increased well-being, self-image, and self-esteem. It is the agency's goal that as the program progresses, some of the activities introduced through the wellness program will be available to clients as well as staff. Furthermore, there is the expectation that there will be opportunities to partner with primary healthcare providers will better address the broad health needs of the agency clients.

The methods used included health risk assessment (HRA) surveys and focus groups questionnaires. The survey and focus groups results yielded the following shared interest: 1) stress management, 2) nutrition, 3) financial planning, and 4) compassion fatigue debriefing, work/ life balance followed by interests in 5) self-care and in parenting classes. It is recommendation that BWC continues to develop the wellness program for staff which can be later translatable to its clients. By ensuring staff are content in their jobs and are working at their most productive level, BWC will ensure the highest level of services for its clients.

Agency Background

Name of Agency

Bill Wilson Center (BWC)

History of the Organization

The Bill Wilson Center was founded in 1973. BWC is a community based not for profit organization providing mental health services, shelter, and support services to homeless youth and families in Santa Clara County. The agency currently has a staff of 150, of which 139 work directly in the mental health division plus 300 volunteers. The agency works with youth at-risk and families.

How Agency Services Have Changed Over the Years

The agency has moved from a small, “mom and pop” agency to a multi-million dollar entity. Services have expanded tremendously including housing, mental health services, school based services and a full continuum of services for homeless youth and young families. The agency focuses is on staff wellness as well as client wellness. The agency has become an evidence-based practice. Within the agency, evidenced based practices have been incorporated into the services offered that include Cognitive Behavioral Therapy (CBT), Parent Child Interaction Therapy (PCIT), Screening, Brief Intervention and Referral to Treatment (SBIRT), Wellness and Recovery, Transition to Independence, Reflective Supervision, and Critical Incident Stress Management (CISM). In the beginning, using evidence-based practices was not a priority and now it is. This is based on professional growth. Furthermore, many funders require the use of evidenced-based practices. Training of staff has improved tremendously. Peers are now hired in the agency’s programs. Technically, the agency has gone from using spreadsheets

to collect data, to implementing an electronic health record. The agency is outcome driven and previously this was not BWC focus.

BWC has expanded from its start in a classroom at a local school to have multiple sites in Santa Clara and San Jose. BWC owns most of its properties. BWC has become more culturally diverse through the years – from an all-white to a very diverse staff in race, gender, ethnicity, and education. BWC is nationally known – thanks to the president Sparky Harlan and her national advocacy. BWC had their first USF Masters in Science Behavioral Health intern join them in January 2015 to develop the BWC wellness program.

BWC is in the midst of becoming an integrated behavioral health program, which is far from what they were in the beginning. BWC has grown to better meet the needs of their community; they are more aware of the needs, the gaps in services, and how to advocate for them. BWC's reach is far and impactful, and offers a full continuum of services for homeless youth and families, focusing on preventing homelessness by connecting youth to services. The BWC philosophy is very clear that they do not give up, but keep trying, which has had an impact on the youth they serve. BWC is solid in their financial security, and are very committed to serving their community.

Mission and Vision Statement of the Organization

Bill Wilson Center supports and strengthens the community by serving youth and families through counseling, housing, education, and advocacy. BWC vision statement includes the following “We are working to prevent poverty in the next generation by connecting youth and families to education, employment, housing and positive relationships. We are working toward ending youth and family homelessness by 2020.” (BWC, 2015)

Primary Services Provided by the Organization

The Bill Wilson Center provides direct services to more than 3,500 children, young adults, and families in Santa Clara County through various programs. The Bill Wilson Center reaches more than 34,000 clients indirectly through the Street Outreach and crisis line programs. Bill Wilson programs focus on housing, education, counseling, and advocacy. BWC also provides the following programs: adoption program, foster care services, critical incident stress Management, LGBTQ outreach, transition age youth mental health services, and school outreach counseling. Further information about these services can be viewed on the BWC website especially as there are 25 other programs they provide which are not listed here.

As an intern, the author worked directly with the Director of Integrated Services and was tasked to create an appropriate wellness program for staff, which will later translate to agency clients.

Introduction

In this review of wellness literature and best practices, the author will present the rationale and significance of employee worksite wellness programs in general and particular to mental health service providers. The author will discuss why there is an increased focus on healthy living and the resurgence of the wellness movement in the United States.

The prevalence of chronic diseases is creating a health crisis in the United States and there is a call to action to employers to help their employees maintain a healthy work lifestyle, which means developing a culture of wellness that aligns with business strategies and policies. The poor health habits of many workers, growing rates of chronic disease, and the rising cost of health benefits have created new interest in workplace wellness programs (AMA, 2013). Workplace wellness programs are helping workers to reduce incidence rates in chronic diseases by encouraging healthier habits and in doing so decreasing health care utility (AMA, 2013). The Centers for Disease Control and Prevention (CDC, 2015) indicate that chronic diseases are accountable for 7 out of 10 deaths in the United States on an annual basis. Management of chronic diseases in the United States explains 86% of costs associated with health care (CDC, 2015). Health care expenditures are anticipated to nearly double from \$2.4 trillion to \$4.3 trillion in 2018 (Rubenstein, 2009). The CDC recognizes four modifiable behavioral risk factors: (1) physical inactivity, (2) inadequate nutrition, (3) use of tobacco products, and (4) excessive use of alcohol (CDC, 2015). Furthermore, the prevalence of burnout and compassion fatigue in mental health providers is between 21-67 percent (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012) and is linked to other chronic health problems (CDC, 2015).

In the United States, diseases such as hypertension, coronary artery disease, and diabetes are non-communicable and are considered multi-causal. Genetic, environmental, or stress-induced causes are the factors of these diseases (McKenzie, Pinger, & Kotecki, 2012). Developing a culture of wellness and health promotion will lead to improvement in productivity, primary disease prevention, and stabilization and reduction in health care costs. “Green and Kreuter (1991) defined health promotion as any planned combination of educational, political, environmental, regulatory, or organizational mechanisms that supports actions and conditions of living conducive to the health of individuals, groups, and communities.” (Glanz, Rimer, & Viswanath, 2008, p.11).

In the United States, employees typically get their health insurance from their employer and many businesses, small and large, are burdened by the requirement to provide their employees with health insurance and the constraints of absorbing the associated costs (Rubenstein, 2009). As healthcare costs continue to escalate, there is a greater need for consumer participation in health care decisions. Furthermore, employers have moved in the direction of consumer-driven health care choices. Employers have opted to include alternatives such as Health Reimbursement Accounts (HRA), Health Savings Accounts (HSA) and Flexible Spending Accounts (Partnership for Prevention, 2015). In the workplace, there is a greater need to focus on health and strategic planning in health promotion to counteract chronic diseases (Partnership for Prevention, 2015).

The question that is frequently asked is how employers make the worker happy through a wellness program which is budget-friendly, keeps costs down, and is a voluntary participatory program versus a mandatory one. Also, how do they create a wellness program that benefits employers, employees, employees’ families, communities, and stakeholders? According to

Morse et al., (2012), it is ironic that the mental health specialty field has not paid much attention and responsiveness to the needs and health of its workforce. There is a gap in empirical data relating to mental health service provider burnout and compassion fatigue and here is an emerging need to create a robust methodology that looks at prevalence and causal rates of burnout among mental health workers (Morse et al., 2012).

History and Need for Intervention Generally and Within the Organization

The typical workweek in the United States is approximately 47 hours. Mental health service providers work long stressful hours and suffer from burnout. Employees work on average an additional 164 hours more than they did 20 years previously (WELCOA, 2015). If this trend continues, as it is predicted to do so, it will bring more threats to employees' health. Threats that will impact physical health stem from sedentary work, repetitive stress injuries, and lower back pain problems which will continue to manifest as chronic diseases (WELCOA, 2015). There is a great need for wellness interventions to combat these physical and mental health threats. In general, a wellness intervention adds value to an organization. Worksite wellness programs are important in protecting and promoting employee health. Worksite wellness programs reduce costs that are direct and indirect health care-related. According to Chenoweth (2011), the goals of a worksite wellness program are to help employees achieve his/her full potential in life. The areas of physical, psychological, social, spiritual, and economic are emphasized.

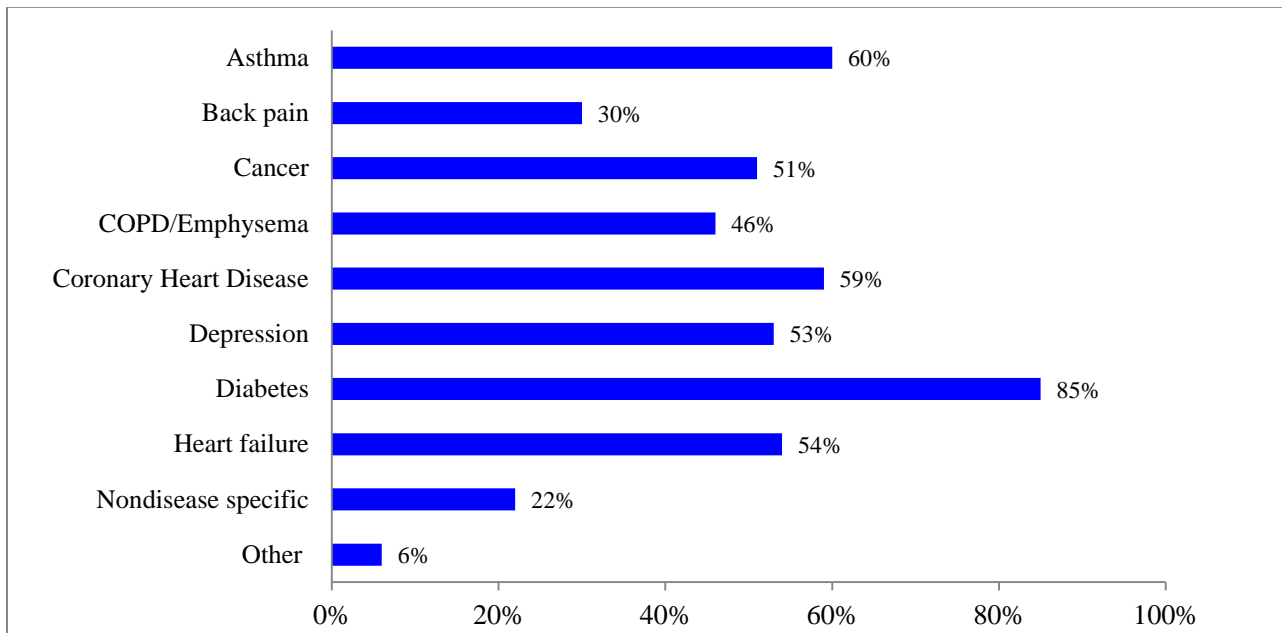
In completing a gap analysis, the finding was that (BWC), a mental health service provider currently does not have an established wellness program for the staff. The major goal of the wellness intervention is to make the BWC work environment more supportive of positive

health behaviors of employees and in so doing reduce their risk of developing chronic diseases and other diseases relating to fatigue and burnout.

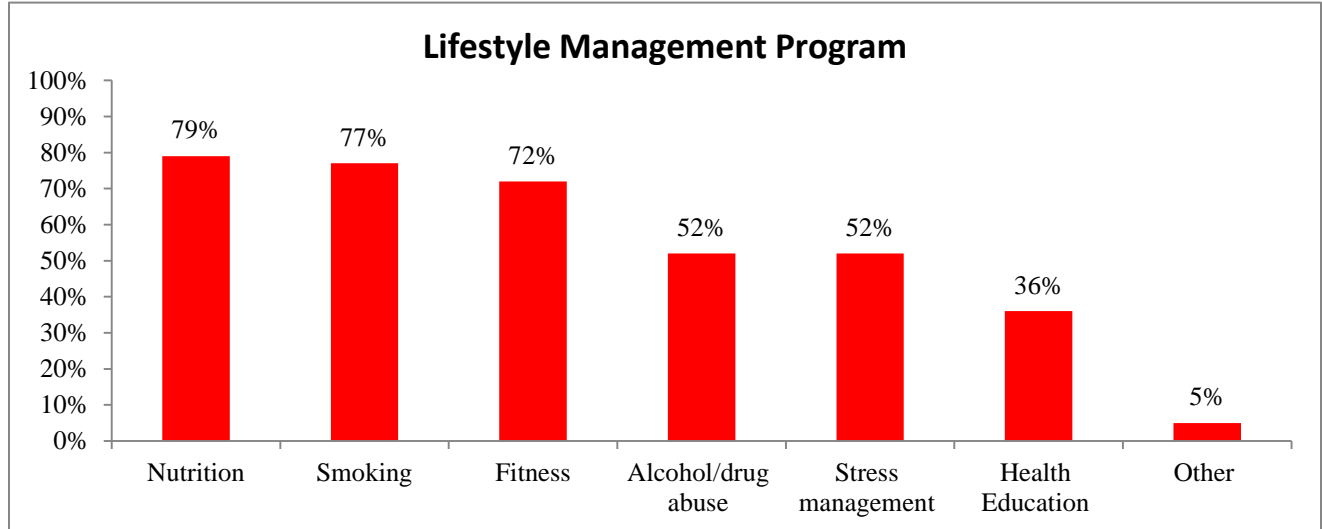
National Data on Wellness Programs

On the national level, RAND health conducted a research survey of employees in private and public sectors. According to the RAND results, 51 percent of US employers with 50 or more offered a wellness program. RAND Employee Survey Data, 2012 show that 46 percent of employees actually complete a health risk assessment (RAND, 2012). The following are programs offered by employers for specific chronic conditions (RAND, 2012, Table 1)

Table 1



RAND Employee Survey Data, 2012 shows the following lifestyle management programs offered by employers as a primary intervention in chronic conditions (Table 2).

Table 2

Analysis of Wellness in Mental Health Service Providers

One of the greatest threats to the wellness of mental health service providers is the stress that they encounter as a result of their occupation. In the mental health field, staff burnout and compassion fatigue, and compassion stress is a major concern as it leads to a sense of negativity when it comes to self-evaluation of one's work (Morse et al., 2012; Maslach, Schaufeli, & Leiter, 2001). As a result people feel fatigued, emotionally exhausted, cynical, have reduced efficacy, and have symptoms of neurasthenia (Morse, et. al, 2012). Social workers and mental health therapists need to take time out for self-care and should be aware of burnout so that its effects can be dealt with so that it does not affect the working relationship with the client. It is documented that there is risk when working with clients who have experienced trauma that there is a high likelihood that the provider will vicariously experience that trauma (Sprang, Clark, & Whitt-Woosley, 2007; Canfield, 2005). According to Kim, Ji, & Kao (2011), social workers who experience burnout later experience greater levels of physical health problems. According to the United States Bureau of Labor Statistics (2013), the majority (80% percent) of social workers

are women, 69 percent of whom are counselors, and 73 percent are social and human services aides.

Social workers who work as mental health care providers often work with clients who are mentally unbalanced; as a result there is a greater risk of violence in the workplace (Arrington, 2008). The National Association of Social Workers (NASW) conducted a survey that showed that 50 percent of social workers reported to their employer that they were concerned for their safety while on the job and felt that their employer did not effectively address their safety concern (NASW, 2008). The survey also reported the following stressors associated with the job: 31 percent do not have enough time to finish their work, 25 percent stated that they experienced substantial workloads, 19 percent indicated that their salary was not comparable to their peers, and 16 percent reported that they are not compensated adequately (Arrington, 2008). It is evident that mental health service providers would benefit from a wellness program to combat staff burnout and compassion fatigue. There have been numerous controlled intervention studies that address burnout among mental health staff.

Literature Review Best Practices in Employee Wellness

Brief History of Wellness

It is of utmost urgency that employers develop wellness interventions that address burnout in mental health service providers. The following are some wellness interventions that were piloted to reduce burnout. One of the interventions was a one day workshop tailored to 84 mental health services providers entitled. The intervention was entitled “BREATHE” an acronym for burnout reduction, enhanced awareness, tools, handouts, and education (Morse, et al., 2012). The workshop included skills-building exercises with a focus on contemplation, which included meditation and mindfulness training, social skill training in how to develop a support system, physical training including a body scan and cognitive training, and other activities to embrace self-care. The study found a large decreased rate of fatigue, some modest reduction rate in depersonalization, and reviewing the consumer optimism data, it was noted that there was substantial improvement in optimism six weeks later (Salyers et al., 2011).

A similar intervention was conducted in Italy to address burnout involving 25 mental health staff who completed 3 hours of assertiveness training along with cognitive behavior therapy, mediation and mindfulness training in managing emotions while providing direct care to consumers (Scarnera, Bosco, Soleti, & Lancioni, 2009). Results of the intervention showed a decrease in depersonalization and emotional fatigue post intervention and 18 months post baseline (Scarnera et al., 2009). Due to the small numbers of participants in both of these studies, it is difficult to draw conclusions but overall study findings do show that small interventions can reduce compassion fatigue, emotional exhaustion, and depersonalization attitudes (Morse et al., 2012).

Health care in the United States is moving towards an integrated model of behavioral health care that focuses on the biopsychosocial model versus the previous biomedical model of the 20th century (Talen, & Burke Valeras, 2013). Seligman (2008), states that positive physical health is associated with positive psychology and subjective positive health. Having positive health helps safeguard against physical and mental health ailments (Seligman, 2008). After World War II, the idea of wellness was initiated as a result of societal health changes (Miller, 2005). Wellness took on a new meaning as it was now used as a marketing tool. The wellness movement started in the United States in the 1970s. Since then the word wellness has changed and has taken on a more holistic meaning (Miller, 2005). Wellness was first defined by Dunn as the “maximization of health through an integrated method of functioning, keeping in mind an individual’s environment.” (Dunn, 1959, pp. 786-792). In Dunn’s model of high-level wellness, he addresses eight inter-related concepts of health; social, emotion, physical, spiritual, intellectual, occupational, and environmental, which had become the holistic model of wellness.

There are two other popular models. One is the Gallup and Hill constructs whose seminal work in *The Secrets of a Long Life* in 1960 focuses on physical, career, social, community, and financial wellbeing, which are considered essential to most people. The research gleaned from Gallup & Hill reveals how organizations help their employees obtain overall wellbeing that comes from career satisfaction, financial security, and having a sense of community that are all interconnected components of wellbeing (Rath & Harter, 2010). The National Wellness Institute model was created in 1976 by Bill Hettler, M.D., and is described as an interdependent model, also known as the six dimensions of health, which comprises occupational, physical, social, intellectual, spiritual, and emotional wellbeing. It is a holistic model that promotes people reaching their full potential in life and accentuates people’s strengths and abilities (National

Wellness Institute, 2015). There is resurgence in the wellness movement which is predicted to continue in an effort to control increasing healthcare costs and retention of top employees (Turnbull, 2015).

Rationale and Significance of Wellness Programs

Benefits: return on investment (ROI) and value on investment (VOI). The predominant purpose of worksite wellness programs is to offer a positive return on investment (ROI) by decreasing rates of absenteeism and reducing health insurance premiums. From an altruistic view, wellness programs have led to the development of a healthier workforce which in turn translates into a healthier population (Call, Gerdes, & Robinson, 2009). There is a shift away from ROI and the new focus is on VOI in employee health and productivity. The VOI concept looks at reduced rates in absenteeism, increased rates of productivity, decreased rates of turnover and increased rates in job satisfaction of employees who participate in worksite wellness programs ((Leonard, 2014).

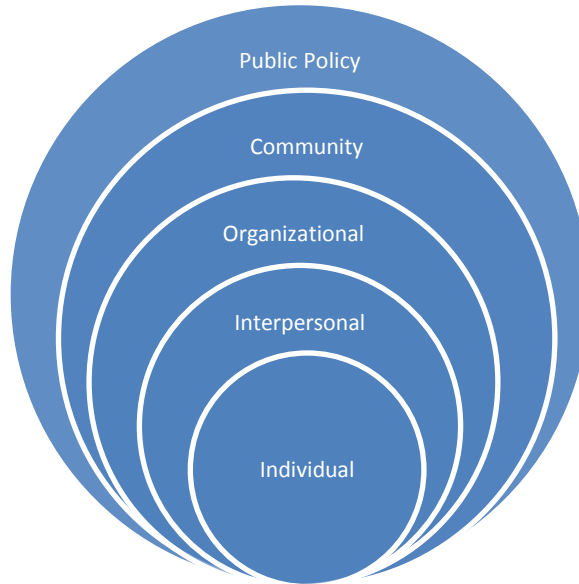
The typical US employer offers its employees assistance in managing health-related matters through the employee assistant programs (EAP's), which are part of the comprehensive benefits package. EAPs have been around since 1980 and in today's workforce they continue to complement the worksite wellness program (Call, Gerdes, & Robinson, 2009)

Occupation Health and Safety partnering with worksite wellness program. In addition, by promoting healthy environments, reducing risks related injuries due to stress and repetitive stress injuries (ergonomic related), offering flexible work schedules and cultivating social support networks further increases value on investment (NIOSH, 2014). Likewise, an objective of Healthy People 2020 is health promotion and safety in the work place, which

focuses on prevention and intervening earlier to curtail injuries and illness (Healthy People 2020, 2015)

Multi-faceted wellness programs. A well-designed work site wellness program includes the blending of education, organizational factors, and environmental activities, which supports behavior that is beneficial to the health of their employees, families and communities, if properly designed to include resources, educational materials, and suitable interventions that are applicable to employees (Goetzel & Ozminkowski, 2008; Turnbull, 2013). Goetzel & Ozminkowski (2008), state that workplace wellness programs are effective when they successfully assess the needs for services for employees. Programs that invite people to participate and be engaged, that have a foundation in behavioral theory, that use multi-modalities to communicate and reach employees, and use benchmarking as a way to measure program outcomes and the impact of programming will have long-term success (Goetzel & Ozminkowski, 2008).

Health and behavioral theory based wellness programs. Moreover, health promotion and disease prevention approaches should include a range of activities that leads to sustainability of a wellness program both on a personal and environmental level. Behavioral change has numerous levels of influence from individual, interpersonal, organizational, and community, and public policy (McKenzie, Pinger & Kotecki, 2012). The use of the social-ecological model acknowledges these spheres of influence linking individual and environmental as outcome factors that help in successful behavior change (Grzywacz & Fuqua, 2000). Health starts with the person but the environment that person lives and works in also contribute to the health and wellbeing of the person need to be considered before implementing a wellness program.

Diagram 1

Source: The Social-Ecological Model: A Framework for Prevention (CDC, 2015)

Stages of change: transtheoretical model. The author is applying the transtheoretical model (TTM), which uses stages of change, and is applicable to the BWC worksite wellness program (Glanz, Rimer, & Viswanath, 2008). The TTM model was conceptualized by Prochaska in 1984. The model advocates that change happens over time and follows a series of six stages, (Glanz, Rimer, & Viswanath, 2008). The six stages of change are: (1) precontemplation, (2) contemplation, (3) preparation, (4) action, (5) maintenance, and (6) termination. (Glanz, Rimer, & Viswanath, 2008). BWC is in the contemplation stage of change. Staff at BWC have completed the health risk assessment survey, focus groups, and are now in the process of establishing a wellness committee. While in the preparation stage, BWC pursued funding sources and was awarded \$175,000 from the state to implement a staff wellness program. The action stage, which will be the implementation phase of the wellness program, is scheduled to take

place by September 1, 2015. As part of the implementation phase, a formative evaluation will be done to assess the effectiveness of the deliverables.

Organizational change theories. Implementing a worksite well program can be challenging and needs organizational theory to support successful implementation of worksite health promotion programs (Weiner, 2009). Before any type of wellness program is implemented in an organization, there is a period of time where there is a need to prepare psychologically and behaviorally in advance of that change. Weiner (2009) calls this the time of preparation in advance of change and describes it as a multi-level concept. A wellness program that is effectively implemented has gone through the constructs of change commitment i.e., collectively the organization has resolved to implement the change and change efficacy where there is a shared belief in the capabilities of making that change happen (Weiner, 2009). Kotter's (1996) model of transformational change process in organization is appropriate to use to create a new culture of change. Kotter promotes a simple vision to bring about the necessary change. According to Kotter's model in order to bring about change in an organization it has to go through eight stages of change, the first being create a sense of urgency. There is a need to create guidance through coalition building which includes senior leaders to bring about the desired change. A change vision is needed along with communicating that change vision. As these earlier changes are processed in order people feel a sense of empowerment that can help to produce short-term wins. Kotter (1996) emphasizes on never giving up and incorporate these stages of change into corporate culture.

Leadership factors of worksite wellness program success. It is also important that senior leadership supports and fully participates in the worksite well program (Goetzel & Ozminkowski, 2008). Consistent with best practices literature, there is an inherent relationship

between healthy employees and the associated effects on retaining employees. Worksite wellness programs have many benefits for both the employers and staff. A workplace health program that combines both individual and organizational strategies may well yield benefits both for individual employees and their families as well as the organization (CDC, 2013). The biggest challenge in implementing a workplace wellness program is convincing leadership and management of its value along with the essential resources and support to sustain the program (Weisfeld & Lustig, 2014). A wellness program at BWC is justified in that it will support positive health of employees and therefore reduce the employees' risk of developing chronic disease. Furthermore, it will also reduce health insurance premiums. Worksite wellness programs are essential interventions to stimulate employee wellbeing (Michaels & Greene, 2013).

Business case for wellness programs. There has been comprehensive analysis done on worksite health promotion programs that have shown significant cost reductions in insurance premiums and benefits to employees. The CDC Healthy People in Healthy Places initiative has built a business case for worksite wellness programs in which their primary focus is in health promotions which results in healthier more productive employees (CDC, 2015). The Institute of Medicine (IOM) report on favorable and best practices in total worker health states that wellness starts with on the job safety then moves to individual wellness and then to overall workplace employee wellness (Weisfeld & Lustig, 2014). RAND Health conducted an extensive research study on Workplace Wellness Programs which states that there is a prevalence of lifestyle-related disease in the U.S. (Mattke et al., (2013). Furthermore, these lifestyle-related diseases lead to early morbidity and mortality and increased health care costs. According to the RAND report, chronic illnesses develop during the employees work life which decreases productivity, causes absenteeism, effects presenteeism (loss of productivity that is illness associated while at

work), and increases health care cost both on the employee and employer (Mattke et al., 2013). Diseases such as diabetes, heart disease, and chronic pulmonary disease are considered lifestyle-related diseases (RAND, 2013). The health and cost benefits of work place wellness programs are most effective when programs include the capacity to evaluate the need for services, appeal to employees, incentivize, use behavioral theory as a basis, use different means to reach people, and make efforts to measure program influence (Goetzel & Ozminkowski, 2008).

Incentives for wellness participation and behavioral change. The Affordable Care Act (ACA, 2010) encourages prevention and the implementation of worksite wellness programs by offering incentives to employers to help remove barriers to implementing wellness programs. Incentives may be given directly by employers or through their health plan (RAND, 2013). According to the RAND report, 69 percent of employers offered monetary incentives to their employees to promote participation in a wellness program. (Mattke et al.,2013). Incentives are given at biometric screening and completing health risk assessments. According to Condly, Clark, & Stolovitch (2003), state that incentives can greatly increase participation and work performance if they are judiciously implemented. However, there is a need to measure performance in advance and throughout the use of incentive programs in the work place.

Measurement and evaluation wellness programs. Quality Metrics are used to evaluate the success of a wellness program. The type of metrics used will depend on leadership, management and employee participation and engagement from initiating, implementing, sustaining, and evaluating the program throughout its existence. Metrics are important and essential if a wellness program will make and sustain improvements in employee wellness (Nelson, Batalden, & Goffrey, 2007). The typical metrics that measured are participation, satisfaction, and behavior change at baseline and at follow-up at 6 months or annually. These

metrics demonstrate the efficacy and success of the wellness programming efforts. Participation satisfaction is an indication of those who joined in the wellness program (RAND, 2013).

According to Nelson, Batalden, & Goffrey (2007), metrics that matter (MTM) should provide transparency to staff and management by making sure they are on the right path to success.

Furthermore, metrics show where improvements were made, sustained, and the extent of variation that is measured over time (Nelson, Batalden, & Goffrey, 2007). As discussed earlier, ROI and VOI are important metrics to measure health, wellbeing, and productivity. ROI may not always be tied to monetary outcomes but to other factors such as risk reduction, biometric screening data, how frequent wellness activities are offered and the amount of use of these programs (World Economic Forum, 2013).

Quality metrics used to evaluate the BWC wellness project include health-related behavior metrics that are completed at baseline and will be repeated at 6 months for impact comparison. The wellness program that BWC is proposing will include the following performance metrics which will be used to evaluate the effectiveness of the program activities:

- 95% of staff will participate in biometric screenings.
- 95% of staff will participate in health risk assessments.
- 60% of staff will indicate a desire to have assistance with weight loss and will-participate in an on-line weight loss challenge.
- 75% of staff will participate in at least two wellness webinars hosted by Kaiser.

At the end of the first year, BWC anticipates an increase in staff satisfaction as measured by the annual staff satisfaction survey, and a 10% decrease in staff turnover.

Resistance and barriers to wellness. The biggest barrier to wellness programs is the availability of resources and not having sufficient funding to implement a wellness program. Concerns about unintended consequences around privacy are also raised in worksite wellness programs along with imposition of penalties on those that have comorbid health conditions due to genetic predispositions (Rubenstein, 2009). Being genetically predisposed determines many health factors such as obesity, diabetes, and cardiovascular disease (James, 2013). Coercion is another concern especially for people with a particular health problem to be required to partake in a wellness activity which is not medically managed (James, 2013). A paternalistic culture will threaten the success of a wellness program, the essence of a wellness program remains in its autonomy of its users. The goal of leadership is to create a wellness culture to enhance employee performance and promote a wellness program that is legally, morally and ethically sound (Mujtaba & Cavico, 2013)

Target Population

The target population is the employees of Bill Wilson Center (BWC) in Santa Clara. Santa Clara County is a geographic area where employment opportunities in the public mental health field are readily available to qualified individuals, especially those who are bi-lingual. Of the 139 staff employed by BWC, 52 staff members work in the Mental Health services division and an additional 55 provide case management to youth and young families in BWC's transitional housing programs or at the drop-in center for homeless youth. The staff who work in the mental health service division make up 9 percent of the agency and have been with the agency for 10 or more years; 17 percent have been with the agency between 5 and 9 years; 34 percent from 1 to 4 years; and the remainder, which is 40 percent, have been with the agency for

less than a year. The following table provides an overview of the race, ethnicity, age, and gender (see Table 3).

Table 3

Race and Ethnic data

Gender	African American	Asian	White	Hispanic	Geographic area	*Income level
Female	9	16	41	40	Santa Clara County	
Male	10	3	8	12		
Total	19	19	49	52		

*Note. N=139. *Income data is not available due to statutory privacy constraints.*

Source: Overview of Race and Ethnicity/ Data on the BWC population

The majority of the staff that work at BWC live in Santa Clara County and work at one of Bill Wilson Center's 22 sites, which are also located in Santa Clara County. BWC is a non-profit agency and staff turnover is a problem. Over the past year, the average length for a mental health service provider has been 13 months and there have been a few staff members who worked 9 months or less. Heavy caseloads, in combination with a less than competitive salary, makes retaining qualified staff a challenge. Additionally, the agency's outlay of time and effort to train staff, only for them to leave the organization after 9-13 months is frustrating and puts an increased burden on staff who are left to pick up the caseload.

SWOT Analysis of BWC

In preparation of assessing the needs of the employees at BWC, the agency reviewed promising and best practices literature in employee wellness programs. A statement of work was

initially done as part of the project management plan that outlined the following requirements that will result in the successful implementation of the wellness program: assessing, planning, implementing, and evaluating. BWC will create and present detailed project plan for assessing and planning the wellness program. A written status report will be presented at each planning meeting. As the BWC wellness project is implemented, a written status report will be presented at each implementation meeting by the wellness coordinator. Once the BWC wellness program is launched, a formative evaluation will be done to assess if all the program activities are delivered.

The agency staff has completed a needs assessment initially done through a health risk assessment (HRA) survey that identified particular health risks and opportunities for wellness interventions such as behavior modification, health promotions and educational health activities. To further assess the staff needs, three focus groups were set up to find out what types of programs and activities the staff were interested in. The agency submitted a Request for Application (RFA) to the California Office of Statewide Health Planning and Development (OSHPD) to apply for a grant that will help in implementation a worksite wellness program that will engage in activities that aim to increase retention of the mental/behavioral health workforce at BWC. OSHPD awarded BWC \$75,000 to implement their wellness program.

A strength, weakness, opportunity and threat (SWOT) analysis was done (Appendix A). The following strengths and opportunities have been recognized by BWC that can have a positive impact on the wellness program if implemented successfully. The following strengths and opportunities were identified:

- Funding of \$75,000 was awarded from OSHPD
- Creative leadership

- Employee readiness for change
- Employees interested in health and wellness
- Community partnership with Kaiser
- Personal networks and connections
- Excellent agency reputation-loyalty to clients
- No additional space is needed to create the wellness center
- Other Community Organization
- Mental Health Resources
- Health insurance expansion Affordable Care Act (ACA, 2010)

The following weaknesses and threats have been identified that may impede the success of implementing the program if not resolved:

- New Program
- Leadership engagement
- Lack of specific expertise/resources
- HR has not yet identified a wellness coordinator to drive the program
- Cost of Medical care is increasing
- Time and energy in planning

A Gantt chart with milestones was developed, along with a proposed budget for the wellness program (Appendix B). To alleviate these weaknesses and threats, one suggestion is for leadership to create a shared vision as the wellness program develops. According to Larson & Grey (2014), a shared vision inspires members to give their best efforts and provides a focus. Moreover, when launching the wellness program, some simple, short-term goals can be agreed upon to show tangible results. Identifying leadership support and wellness champions will lead to

success of a worksite wellness program (Michaels & Greene, 2013). The Affordable Care Act (2010) provides small businesses access to wellness grants to help establish new worksite wellness programs (James, 2013).

Problem Statement

The BWC currently does not have an established wellness program for the staff. Worksite wellness programs are important in promoting employee health. The issue of unmanaged stress can lead to an array of health-related problems and this is why BWC is proposing to implement a wellness program to help employees focus more on their own well-being. “Wellness is a state of physical, mental, and social well-being—it is not merely the absence of disease or infirmity.” (World Health Organization, 2015). The healthier the staff, the better they can serve their clients and help them achieve their own wellness. As this program is rolled out, the first issue to tackle at BWC is reducing stress levels among staff members while keeping in mind what each staff member does in their daily work and how they do it. BWC’s executive management is committed to taking proactive steps to retain qualified staff that contributes to the agency’s services to clients and to the mission of the agency. A wellness program at BWC adds value to an organization as it increases employee retention, improves morale, productivity and decreases absenteeism.

From January 2015 through June 1, 2015, BWC will design an onsite wellness program for its employees. The wellness program will enhance employee’s physical, mental, and occupational well-being by reducing stress levels and encouraging employees to make lifestyle changes to improve their quality of life. By February 14, 2015, we will design a health risk assessment survey, email it to the staff, and tabulate the results by March 31, 2015. BWC will

have baseline data that will measure the staff's needs and interest in an on-site wellness program initially and then repeat at 6 months once the program is implemented to evaluate its effectiveness. BWC will design focus group questions, conduct the focus groups, and tabulate focus group results by April 30, 2015. BWC will also form a wellness committee and have the first wellness meeting by mid-June to discuss the survey and focus group outcomes (Appendix G). BWC will create a vision and mission statement for the wellness program. Our performance goal is 95% staff participation and engagement in the wellness program which will translate to reduction in health insurance premiums and also involve employees in wellness programs such as stress management, nutrition counseling, and mindfulness training. By September 1, 2015 the wellness program will be implemented and a formative evaluation will be done to assess for deliverables.

Goals and Objectives

Spring Semester 2015

Goal 1.

Assess the needs and interests of the Bill Wilson Center in what types of wellness programs they are interested in.

Objective 1.

Learn about Wellness – By March 1, 2015, I will have become a content expert for wellness.

Activities.

The proposed activities include the following:

1. Read articles on wellness, Ask for information on wellness programs, compare similar size.
 - Who is responsible: ACM.
 - Start date: January 21, 2015.

- End date: March 1, 2015.
- Tracking measure: Draft electronic wellness survey available for piloting by March 20, 2015.
- Survey will be reviewed by Director.

Objective 2.

By March 27th, 2015 the Director will have collected feedback from the agency staff about their needs and interest in an on-site wellness program.

Activities.

The activities, persons responsible, and controlling dates are as follows:

1. Design health risk assessment electronic survey.
 - Who is responsible: ACM & SB.
 - Start date: February 17, 2015.
 - End date: March 4, 2015.
2. Receive approval from upper management and HR on the survey.
 - Start date: March 5, 2015.
 - End date: March 6, 2015.
 - Tracking measure: Draft electronic survey available for piloting by March 20, 2015.
3. Develop email list of BWC for survey distribution.
 - Who is responsible: ACM.
 - Start date: March 5, 2015.
 - End date: March 7, 2015.
 - Tracking measure: Have an accurate email list of all BWC staff.
4. Email health risk assessment electronic survey to BWC staff.
 - Who is responsible: ACM.
 - Start date: March 20, 2015.
 - Intermediate date: March 24, 2015 (email reminder sent re: survey).
 - End date: March 27, 2015 (survey closed).
 - Tracking measure: Completed surveys.

5. Tabulate and summarize data and suggestions collected through survey.
 - Who is responsible: SB & ACM.
 - Start date: March 28, 2015.
 - End date: March 31, 2015.
 - Tracking measure: Final summary report ready to present to agency Director and CEO.

Objective 3.

By April 15, 2015, the program director will have reviewed the responses from the employee wellness Program Focus Group.

Activities.

The activities, persons responsible, and controlling dates are as follows:

1. Design focus group questions.
 - Who is responsible ACM & SB.
 - Start date: April 1, 2015.
 - End date: April 5, 2015.
 - Tracking measure: Binder with print outs of all questions.
2. Recruit participants.
 - Who is responsible: ACM & SB.
 - Start date: April 6, 2015.
 - End date: April 7, 2015.
 - Tracking measure: Have an accurate email list of participants.
3. Schedule on site meeting room.
 - Who is responsible: BR.
 - Start date: April 6, 2015.
 - End date: April 6, 2015.
 - Tracking measure: Invite is sent to focus group participants indicating meeting location and time.
4. Conduct the focus group.
 - Who is responsible: ACM & SB.
 - Start date: April 8, 2015.

- End date: April 8, 2015.
 - Tracking measure: Participants attendance and responses to focus group questions.
5. Tabulate and summarize data and suggestions collected through the focus group.
- Who is responsible: ACM & SB.
 - Start date: April 15, 2015.
 - End date: April 16, 2015.
 - Tracking measure: Final summary report ready to present to agency President and CEO.

Objective 4.

Prepare proposal for funding from Office of Statewide Health Planning and Development RFA No. 14-5665 to implement the wellness program

Activities.

The activities, persons responsible, and controlling dates are as follows:

1. Read request for application - Multiple Awards Public Mental/Behavioral Health Workforce Retention.
 - Who is responsible: ACM & SB & PF.
 - Start date: May 10, 2015.
 - End date: May 14, 2015.
 - Tracking measure: Identify funding resource and email to express interest in applying for funding.
2. Draft proposal/Executive summary/Quality Metrics/Needs Assessment Prospectus.
 - Who is responsible: ACM & SB & PF.
 - Start date: May 15, 2015.
 - End date: May 19, 2015.
3. Review proposal with Director and CEO & Director of Community Resources.
 - Who is responsible: ACM & SB & PF
 - Start date: May 15, 2015
 - End date: May 20, 2015

Summer Semester 2015**Goal 2.**

Develop the wellness program based on the needs and interest of the agency.

Objective 1.

By early June 2015, we will have the first employee wellness committee meeting to discuss survey outcomes and focus group outcomes. I will have learned about the vision, purpose and mission for the Wellness program at BWC. I will also have learned about the needs of the agency regarding wellness through the employee survey and what ways and means employees would like to increase wellness and satisfaction.

Activities.

The activities, persons responsible, and controlling dates are as follows:

1. Form wellness committee.
 - Who is responsible: SB & ACM
 - Start date: June 2, 2015
 - End date: June 10, 2015
 - Tracking measure: Have an accurate email list of participants

2. Set meeting agenda.
 - Who is responsible: SB & ACM
 - Start date: June 1, 2015
 - End date: June 10, 2015
 - Tracking measure: Agenda is sent to focus group participants indicating meeting location and time.

3. Conduct committee meeting.
 - Who is responsible: SB & ACM
 - Start date: June 12, 2015
 - End date: June 12, 2015
 - Tracking measure: Attendance

4. Create meeting minutes and send to committee members.
 - Who is responsible: SB & ACM
 - Start date: June 15, 2015

- End date: June 15, 2015
- Tracking measure: Email meeting minutes to Committee members & reminder of next Committee meeting.

Objective 2.

By June 5, 2015, I will create the June wellness newsletter. I will have learned about Safety in the BWC workplace as June is National Safety awareness month.

Activities.

1. Create monthly wellness newsletter.
 - Who is responsible: ACM & SB.
 - Start date: June 2, 2015.
 - End date: June 5th, 2015.
 - Tracking measure: Final approval by Human Resources and distribute to staff.

Objective 3.

By June 15, 2015, I will attend the National Wellness Conference in Minneapolis, where I will learn about the latest research and best practices from expert presenters and speakers, connect and network with peers, and return home informed, renewed, and re-energized.

Activities.

1. Attend Wellness Conference.
 - Who is responsible: ACM.
 - Start date: June 15, 2015.
 - End date: June 18, 2015.
 - Tracking measure: Prepare presentation and share worksite academy conference information with BWC staff upon return.

Objective 4.

By July 12, 2015. I will have researched job description for a wellness coordinator/wellness Coach. I will have learned about the role, responsibility, and requirements of a wellness coordinator /coach appropriate for the needs of BWC staff.

Activities.

The activities, persons responsible, and controlling dates are as follows:

1. Review job similar job descriptions.

- Who is responsible: ACM & SB & IP
 - Start date: June 2, 2015
 - End date: June 20, 2015
 - Tracking measure: Job posting and advertise by Human Resources
2. Create job description.
- Who is responsible: ACM, SB & IP
 - Start date: July 1, 2015
 - End date: July 10, 2015
 - Tracking measure: Human Resources reviews the job description

Objective 5.

By August 14, 2015. I will have completed my internship at BWC.

Activities.

The activities, persons responsible, and controlling dates are as follows:

1. Finalize Capstone project.
 - Who is responsible: ACM.
 - Start date: Aug 14, 2015.
 - End date: Aug 14, 2015.
 - Tracking measure: Present Capstone to BWC and receive feedback.

Methodology

For this project, a literature review of best practices in worker health was done and from that point ideas were developed on how to conduct a needs assessment for the Bill Wilson Center (BWC). BWC decided to complete a health risk assessment survey looking for input on employee wellness which was sent to all the staff. Later focus groups were held to elicit additional information on staff interests in wellness programs. Both processes provided qualitative data that informs employee wellness decisions and that measures change and creates a baseline which will help in planning and implementing the wellness program at BWC.

Objectives

Objective 1: learn about wellness.

By March 1, 2015, the author will have become a content expert for wellness. The author read evidence-based literature on best practices for employee health on worksite wellness and health promotion programs by RAND Health and Institute of Medicine.

Objective 2: collect feedback.

By March 27, 2015, the Director collected feedback from the agency staff about their needs and interest in an on-site wellness program. This objective was achieved by designing a health risk assessment (HRA) and conducting the HRA survey which was administered to the BWC staff via Survey Monkey.

Objective 3: receive responses.

By April 15, 2015, the program director will have reviewed the responses from the employee wellness Program Focus Group. Over a three week period staff were invited to

participate in focus groups to further flush out the interests in an in site wellness program. This objective was accomplished by conducting three focus groups at different location so that BWC staff could participate.

Objective 4: prepare proposal.

By May 21, 2015, the author will have prepared a proposal for funding from Office of Statewide Health Planning and Development to implement the wellness program. This objective was accomplished by working with the Director of Community Resources where the author and the director collaboratively wrote the request for application to the California Office of Statewide Health Planning and Development. The author's role was to write the executive summary, review the HRA survey data and focus group main themes outcomes to support the agency's documentation for funding.

Objective 5: wellness committee meeting.

By mid-June 2015, BWC will have its first employee wellness committee meeting to discuss survey outcomes and focus group outcomes. The author will have learned about the vision, purpose, and mission for the wellness program at BWC. The author will also have learned about the needs of the agency regarding wellness through the employee survey and what ways and means employees would like to increase wellness and satisfaction. This objective was met by inviting BWC staff to participate in the wellness committee. The author reviewed with the committee suitable wellness vision and mission statements.

Objective 6: create wellness newsletter.

By June 5, 2015, the author will create the June wellness newsletter. The author will have learned about Safety in the BWC workplace as June is National Safety Awareness Month. The author met this objective by reviewing BWC current policy on safety and completing a safety reminder in the June newsletter. The newsletter was approved by the human resources department at BWC.

Objective 7: attend national wellness conference.

By June 15, 2015, the author will attend the National Wellness Conference in Minneapolis, where she will learn about the up-to-date research and best practices from wellness experts; network with peers; return home informed, renewed and re-energized. The author met this objective by attending a three day conference in Minneapolis where she learned about different components of wellness programming from quality metrics that focus on return on investment (ROI) and value on investment (VOI). By attending the worksite academies, the author learned about the science behind sustainable behavior change. On day one of attending the worksite academy, the author learned about the research behind multiple dimensions of wellness and was exposed to the research on why health and well-being is more than the sum of physical risk factors. Discussion occurred around how to effectively frame the value proposition and how to leverage the perspective of multiple dimensions so that programs are successful. On days two and three of the worksite academy, the author continued to learn about linking the multiple wellness dimensions moving from research to application with a specific focus on how to integrate these multiple dimensions to create a thriving workplace and where adults need to include the value of “play” in their wellness program.

Objective 8: research job description.

By July 12, 2015, the author will have researched job descriptions for a wellness coordinator/wellness coach. The author will have learned about the role, responsibility, and requirements of a wellness coordinator /coach appropriate for the needs of BWC staff. This objective will be accomplished by review similar job descriptions and creating the job posting for BWC.

Objective 9: complete internship.

By August 14, 2015, the author will have completed her internship at BWC. In reaching this objective, the author will prepare a final presentation to the staff and share with them her legacy of what she has learned and what she sees are the challenges that the organization will need to overcome to become a more engaging worksite wellness program. The author will also present her Capstone project on Wednesday, Aug 26, 2015 at USF's Public Health Day.

Data Collection Methods

Survey questionnaires. The Bill Wilson Center conducted a needs assessment to ask its employees about what areas of health and wellness they are interested in. The primary focus of the data collection reflects the needs and interests in a wellness program by the BWC staff. A health risk survey questionnaire was developed with questions that were selected from a similar questionnaire created by the Wellness Council of America (WELCOA). In developing the questionnaire, BWC wanted to make sure that the instrument was easy to navigate, easy to read, and employed open and closed-end questions and it was web-based designed for easy delivery to the staff. Survey Monkey was used to compile the questionnaire, which has an excellent reputation as free, easy to use, customizable, efficient, and is a relatively quick method to obtain

responses. Survey Monkey is ideal for preserving participants' privacy as participants' responses are unidentified and confidential, especially when dealing with sensitive information. The questions were listed vertically with plenty of white space so that the questions were easy to read. Surveys produce large amounts of data in a short time and are ideal for project planning and executing (Kelley, Clark, Brown & Sitzia, 2003).

The survey instrument consisted of thirty-nine questions and one additional question at the end asked for contact information that was indicated as optional. The survey comprised the following sections: an introduction from the president in expressing interest in the staff's health and her desire to implement a wellness program; demographics questions on age, gender, marital status, and race; questions about health and lifestyle; health risk assessment/screening; questions about level of interest in particular wellness topics, smoking, drinking, sleep habits, and employee job satisfaction questions; and questions on activities that the staff participate in to relieve stress. The instrument was fourteen pages long and it was estimated to take 35 minutes to complete. The survey was emailed to all the staff (n=139) by the Human Resource (HR) representative. Staff members were given 7 business days to complete it. The HR representative sent a reminder to the staff to complete the survey 2 days in advance of the study closing. 95 responses out of 139 were received.

Focus groups. A flyer was created giving information about the focus groups and where and when the focus groups would be held (Appendix D). HR sent the flyer to all staff members. The flyer contained contact information and asked staff to respond if they were interested in participating in one of the 3 focus groups. It was agreed that the focus group would consist of between 8-10 people. Random selection of participants was done to eliminate selection bias.

Once the required number for the groups was met, the focus groups were closed. Prior to the focus group meetings, an email reminder was sent to interested participants to when the group was meeting.

The focus groups questions were developed and the questions were based on the feedback from the earlier staff survey. The focus groups were conducted at three different locations over a three-week period to accommodate the staff's schedules. There was homogeneity and heterogeneity balance between the members who attended and represented staff from each of the BWC facilities (Issel, 2014). The focus group provided richness of details regarding employee wants and how they would use the wellness program, what they envisioned the program would look like, and whether they prefer webinars versus classroom style presentations.

A particular strength of creating focus groups is that it also produces large amounts of qualitative data for analysis at a relatively low cost in administering within a brief time period (Kelley, Clark, Brown & Sitzia, 2003). Again this is helpful when it comes to efficiency in project planning. The focus group gives an additional benefit of the group dynamic, which can lead to dialogue and it also discloses new information (Issel, 2014). The focus group was well managed, but one challenge of the method used was that the facilitator asked the questions and scribed the answers which can add bias to the process. To eliminate this particular bias, it would have been a good idea to have an assistant facilitator and furthermore have had the responses recorded.

The focus group questions grew out of the health risk assessment survey and comprised of 10 open-ended questions that asked about people's perceptions of the most common health

problems among co-workers, what type of wellness activities they are interested in promoting at work, what lifestyle behaviors they would like to change, along with discussion on program timing and where would be the best location(s) to hold a wellness activity and the best method of communicating that information. By consistently using the same focus group questions, clarifying and eliciting opinions from the group, common themes surfaced, such as the staff felt they had limited time for wellness activities due to work responsibilities. The key message resulting from the focus groups echoed similar results from the health risk assessment survey. Interests were expressed in wellness areas on stress management, nutrition, financial planning, and compassion fatigue debriefing. The author did not have any challenges with the data collection methods.

Findings

Deductive analysis was done to confirm information for the Bill Wilson Center (BWC) in establishing and implementing a staff wellness program. The data collection for the BWC wellness program consisted of health risk assessment (HRA) survey (Appendix C) and focus groups questionnaires (Appendix E). After all the health risk assessment surveys and focus groups were reviewed for completeness and accuracy, the findings were analyzed thematically. 95 staff members participated in HRA survey. There were a total of 38 questions compiled in the survey. BWC administration requested input from the staff in developing their wellness program.

Demographics Data from Health Risk Assessment Survey Questionnaires

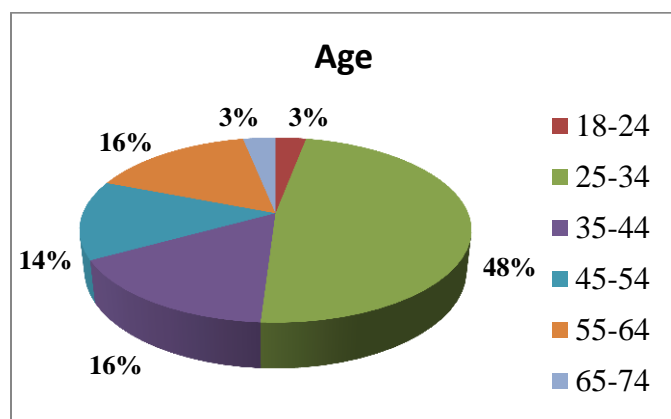


Figure 1. Pie chart showing age distribution of staff at BWC.

Of those that responded to the health risk assessment survey question on gender (n=93), 74 percent were female and 26 percent were male. The majority of responders in the Health risk assessment survey (16 percent) were in the age group of 35-44 years of age, followed by 14 percent who were in the 45-54 age brackets. Interestingly, the 55-64 percent age group also made up 16 percent of the responders.

All races and ethnic heritages were well represented in the HRA survey. Race consisted of the following breakdown 48 percent were Non-Hispanic white, 9% are Black or African American, 33 percent were Latino or Hispanic American, 7 percent are East Asian or Asian American, 1 percent were South Asian or Indian American, 1 percent were Middle Eastern or Arab American, 4 percent were Native American or Alaskan Native and the remaining 5 percent were other not identified.

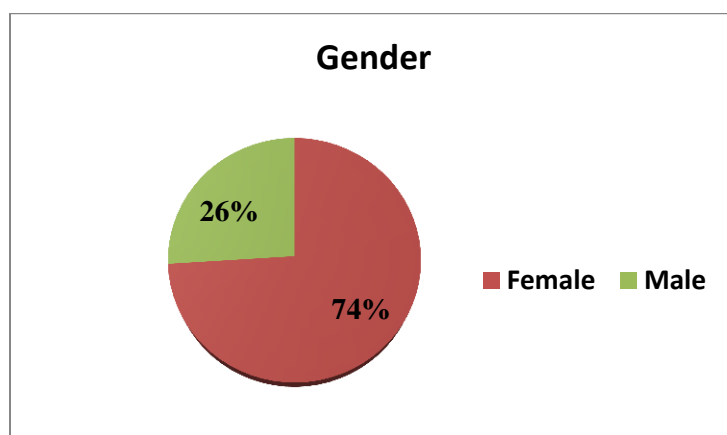


Figure 2. Pie chart demonstrating gender data

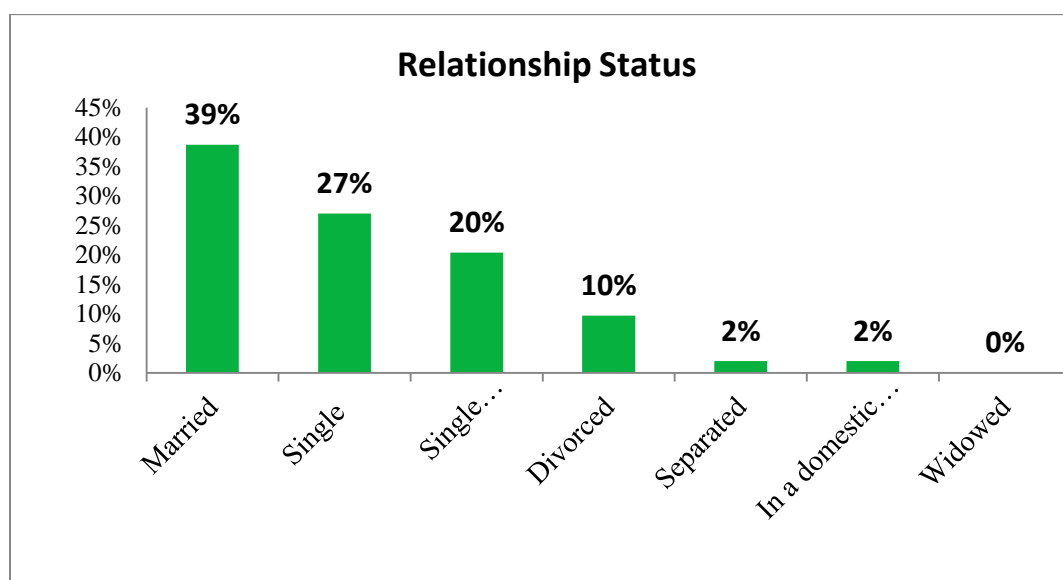


Figure 3. Bar chart displaying relationship status

The survey also asked about relationship status. Reviewing the relationship status question, it was noted that 39 percent of the responders were married, followed by 27 percent who are single, and 20 percent are single and cohabitating with their significant other, and 2 percent were in a domestic partnership or civil union.

Learning About Wellness

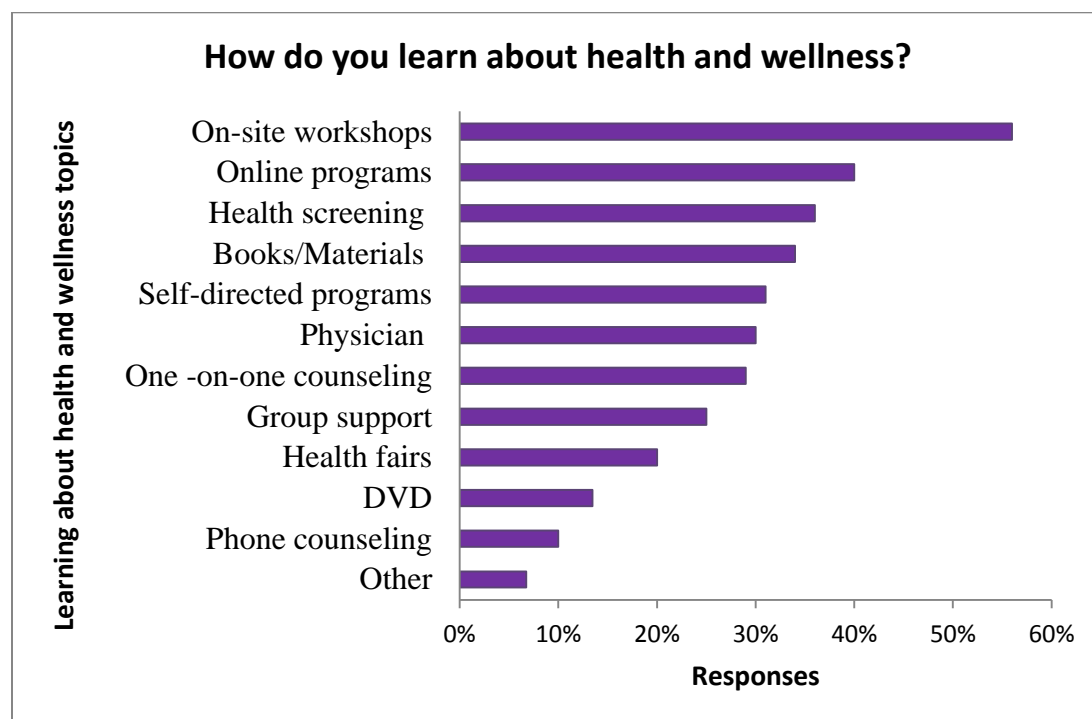


Figure 4. Bar chart display learning about wellness

The majority of the staff (56 percent) reported that they learn about health and wellness through on site workshops and the second most popular learning tool is through online programs (40 percent), followed by health screenings (36 percent).

Frequency and Duration of Exercising

Of the 95 responders, 52 percent exercised for more than 30 minutes, followed by 36 percent who exercised for 30 minutes. The majority of responders (41 percent) exercised 3-4 times a week, followed by those (31 percent) who exercised once a week.

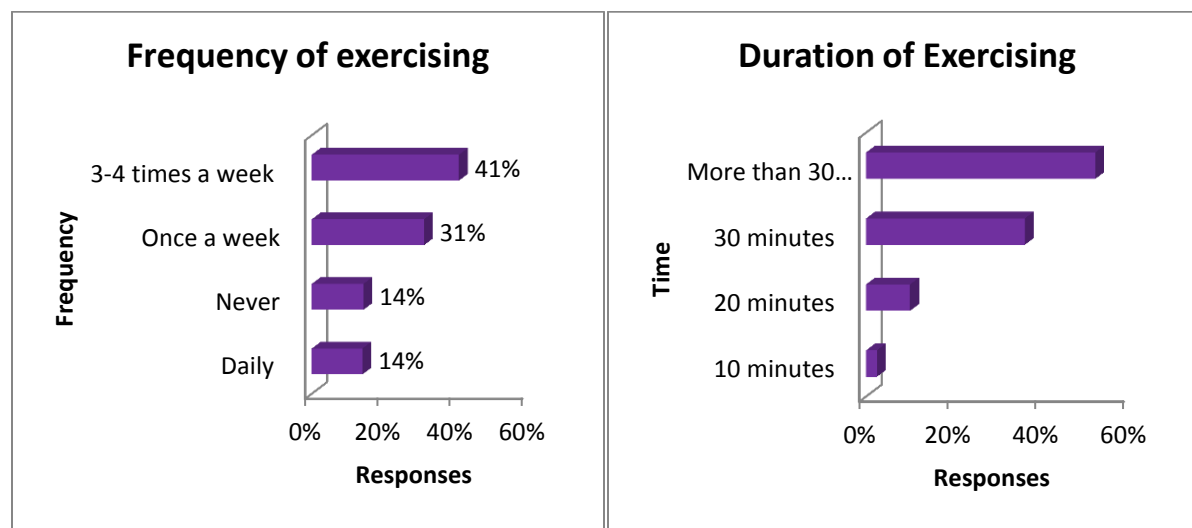


Figure 5. Bar graphs displaying frequency and duration of exercising

Wellness Participation

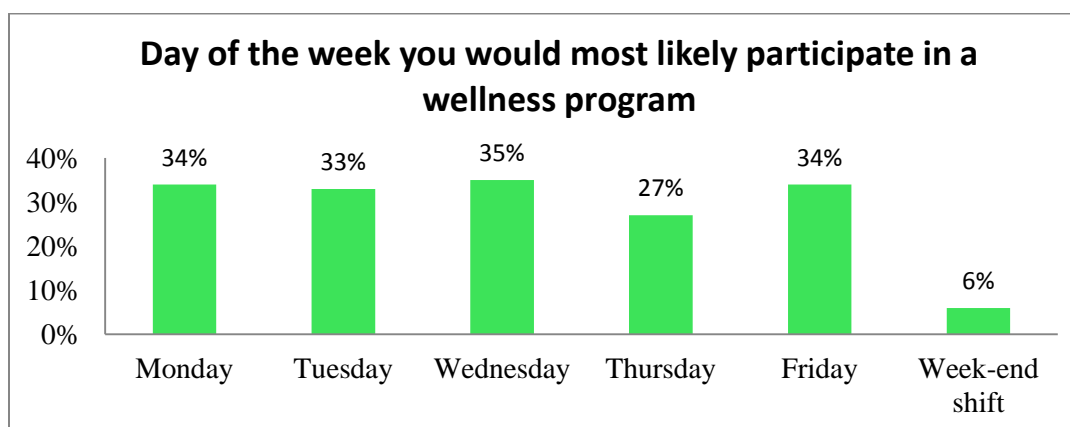


Figure 6. Bar chart display day of week most likely to participate in a wellness activity

The staff were surveyed to see which day of the week they would likely participate in a wellness activity. The most popular day was Wednesday (35 percent) followed by Monday and Friday ((34 percent). The best time of day was reported to be at lunchtime (39 percent) and in the morning before work (32 percent) and 24 percent said they would participate in a wellness activity after work.

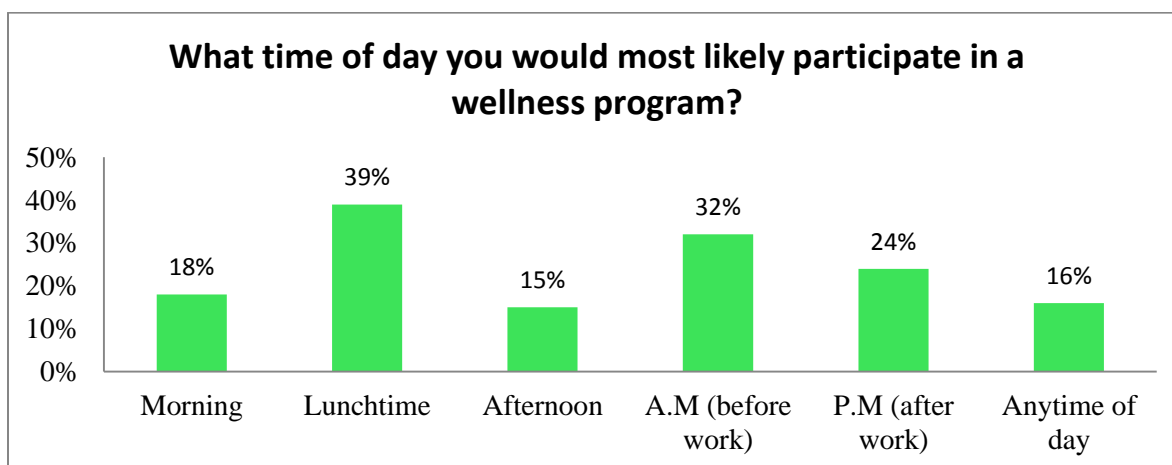


Figure 7. Bar chart display of time of day most likely to participate in wellness program

Duration of a Wellness Activity

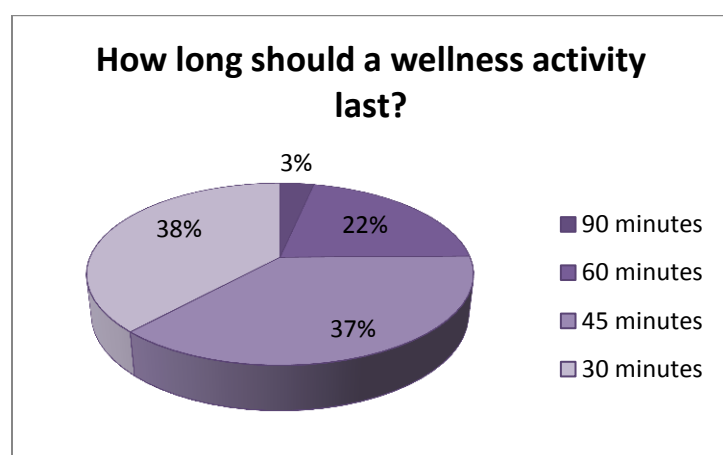


Figure 8. Pie chart display of how long should a wellness activity last.

The majority of the survey responders (38 percent) indicated that a wellness activity should last for 30 minutes, 37 percent stated that it should last 45 minutes and 22 percent indicated that it should last 60 minutes. For this study, the BWC agency wanted to know about internet access if they decided to include wellness webinars as part of the wellness program. The majority of the staff (64 percent) reported that they had internet access both at work and at home, and 21 percent reported that they had access at work, and 15 percent stated that they had access at home.

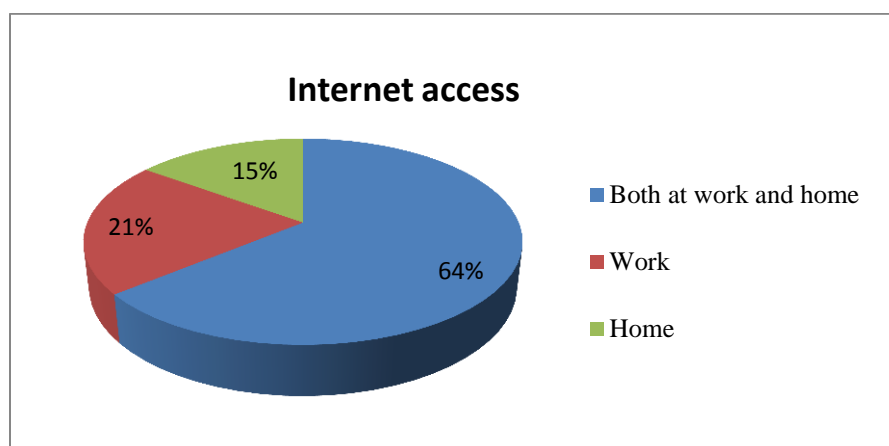


Figure 9. Pie chart internet access

Interest Level for Wellness Topics

BWC administration wanted to learn about staff's level of interest in several wellness topics. Of the 95 staff members that responded to the HRA survey, n=83 answered questions relating to their level of interest in the following categories "Not Interested," "Somewhat interested," "Neutral," "Interested," and "Very interested." The following are graphical representation of the staff's responses to the level of interest question.

The top 5 combined interested and very interested responses concentrated on the following themes in wellness topics: Stress management, Work/life balance, Healthy eating, Physical Activity, and Nutrition (Figure 13).

The following data represents the top 5 combined not interested or least interested response categories: Men's health, Stress management, Nutrition, Team Bases activities, and Weight management (Figure 11).

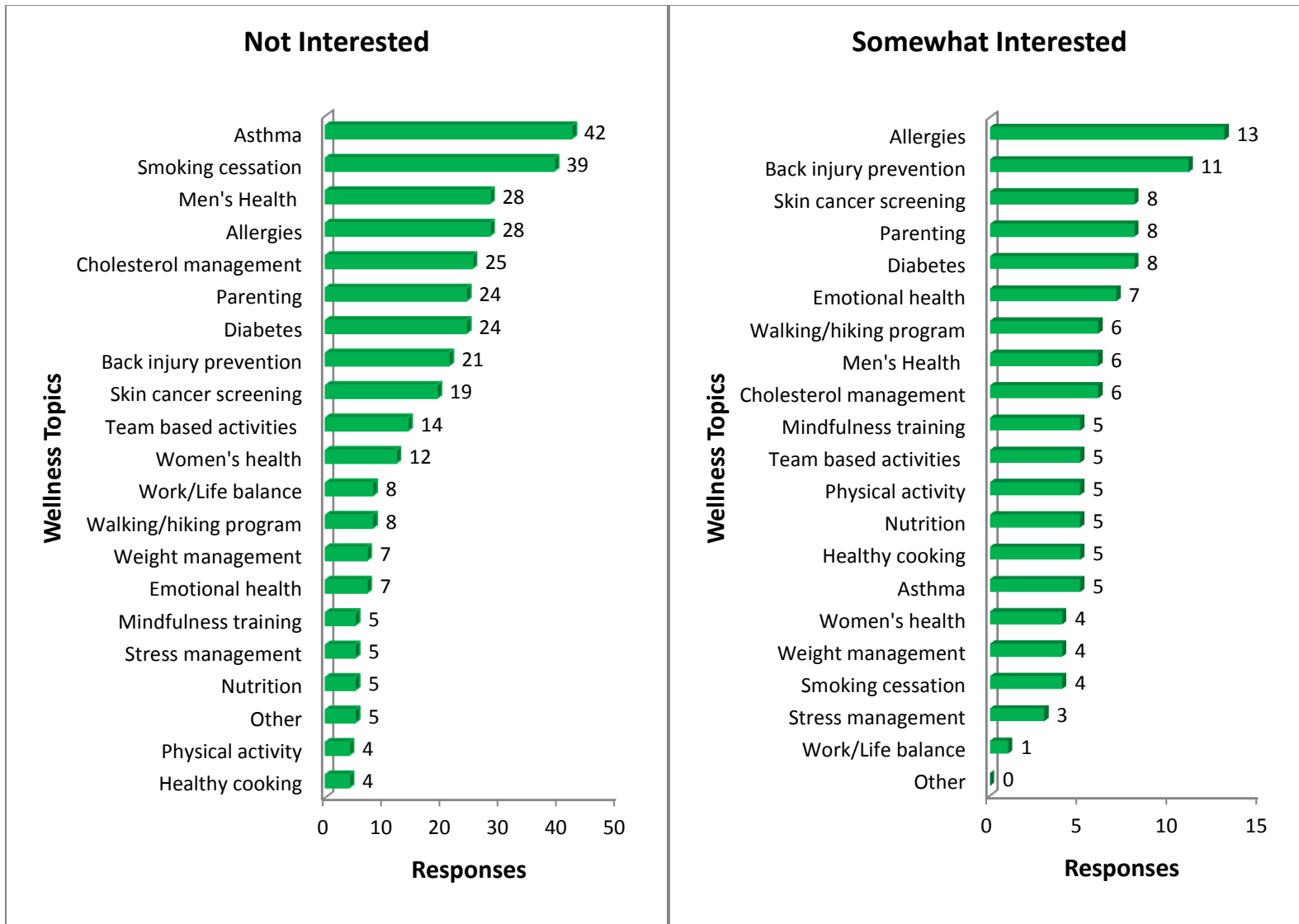


Figure 10. Bar chart display of level of not interested and least interested in wellness topics

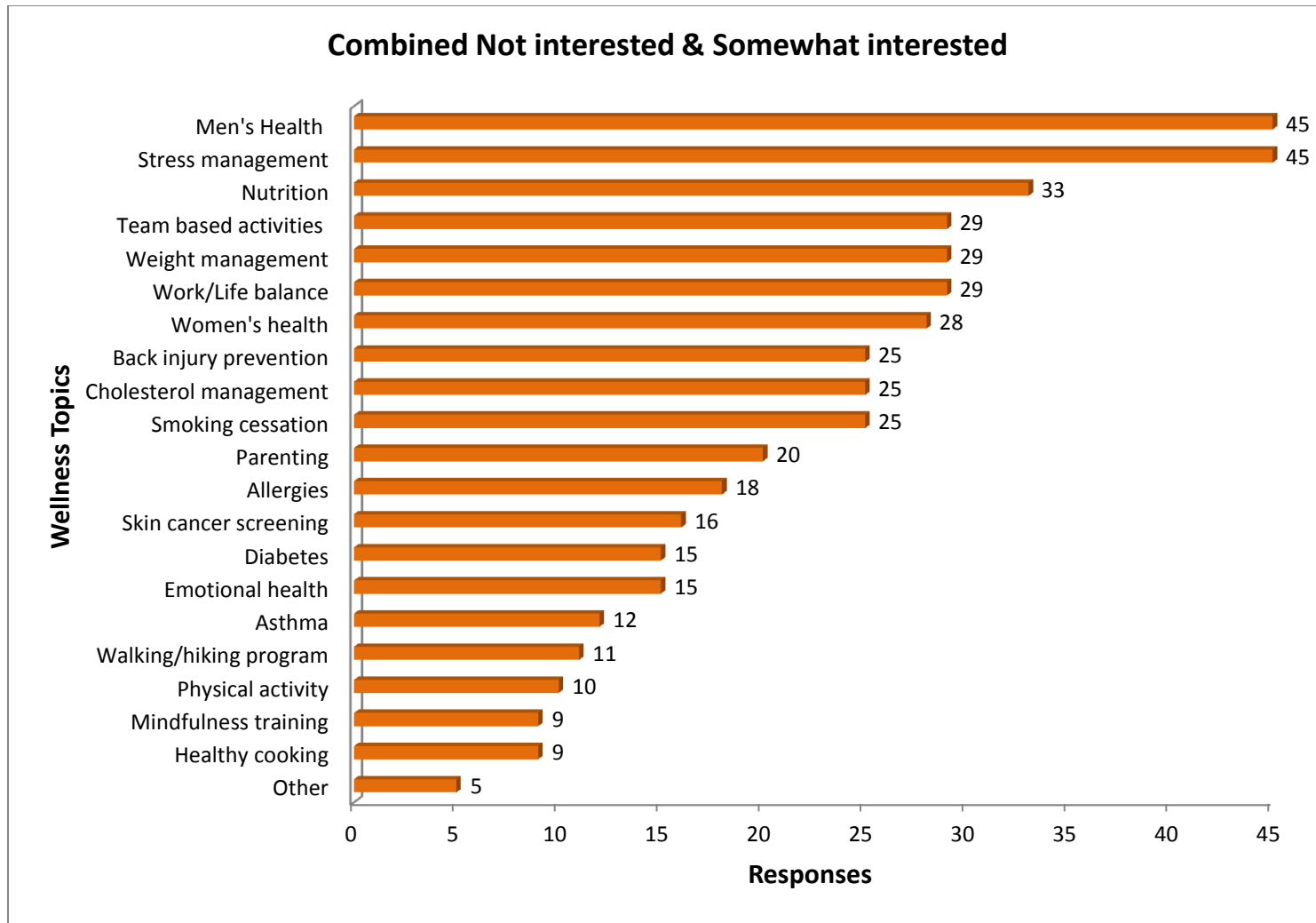


Figure 11. Bar chart display of combined level of not interested and least interested in wellness topics

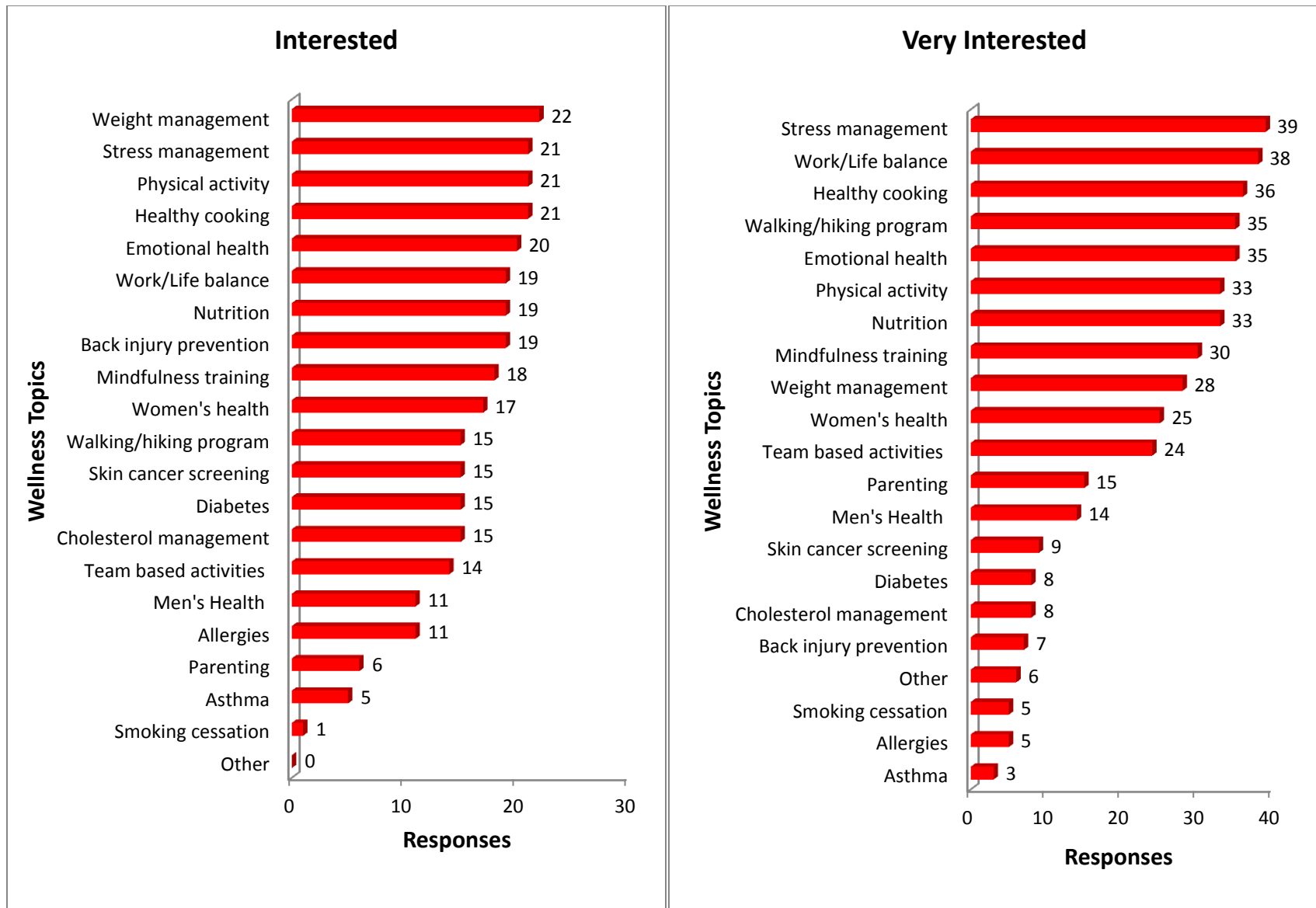


Figure 12. Bar chart display level of interested and very interested in wellness topics

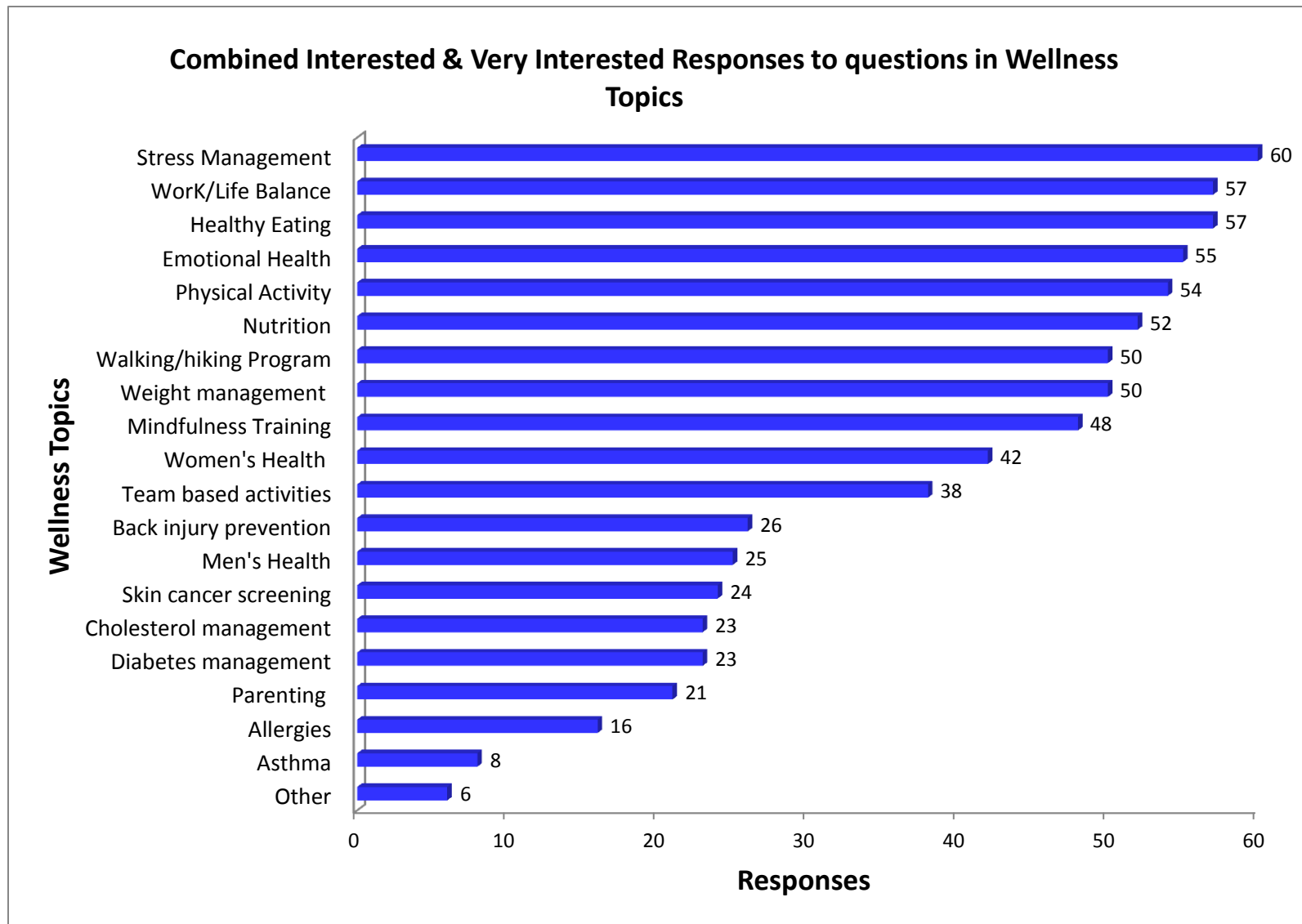


Figure 13. Bar chart display combined level of interested and very interested in wellness topics

Screening exams done in the past year

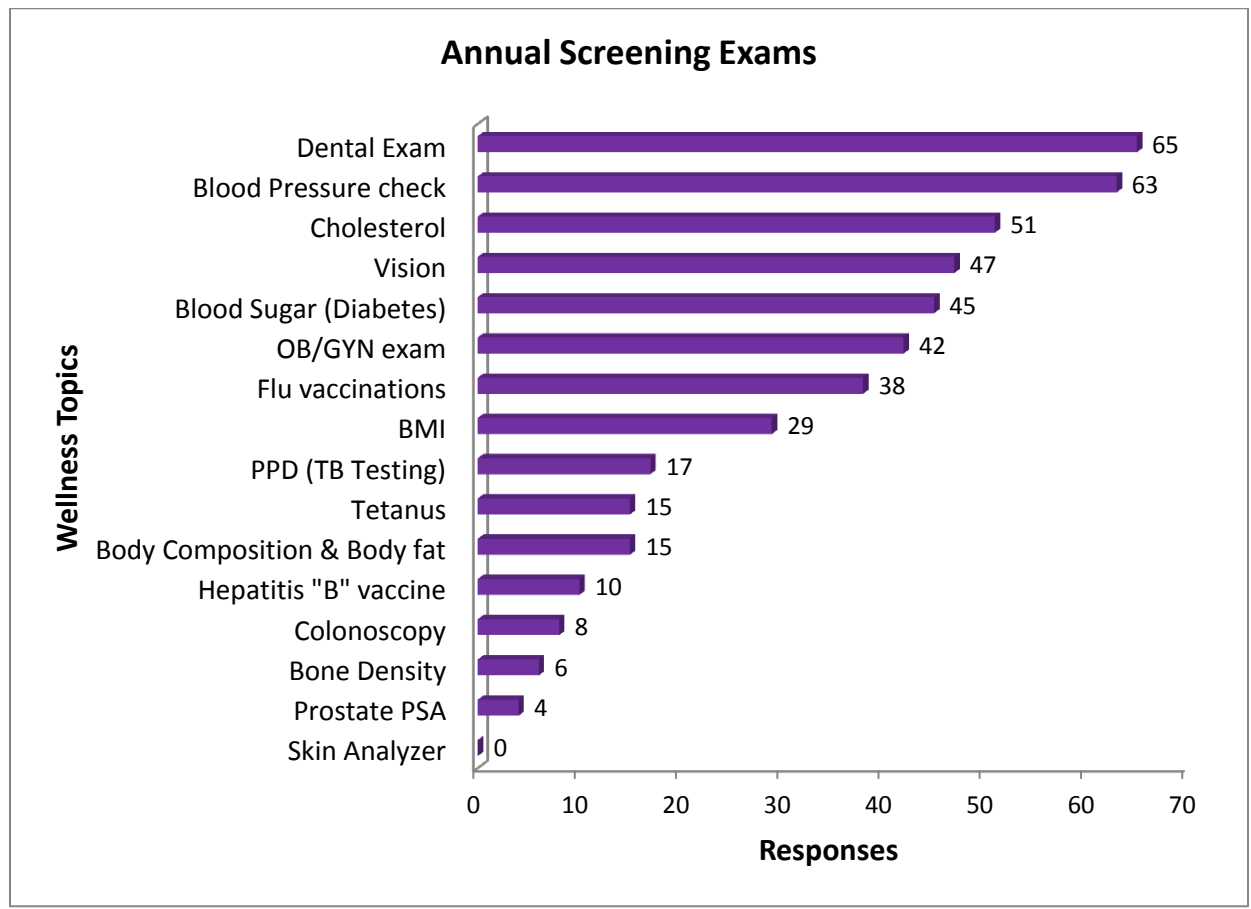


Figure 14. Bar chart display annual screening exams.

Within the past year the top five screening exams that staff completed were as follows: dental exam, blood pressure check, cholesterol screening, vision test, and diabetes test. (Figure 14)

Screening test you would participate in if offered at your worksite

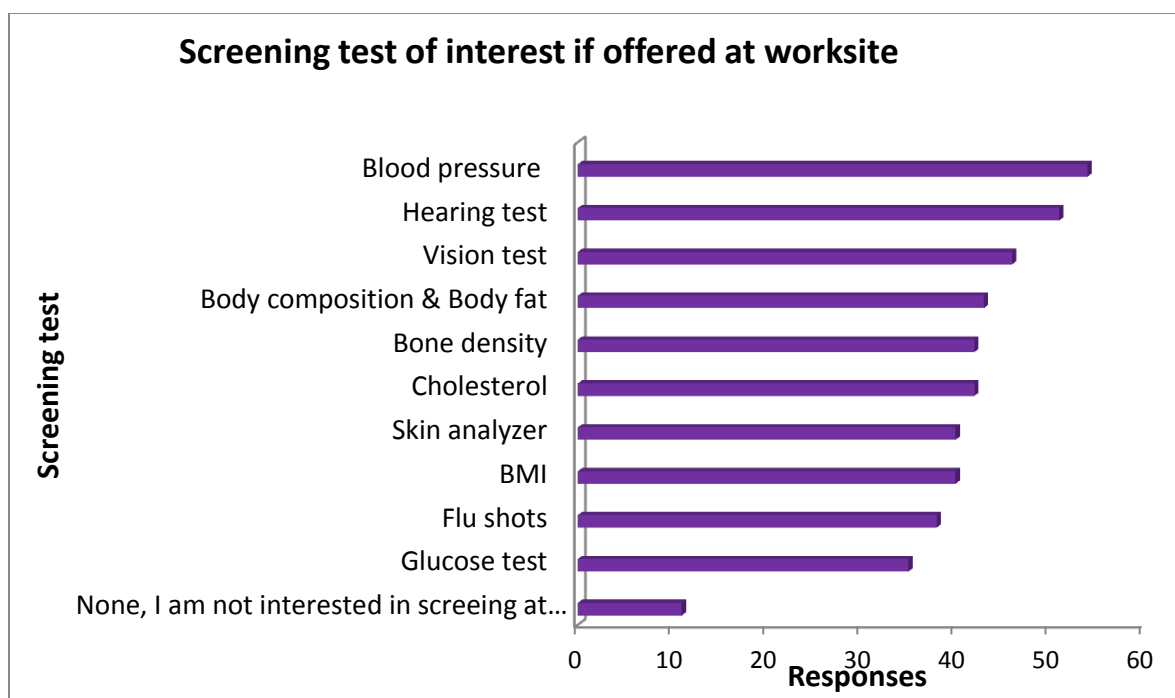


Figure 15. Bar chart display of screening test you would participate in offered at your worksite.

The top five screening test that staff said that they would participate in if offered at the worksite are the following: Blood pressure screening, hearing test, vision test, body composition and body fat, and bone density and cholesterol were tied. (Figure 15).

Owning Your Own Home

The survey includes the following 2 questions relating to owning your home, a total of 87/95 responded to the question 34 people said yes and 53 said no. We also asked if people were safe in their, 89/95 people responded to the question, with the following results 85 people said yes and 4 people said no. It is known that a safe neighborhood is tied to feeling secure.

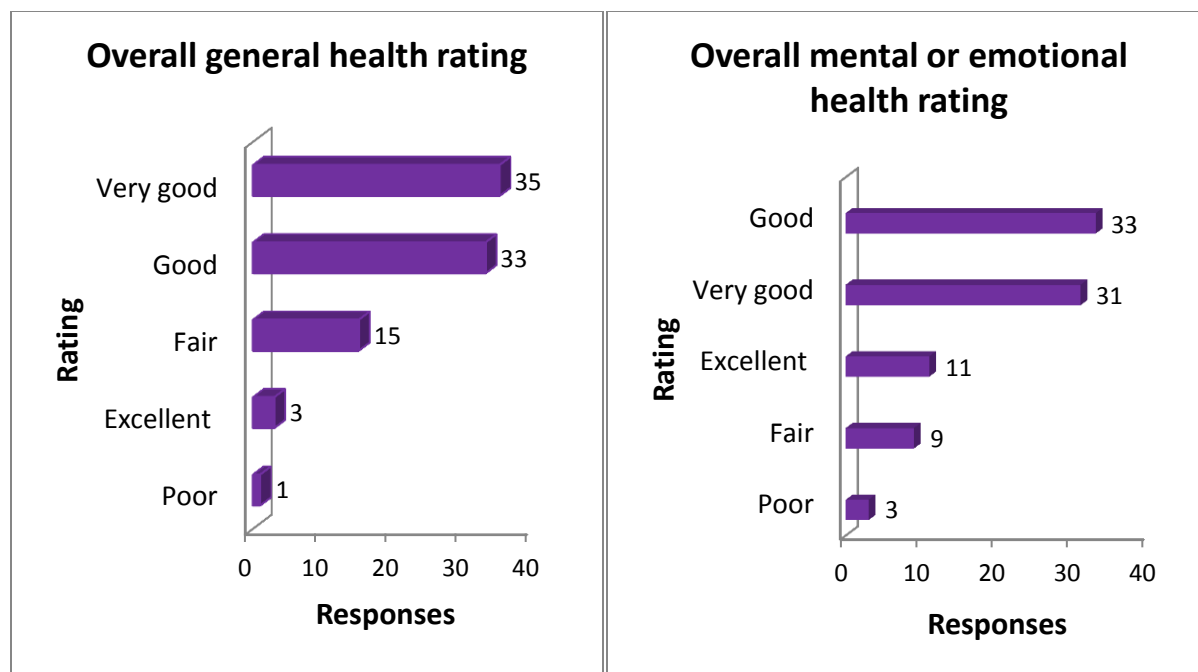


Figure 16. Bar chart display overall general and mental/emotional health rating.

The survey asked the staff to respond to questions about overall general health. 13 percent said that they had excellent health followed by 36 and 37 percent who respectively said they had very good health and good health. The staff was also asked about mental or emotional health. 4 percent indicated that their mental health was excellent, 40 percent said it was very good, and 38 percent said it was good (Figure 16).

Weight

The plurality of the responders (55 percent) said that they are overweight for their height, followed by 39 percent who felt their weight is average for someone of their height.

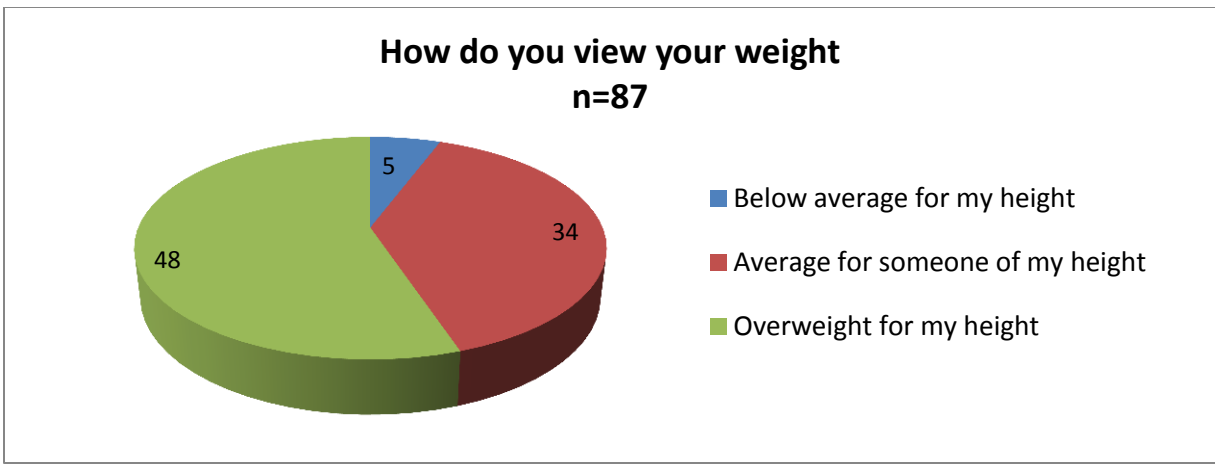


Figure 17. Pie chart display of weight perception

Caffeine Consumption

The plurality of responders 69 percent said that they drink caffeinated beverages less than 3 a day.

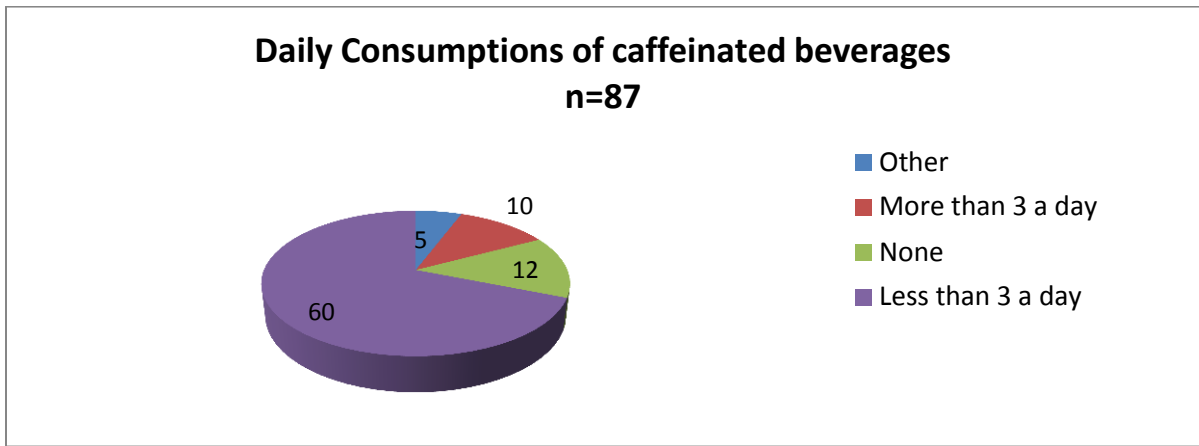


Figure 18. Pie chart display consumption of caffeinated beverages

Smoking History and Use of Tobacco Products

Smoking history: n= 4 said yes, and n=83 said no. 7/95 staff members responded to the use of tobacco products that produced the following results: tobacco products included hookah (other names include water pipe, narghile or shisha) n=3, Cigarettes n=1, Cigars n=0, e-cigarettes n=2, chewing tobacco n=0, and pipe n=1. A hookah is a water pipe with a smoke chamber, a bowl, a pipe and a hose. Tobacco is heated, and the smoke passes through water and is then drawn through a rubber hose to a mouthpiece. If a smoking cessation program was offered at BWC, 8 staff members said they would participate and 66 people said no.

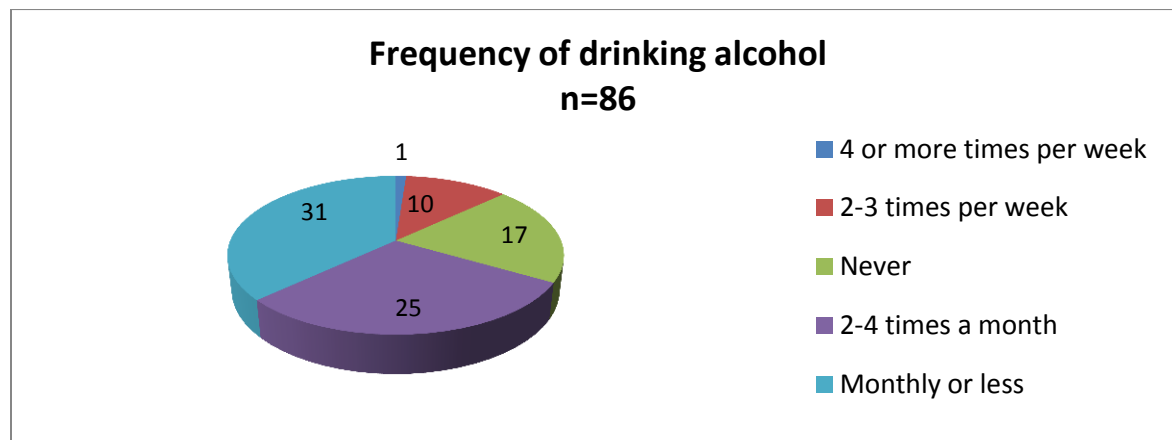


Figure 19. Pie chart frequency of drinking alcohol

The survey also asked about alcohol consumption and frequency of drinking alcohol, 84/95 people responded indicating that n=62 said they drink alcohol and n=24 said they did not drink. The majority who responded said they drink only on a monthly or less frequency.

Interest in Different Programs if Offered at BWC

We also asked staff what particular program they would be interested in participating if offered at BWC smoking cessation program (n=8), Stress reduction program (n=71), Nutrition

program (n=73), Health promotion program (n=67), Financial planning (n=70), and budget management (56).

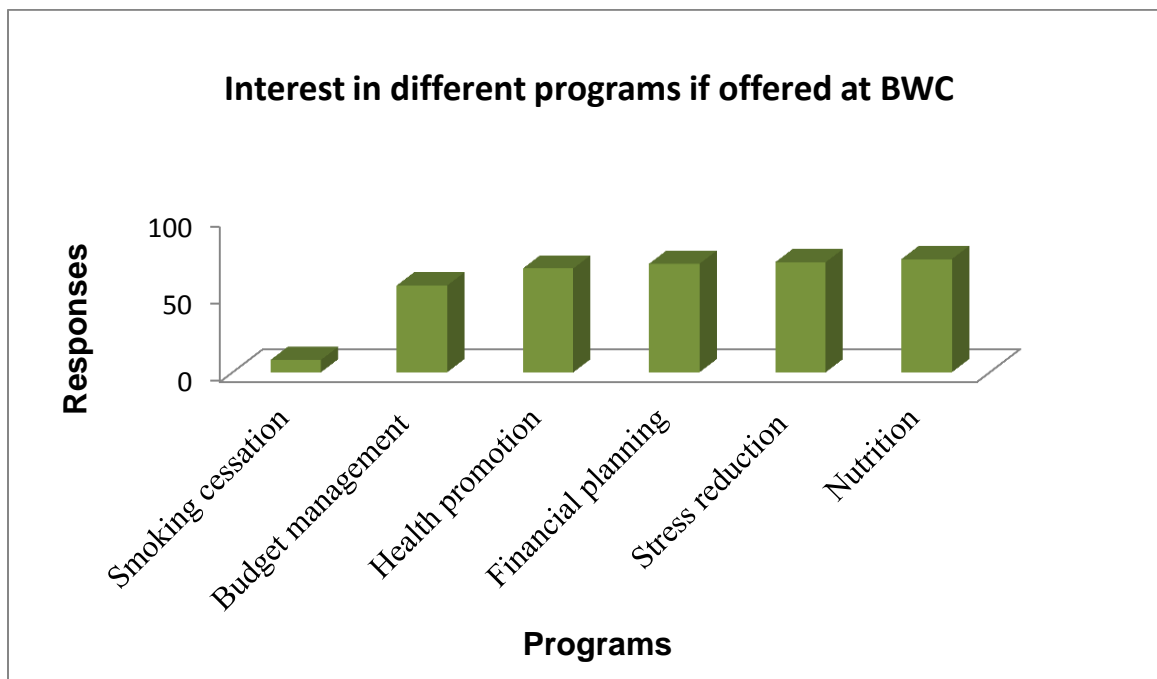


Figure 20. Bar chart display of interest in different programs

Sleep Quality and Quantity

The survey asked about sleep quality 84 people responded to the question who indicated that yes they got enough sleep (n=32), however the majority that responded (n=52) indicated that they did not get enough sleep (Figure 21). People responded to trouble falling asleep at night yes (n=39) and no (n=47). 47 said that they wake up unexpectedly and 40 said they have no problem in this area.



Figure 21. Pie chart display of sleep quantity

In response to the question about having difficulty staying awake during the day n=12 said yes and n=75 said no.

Job Satisfaction Survey Responses n=85/95

Table 4

Individual responses as a percentage of the sample

Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
At the beginning of the week, I look forward to going to work	20% (17)	38% (32)	22% (19)	13% (11)	7% (6)
I have energy at the end of each work day to attend to the people I care about.	9% (8)	36% (31)	15% (13)	19% (16)	20% (17)
I have energy at the end of each work day to engage in personal interests.	9% (8)	31% (26)	18% (16)	22% (19)	19% (18)
I am engaged in meaningful work.	48% (40)	43% (36)	8% (7)	1% (1)	0% (0)

My values fit with the organizational values	49% (42)	39% (33)	8% (7)	2% (2)	1% (1)
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I am aligned with the organizational mission.	94% (42)	40% (34)	7% (6)	2% (2)	1% (1)
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Reviewing the data from the job satisfaction survey, 20 percent strongly agreed and 38 percent agreed that at the beginning of the week, they looked forward to going to work; however, there was 13 percent who disagreed with this statement. The questions relating to meaningful work (48 percent), and personal values fitting with the organizational values (49 percent), and being aligned with the organizational mission (49 percent) were the top three highest response rates. 9 percent agreed that they have energy at the end of day to attend to people they cared about and have energy to engage in personal interest, however, 19 percent and 22 percent respectively disagreed with these statements (Table 4).

Activities That Help to Relieve Stress

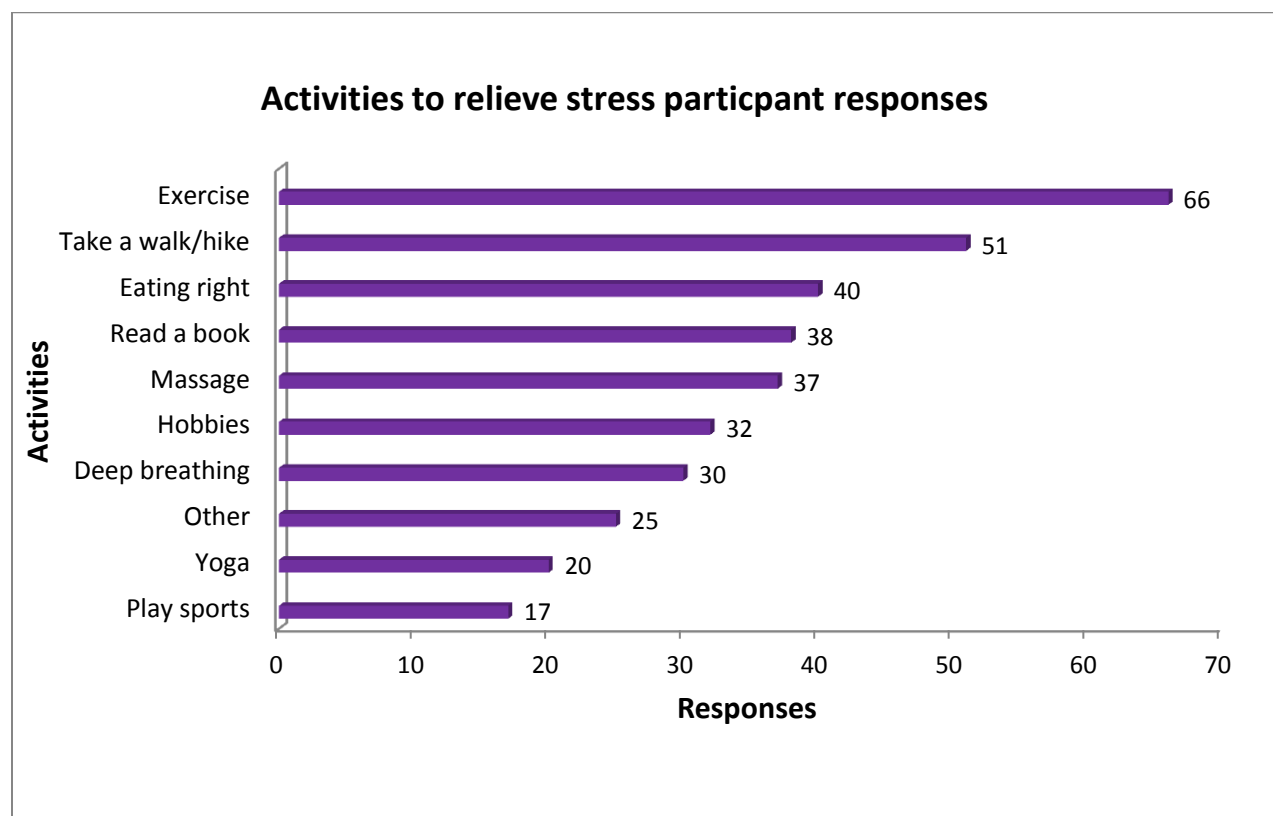


Figure 22. Bar chart display activities staff participate in to reduce stress.

The top five activities considered to relieve stress among staff members were exercise (n=66), taking a walk or a hike (n=51), eating right (n=40), reading a book (n=38) and having a massage (n=37). Hobbies (n=32) and deep breathing exercises (n=30) were also popular among staff.

Focus Groups

By far the most reoccurring theme heard from the focus groups was that the staff felt they had limited time for wellness activities due to work responsibilities. Those who attended the focus groups provided richness of details regarding employee wellness preferences and how they would use the wellness program, what they envisioned the program would look like, and whether

they prefer webinars versus classroom style presentations. The majority of the focus group attendees agreed that a worksite wellness program promotes and supports the health and well-being of its employees. Furthermore, they agreed that it improves staff morale and productivity. Most staff that attended agreed they would prefer lunch and learn hour activities such as classes in weight management, or smoking cessation which would also be an opportunity to network with each other. The key takeaways from the focus groups echoed similar results from the health risk assessment survey. The top 5 interests expressed in the focus groups were: 1) stress management, 2) nutrition, 3) financial planning, and 4) compassion fatigue debriefing, followed by interests in 5) self-care and in parenting classes. Employees reported that they feel isolated and hosting a department retreat as a team building event would help to feel part of the agency's bigger picture. Other suggestions included one-on-one walking meetings and walking groups.

Program Components and Program Changes Proposed

The assessment findings are interpreted from the perspective of BWC's wellness vision and mission statement which states BWC supports and strengthens the community by serving youth and families through counseling, housing, education, and advocacy. The mission of the BWC wellness committee is to promote physical and mental well-being so that employees and clients will feel content, connected to purpose, people, and their community; peaceful and energized, resilient and safe.

The main outcomes from the assessment and focus groups provides a structure for strategic planning, mutual decision making incorporating input from staff and administration, and driving future wellness activities which will help build momentum in wellness initiatives and will also nurture a wellness culture. The agency has been piloting some of the program

components such as establishing a wellness committee, producing a monthly wellness newsletter (Appendix F), and holding monthly yoga classes for the staff.

The following are some program changes that are being proposed as a result of the assessments. The agency recognizes that the wellness program cannot be implemented by current staff. Having received \$75,000 grant award from the state, a wellness coach will be recruited by advertising on job boards. It is planned that a wellness coach will be on-board within 45 days of grant award. The health risk assessments enable BWC to tailor effective interventions for staff and will foster a healthy corporate culture. Self-care training using biometric screenings will help staff to determine their risk for certain diseases and medical conditions. Screenings will help staff understand where they can take action to improve their health.

The health risk assessment data collected will provide baseline data to shape the direction of the wellness program. Screening will be offered on a quarterly basis and incentives will be offered to employees who participate. Other program changes proposed include data gleaned from the focus groups which highlighted discussion on lunch and learn activities. The lunch and learn topics based on feedback from the groups and staff survey will be held at several BWC worksites to ensure staff from all departments can easily participate. Lunch and learn sessions will be promoted through the monthly wellness newsletter that is distributed electronically to the staff. Another activity outcome that was selected from the focus groups includes a walking program in which all staff can participate. The staff will receive pedometers, walking maps of the neighborhoods surrounding their work sites will also be given to staff. This activity will commence during the second month of the grant period. Another activity that was discussed was establishing an on-line weight loss challenge made available for staff wishing to participate. The program will utilize data from an individual's biometric screening to determine weight loss

goals. The on-line program will be offered at no cost to employees. The proposed program will be implemented by the third month of the grant period and will require staff to input data on their activities, diet and weight loss on a weekly basis.

Demographic and data reductions from the health risk assessments and focus groups will inform and serve as an action plan for the agency in how the wellness activities will take shape as the wellness program is rolled out. Any deficiencies noted during the assessment will be addressed at the organizational level.

Outcomes from the data will provide pragmatic recommendations for BWC to move the wellness program forward in creating and organizing a culture of wellness. Reviewing data consistency and trends overtime will help measure areas of change and improvement. The assessment findings will also support any policy changes within the organization. Furthermore, the assessment will indirectly improve services for clients as wellness programming is moved forward.

BWC is proposing to conduct the above activities for the staff employed by the agency. The wellness program has support from the highest levels of leadership, the CEO and the Board of Directors. Since these proposed changes will be run internally throughout BWC's 22 worksites, collaborations will be between staff and will be easily implemented. Oversight for the wellness program will be conducted in the same manner as oversight for all the other agency programs.

BWC has a robust Performance Quality improvement systems for ensuring programs are consistent with the values and needs of the agency. Furthermore, measuring the success of the wellness program should be a priority for sustainability. As the wellness coach is recruited, the

following methods/metrics are good strategies that can be used to measure the success of the wellness program: program utilization by employees, positive feedback from employees about wellness activities, reduction of health insurance premiums, employee satisfaction improvement, employees asking for more wellness activities/programs, decrease in the number of sick days, and a reduction in absenteeism and presenteeism rates, and the probability that employees will recommend the program to other clients. The information received from the assessments and focus groups assist in the development, adaptation, expansion of wellness activities and services, and sustainability to better meet the needs of the agency staff and clients.

Discussion

The author's goal was to assess the needs and interests of the Bill Wilson Center (BWC) in what types of wellness programs the staff was interested in. This goal was accomplished through the use of a health risk assessment (HRA) survey questionnaire and through conducting focus groups that asked staff questions about their desired features of a worksite wellness program. The survey was sent to all the staff (n=139) by the BWC Human Resources representative, of which 95 people responded. Data compiled from the focus groups suggested wellness topics for the wellness program and participants provided feedback on activities they wanted to see built-in.

A solid case has been made for implementing a wellness program at BWC. There is an apparent rationale and significance of employee worksite wellness programs in general and in particular to mental health service providers. Reviewing the national data, wellness programs are an effective method of influencing health behaviors, reducing health care cost, absenteeism, and presenteeism, reducing chronic diseases, reducing occupational stress, creating better work/life balance, and improving overall quality of life (Mattke et al., 2013). In the case of BWC, the data from the HRA survey and focus group are consistent with existing behavioral theories and trends in wellness programming. The theory of reasoned action (TRA) is greatly used in wellness programming because the most important determining factor of behavioral modification is behavioral intention (Glanz, Rimmer, & Viswanath, 2008). Through the constructs of the TRA theory, there can be a greater understanding of why some people chose to participate in a wellness program and while others chose not to participate. TRA can help to pinpoint some of the potential problems to participating in a wellness program.

The effects of positive health generated in the staff are translatable to their clients. BWC was successful in receiving a \$75,000 award to help implement the wellness program, which further strengthens the case to implement a staff wellness program, along with the Affordable Care Act (2010) which promotes implementing worksite wellness programs that provide additional tax incentives to small businesses.

Synthesis and Interpretation of Findings

The HRA surveys that were completed and the focus groups that were attended by the staff revealed the preferences that staff would like in a worksite wellness programs. The staff agreed through discussion exchanges at the focus groups that wellness is an all-encompassing aspect of health that does not just occur in the home or the community, but also in a supportive work environment.

Outcomes of interest. The HRA survey was completed by 68 percent of the staff with the plurality of the staff (48 percent) in the 25-34 age group category (Figure 1). More females responded to the survey (76 percent) than men (24 percent) (Figure 2). The data suggests that 39 percent of the responders are married, followed by 27 percent who are single (Figure 3). It is well known that people who are married or are in a stable relationship have increased longevity. For example, similar to Kaplan & Kronick, 2006, longevity is associated with marriage. Furthermore, having a stable relationship improves one's sense of physical and mental well-being and reduces rates of long term illness and actually predicts better outcomes and survival rates for certain illnesses (Waite & Lehrer, 2003). According to Waite & Lehrer (2003), men reap the health benefits of being married or in a stable relationship much more than women.

The HRA data suggests that 56 percent of the staff prefer to learn about wellness through on-site workshops. Some workshops are already being piloted at BWC. The staff recently took part in a financial management class. Yoga classes have been implemented and held twice a month. The staff reported that on-line wellness programs in health and wellness and health screening are respectively the second and third choice of the staff as a method of learning about wellness (Figure 4). This result is positive for program planning and evaluation for targeting preventive interventions for employee health risks.

A monthly wellness newsletter was also created as part of the pilot wellness initiative at BWC. The newsletter provides staff with information relating to any upcoming wellness classes. The newsletter includes healthy recipes and tips for outdoor summer activities. The newsletter also spotlights a different wellness topic each month. The April newsletter focused on alcohol awareness month, the May newsletter focused on mental health, the June newsletter focused on safety and included a topic on office ergonomics. Lastly, the July newsletter focused on mindfulness based stress reduction (MBSR).

Another aspect of the pilot program was the creation of a wellness committee that meets once a month. The wellness committee is charged with creating a vision and mission statement along with goals and objectives for the wellness program. The wellness committee will guide the creation, implementation, and maintenance of the wellness program. There are representatives from different functional areas so that there are diverse perspectives included in the program planning. The wellness committee members have the potential to become health ambassadors for the agency where they can offer encouragement, promote wellness events, and integrate a culture of wellness that cultivates resiliency which leads to greater wellness over time.

In addition to those preventive interventions that are being planned, of significance in the HRA data is that there is major interest expressed in the following wellness topics: stress management, work/life balance, healthy cooking, waking/hiking programs, and emotional health (Figure 12). Within the interested category, weight management, stress management, physical activity, healthy cooking, and in fifth place, similar to the very interested group, was emotional health. However, within the combined category of interested and very interested (Figure 13), the following were the five most popular wellness topics that staff were interested in: stress management, work/life balance, healthy eating, emotional health, and physical activity.

The top five combined wellness topics have been discussed at the wellness committee and will become the primary focus for administration as the wellness program is rolled out. The staff needs support to manage their stress, particularly those who provide mental health services to clients, while at the same time having a work/life balance, eating healthy, and being able to participate in physical activity as a health benefit. BWC plans on supporting and providing its staff with the social and physical environment to support these healthy behaviors.

According to the data on annual screening exams (Figure 14), the top five screening exams include dental exam, blood pressure check, cholesterol, vision exam, and blood sugar test for diabetes. Staff who responded to the question “*What screening test would you participate in if offered at worksite?*” (Figure 15) indicate that they would participate in the following disease management programs, if offered: the most common ones were blood pressure checking, hearing test, vision test, body composition and body fat, and bone density testing. In addition, other preventive interventions that employees are interested in include on-site vaccination (annual flu shots), BMI testing, skin analyzing, and glucose testing.

The plurality of the responders (n=35) indicated that they consider their general health as very good followed by n=33 who consider their health as good. Regarding the overall mental or emotional health rating, 33 responded that they considered their health as good and 31 indicated that it was very good.

Another topic discussed was employee job satisfaction: the survey questions included a Likert scale to gauge staff's level of satisfaction with their job and how they view BWC's organizational values and organizational mission. The majority of responders agreed strongly with the BWC's values and mission. Most staff agreed that they look forward to going to work, 36 percent agreed that they had energy at the end of the day to attend to the people they care about and 47 percent strongly agreed that they were engaged in meaningful work. Although over 45 percent indicated that they strongly agree and agree that they have energy at the end of the day to take care of the people they care about and have energy to engage in personal interest (Table 4), less than 10 percent strongly agreed. This may be interpreted as an indication that although their jobs are satisfying, they are quite demanding. This in turn suggests that better work/life balance might be a useful and beneficial area of future inquiry as a wellness activity.

The staff was also surveyed and asked at the focus groups about their interests in other programs such as budget management (70 percent), and financial planning (82 percent). There was strong interest in these two categories (Figure 20). Financial security weighs heavily on people's minds and is a major cause of stress, and dealing with their financial situation is even more stressful. BWC is interested in promoting financial wellbeing so that its staff can develop the skills necessary to manage their financial matters, whether it is through budgeting, savings plans or investment advice. "Definitions of financial wellness stress the importance of striking a balance between planning for immediate needs while also taking into account long-term goals."

(CFBP Report, 2014, p.9). This is an indicator that the BWC employees would like to learn approaches to increase their financial literacy and to gain the tools so they can learn to make better financial decisions.

Study limitations. The research has some limitations. The study included 95 responders. Ideally, if all the staff responded, it would have given a better understanding of what the overall staff wanted in a wellness program. It would also have given a better idea of the race, age, and gender distribution of the 139 staff members. Gender in this study comprised mostly females (74 percent) and males were 26 percent which might mean that the findings are limited to BWC and cannot be generalized to other organizations. The HRA survey was long. As a result some questions were skipped or not answered at all. Furthermore, it makes the data analysis and interpretation of the data time-consuming.

Implications. The staff at BWC is its most valuable asset. When the staff members are healthy and productive employees, then the organization is also healthy. As insurance premiums and health care costs continue to rise, proposing an employee wellness programs which is a cost-effective method for promoting positive health behaviors and as a result employee morale and productivity also improves (Gebhardt & Crump, 1990).

Using the HRA survey data and focus group response data that evaluates the needs of an organization, a decision can be made about creating wellness activities that increases employees' health while decreasing rates in chronic diseases. Such programs have huge implications for enhancing and strengthening both the individual and the organization.

Recommendations for BWC agency. The author's recommendation is for the BWC agency to continue the program development and further implementation with clients in the community, and furthermore, to continue to monitor areas of change and improvement over time. In order for BWC to continue to provide the outstanding services it is known for, the staff at all levels of the organization must receive the support they need to perform their jobs. This includes the means to reduce or eliminate stress and feel valued for their hard work and dedication. The results from the analysis of the HRA questionnaire combined with the findings from the focus group sessions generate a number of potential suggestions for BWC. First, employee wellness plans should be provided to BWC staff and those plans should be translatable to clients. As the staff gains knowledge about wellness topics they in turn can teach their clients about overall wellness. Through guidance from the wellness coach, the staff can provide their clients with opportunities and learnable skills to overcome barriers to better mental health by teaching them emotional coping techniques to handle stressful situations. BWC should seek out programs and services discussed that can slow down chronic disease trends and implement evidenced-based interventions that can target the growing epidemic of preventable diseases which impacts medical costs and worker productivity.

Goals identified during the assessment are essential to the planning, development, and implementation the program. The program should include diverse range of wellness options to accommodate employees' preferences and it should be made available to the staff's family, and clients of BWC. The wellness program needs to be fully integrated into all other BWC programs and activities aligned with the mission and vision statement. Wellness champions are ideal role models to promote the wellness program and create a culture of wellness. An all-inclusive

workplace wellness program should make sure that workplace policies and procedures endorse healthy behaviors and adopt a culture of health.

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Appendix A
SWOT Analysis
Wellness Assessment Bill Wilson Center

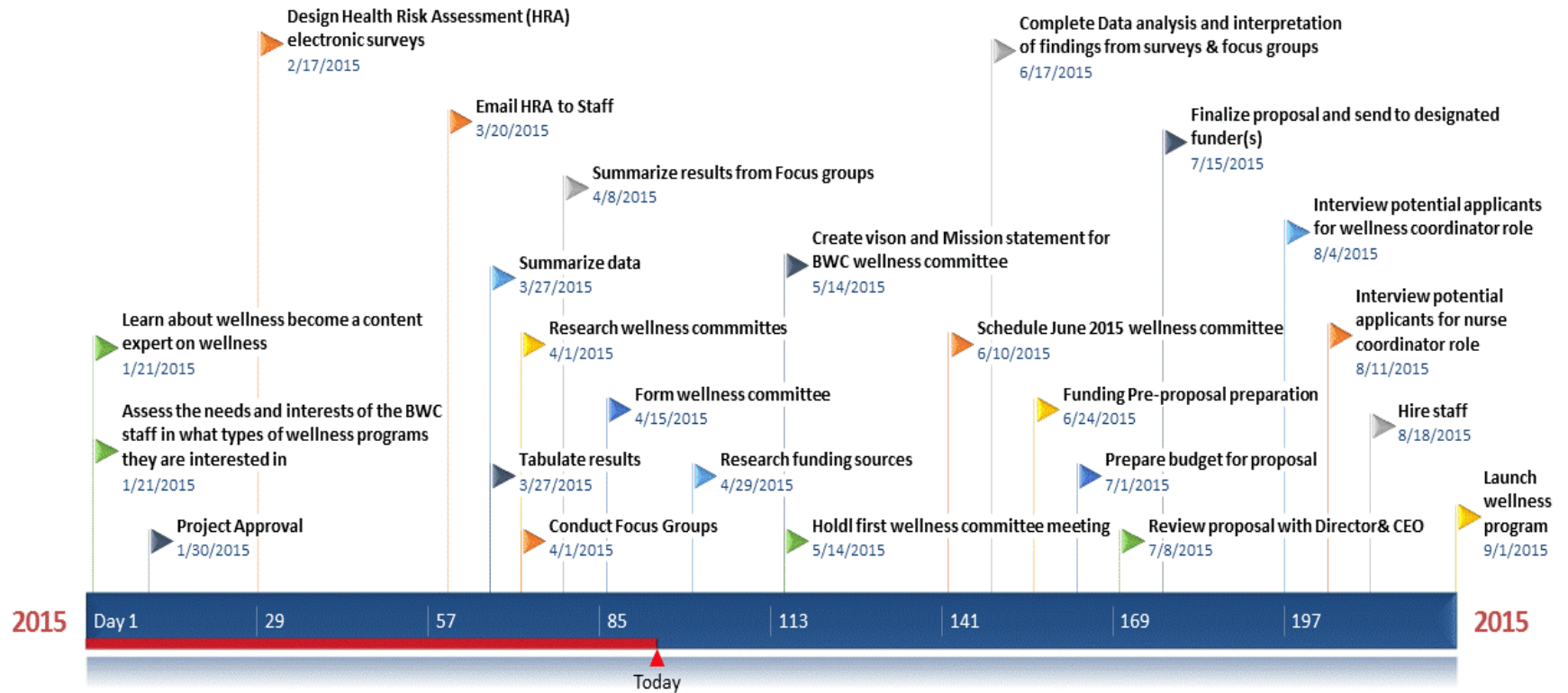
SWOT Analysis
Wellness Assessment Bill Wilson Center

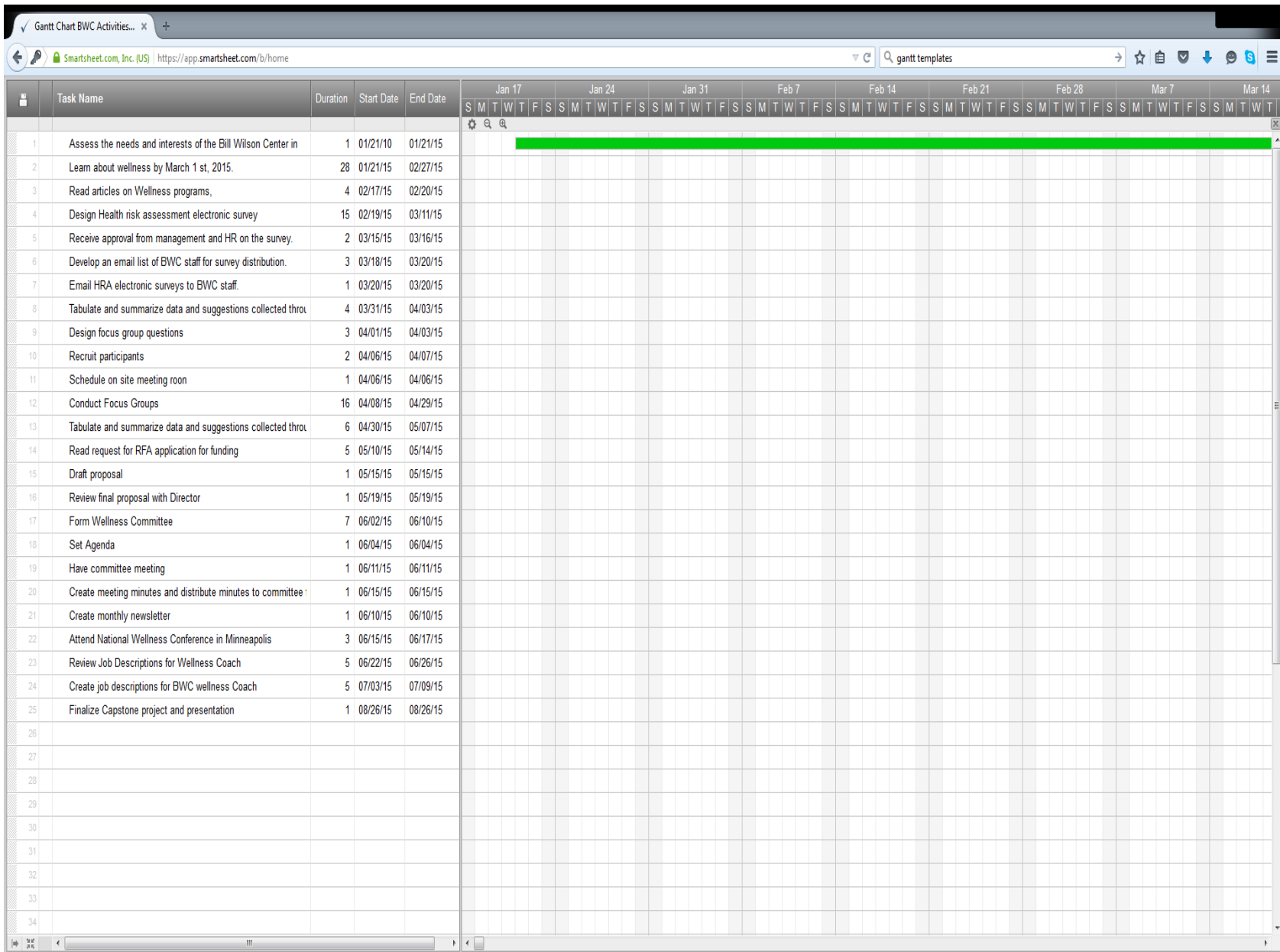
<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • Employees interested in health & wellness • Creative leadership • Community partners • Employee readiness for change • No additional space is needed to create the wellness center • Secured Funding 	<p style="font-size: 48pt;">S</p>	<p style="font-size: 48pt;">W</p>	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> •Lack of specific expertise/resources •Concern about leadership engagement •HR had not yet identified a wellness coordinator .
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Other Community Organizations • Social Media • Mental Health Resources • Health insurance expansion (ACA, 2010) • More focused community involvement • Large market for healthcare • Further promote Agency image • Tax incentives 	<p style="font-size: 48pt;">O</p>	<p style="font-size: 48pt;">T</p>	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • Specialized competitors already have strong wellness industry positions

**Appendix B
Gantt Chart**

Bill Wilson Center Assessment for Wellness Program		
Task Name	Start Date	End Date
Assess the needs and interests of the Bill Wilson Center	01/21/15	01/21/15
Learn about wellness by March 1, 2015 and become a content expert for wellness.	01/21/15	02/27/15
Read articles on Best Practices in worker Health	02/17/15	02/20/15
Design Health risk assessment electronic survey	02/19/15	03/11/15
Receive approval from management and HR on the survey.	03/15/15	03/16/15
Develop an email list of BWC staff for survey distribution.	03/18/15	03/20/15
Email HRA electronic surveys to BWC staff.	03/20/15	03/20/15
Tabulate and summarize data and suggestions collected through survey.	03/31/15	04/03/15
Design focus group questions	04/01/15	04/03/15
Recruit participants	04/06/15	04/07/15
Schedule on site meeting room	04/06/15	04/06/15
Conduct Focus Groups	04/08/15	04/29/15
Tabulate and summarize data and suggestions collected through survey.	04/30/15	05/07/15
Read request for RFA application for funding	05/10/15	05/14/15
Draft proposal	05/15/15	05/15/15
Form wellness Committee	06/02/15	06/10/15
Set agenda for wellness Committee meeting	06/04/15	06/04/15
Hold committee meeting	06/11/15	06/11/15
Create meeting minutes and distribute minutes to committee for approval	06/15/15	06/15/15
Create monthly newsletter	06/10/15	06/10/15
Attend National Wellness Conference in Minneapolis	06/15/15	06/17/15
Review Job Descriptions for Wellness Coach	06/22/15	06/26/15
Create job descriptions for BWC wellness Coach – Interview & Hire	07/03/15	08/18/15
Finalize Capstone project and presentation	08/26/15	08/26/15

Bill Wilson Center Project Milestone projections





Appendix C

Health Risk Assessment Employee Staff Survey



Health Risk Assessment Employee Staff Survey

Introduction

Dear Fellow Employee:

At our last All-Staff meeting, Greg and I announced a new Employee Wellness program that engages staff and clients in healthy activities, such as stress management, exercise and good nutrition. We want to hear your thoughts and ideas on how to provide you with wellness programs, seminars and activities designed to meet your needs, so please take a few minutes to complete the attached. Employee Wellness Interest Survey by Friday, March 20th, 2015. The survey is completely voluntary and confidential – you do not need to give us your name.

However, there is the option to do so if you are interested in helping to plan and promote future programs.

Thank you in advance for your participation.

Best Regards,

Sparky

Demographics

1. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

2. What is your gender?

- Female
- Male

3. Which of the following best describes your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with a significant other
- Single, never married

4. Which of the following best represents your racial or ethnic heritage? Select all that apply.

- Some other race (please specify)

- Non-Hispanic White or Euro-American
- Black, Afro-Caribbean, or African American
- Latino or Hispanic American
- East Asian or Asian American
- South Asian or Indian American
- Middle Eastern or Arab American
- Native American or Alaskan Native
- Other

5. How do you like to learn about health and lifestyle information? Select all answers that apply.

- Other (please specify)
- One-on-one counseling
- Phone counseling
- Health screening (i.e. Blood Pressure)
- Health fairs
- On-site workshops
- Online programs
- Group Support
- DVD
- Self-directed programs
- Books/Materials
- Physician
- Other

6. How often do you exercise?

- Daily
- 3-4 week
- once a week
- Never

7. How long do you exercise, when you exercise?

- Other (please specify)
- 10 minutes
- 20 minutes
- 30 minutes
- More than 30 minutes

8. What time of day would you be most likely to participate in a wellness program? Please select all answers that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Weekend shift
- Morning
- Lunchtime
- Afternoon
- A.M. (before work)
- P.M.(after work)

- Anytime of day
- Other (please specify)

9. How long should a wellness activity last?

- Other (please specify)
- 30 minutes
- 45 minutes
- 60 minutes
- 90 minutes

10. Where is the most convenient place to access the Internet?

- Work
- Home
- Both
- Other (please specify)

Wellness Topics

Please rate how interested you are in each wellness topic. The more specific information we receive from you, the more tailored our wellness program can be to your needs and wants.

11. Please indicate your interest level for the wellness topics listed below.

Wellness Topics	Not interested	Somewhat interested	Neutral	Interested	Very interested
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back injury prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking/Hiking Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work/Life Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team based sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Screening History

12. In the past year have you had the following screening done?

- Flu vaccination
- BMI
- Body composition and Body fat
- Cholesterol
- Blood pressure checks
- Blood Sugar (diabetes)
- Bone Density
- Vision
- Dental exam
- Skin Analyzer
- Prostate PSA
- PPD (TB testing)
- Hepatitis "B" vaccine
- Tetanus shots
- OB/GYN annual exam

Screening Tests**13. Please indicate which screening test(s) you would participate in if offered at your work site (Your screening results will be confidential).**

- Blood Pressure
- Flu Shot
- Body composition and body fat
- BMI

- Cholesterol
- Hearing test
- Glucose
- Bone Density
- Vision test
- Skin analyzer
- None. I am not interested in screening at this time

14. Do you feel safe in your neighborhood?

- Yes
- No

15. Do you own your own home?

- Yes
- No

Health assessment

16. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

17. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good

- Fair
- Poor

18. In general, how do you view your weight?

- Average for someone of my height
- Below average for my height
- Overweight for my height

19. How many caffeinated beverages do you drink a day? Coffee, Soda, or Tea

- Less than 3 a day
- More than 3 a day
- None
- Other (please specify)

20. Do you smoke?

- Yes
- No

21. Do you use tobacco products?

- Cigarettes
- Cigars
- E-Cigarettes
- Pipe
- Chewing tobacco
- Hookah (waterpipe, narghile, or shisha)

22. How many packs per day on average? _____

23. How many years have you smoked? _____

24. Do you drink alcohol?

Yes

No

25. How often do you have a drink containing alcohol?

Never

Monthly or less

2-4 times a month

2-3 times per week

4 or more times per week

26. I would participate in a smoking cessation program if offered.

Yes

No

27. I would participate in a stress reduction program if offered.

Yes

No

28. I would participate in a nutrition program if offered.

Yes

No

29. I would participate in a health promotion program if offered.

Yes

No

30. I would participate in financial planning if offered.

Yes

No

31. I would participate in budget management if offered.

Yes

No

Sleep

32. Do you feel you get enough sleep?

Yes

No

33. How much sleep do you get?

7-8 hours sleep a day

Less than 7 hours

More than 8 hours

34. Do you have trouble falling asleep at night?

Yes

No

35. Do you wake up unexpectedly during the night?

Yes

No

36. Do you have difficulty staying awake during the day?

Yes

No

Employee Job Satisfaction

37. Job satisfaction

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
At the beginning of the week, I look forward to going to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have energy at the end of each work day to attend to the people I care about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have energy at the end of each work day to engage in personal interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am engaged in meaningful work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My values fit with the organizational values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aligned with the organizational mission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Wellness Council of America (2015)

Activities

38. Please indicate what activities in which you participate in that help you relieve stress.

- Exercise
- Eating right
- Deep breathing
- Yoga
- Read a book
- Take a walk/hike
- Play sports
- Hobbies
- Massage
- Other

39. Contact Information is optional.

Name _____

Email _____

Phone _____

Thank you for taking the time to participate in the Wellness Survey

Source: Blue Cross Wellness resources and tools (2015); Wellness Council of America (2015);
Saunders, Aasland, & Babor, et al. (1993); Survey Monkey (2015).

Appendix D

Focus Group Wellness Flyer



Wellness Program



WE WANT YOU!

We would like your input on staff wellness at BWC. If we were to implement a wellness program what would it look like?

Please join Anne Cunniffe Marcy as she conducts focus groups to address Wellness at BWC.

The focus groups will be held on the following dates:

Tuesday, April 14 at 3490 The Alameda from 12-1 pm

Thursday, April 23 at the 1671 location from 12-1 pm

April 29th at the 691 S. Second Street, San Jose, location from 12-1 pm.

Meetings will be held in respective multi-purpose rooms. Lunch will be provided. Spaces are limited so please sign up ASAP.

Appendix E
BWC Focus Group Wellness Questions



BWC Focus Group Wellness Questions

Introduction

Thank you for coming. The purpose of today's meeting is to get your beliefs and opinions related to your personal health and health promotion programs in support of our efforts to create a Staff Wellness program. Sparky Harlan, BWC's CEO, is committed to employee wellness, and especially so in these stressful times of dynamic changes in our profession. My name is Anne Cunniffe Marcy. I have been asked by BWC to assist with the process to develop the employee health and wellness program.

This meeting is called a focus group. You have been invited to attend because we feel your views on how to design a program are very important. Your insights will help BWC develop a program that meets the needs and interest of employees and their dependents. We will spend the next 40 minutes focusing on a particular set of questions. There are no unimportant ideas.

This information is confidential and comments and opinions expressed should not be reported outside this room. I have a number of questions and I want to hear as many different opinions as possible.

1. What do you perceive as the most common health problem among co-workers at BWC?
2. What health promotions and wellness activities do you think would be most effective in improving the health and wellbeing of your co-workers?
3. Are you interested in changing your personal lifestyle behaviors to improve your health status? What behaviors would you like to change?
4. What incentives/motivators would influence you to change your lifestyle behaviors? What incentives would influence you to maintain that behavior change?
5. What does BWC currently do to enhance the health of employees? Do you know employees who have participated? What was their reaction to and beliefs about these programs.
6. What other sorts of things can BWC do to support employee health promotion and lifestyle behavior change?
7. If BWC were to offer health promotion and wellness programming, what would be the best time of the day to hold these programs? What would be the best location?
8. Would members of your family attend health promotion and wellness programs if offered by BWC? Which programs?
9. How do you most frequently obtain information about on-going activities at BWC?
10. What ways should information about health promotion and wellness activities be communicated to you.

Appendix F

Newsletter



Bill Wilson Center

Employee Wellness Newsletter

Live Well! Work Well!

August 2015

Wellness Activities Schedule

Yoga @ BWC
August 13 & 27,
2015
5 p.m.

Multipurpose Room

Space is limited for the above activities—look out for RSVP emails!

Join the Wellness Committee and help plan the newsletter and other wellness initiatives at BWC! Anyone interested can contact Anne Cunniffe Marcy: amarcy@bwcmail.org

Wellness Tip of the Month — Summer Fitness!



Physical activity is an essential component of a healthy lifestyle. In combination with healthy eating, it can help prevent a range of chronic diseases, including heart disease, cancer, and stroke, which are the three leading causes of death. Physical activity helps control weight, builds lean muscle, reduces fat, promotes strong bone, muscle

and joint development, and decreases the risk of obesity. Children need 60 minutes of play with moderate to vigorous activity every day to grow up to a healthy weight. If this sounds like a lot, consider that eight to 18 year old adolescents spend an average of 7.5 hours a day using entertainment media including TV, computers, video games, cell phones and movies in a typical day, and only one-third of high school students get the recommended levels of physical activity. To increase physical activity, today's children need safe routes to walk and bike ride to school, parks, playgrounds and community centers where they can play after school, and activities like sports, dance or fitness programs that are exciting and challenging enough to keep them engaged.



YOGA @ BWC!

We had an excellent turnout at the first BWC Yoga class this month! The next classes are on **August 13 and 27, 2015**, so be sure to RSVP to Debbie Sumner if you are interested (space is limited). Those that attended the inaugural class really seemed to enjoy it! We are working on contracting with a new yoga instructor to ADD lunchtime yoga at 1671 (should be starting in August or September).



The sun is shining and the warm weather brings us much more variety in fruits and vegetables. Bring your family to your local farmers market enjoy yummy cherries, melons and plums.

Look for local broccoli, cauliflower, cucumbers, green beans, tomatoes and summer squash. And who could think about summer without California's sweet corn?

Farmers Market Week is the first week of August. Celebrate by promoting the monthly themes at farmers markets, and encouraging people to visit farmers markets. They're a great place to get fresh fruits and vegetables!



Appendix F

Newsletter



Bill Wilson Center

Page 2

Live Well! Work Well!

August 2015

Quick & Healthy Recipe of the Month:

Pan-Seared Salmon with Kale and Apple Salad



Ingredients

Four 5-ounce center-cut salmon fillets (about 1-inch thick)
 3 tablespoons fresh lemon juice
 3 tablespoons olive oil
 Kosher salt
 1 bunch kale, ribs removed, leaves very thinly sliced (about 6 cups)
 1/4 cup dates
 1 Honey crisp apple
 1/4 cup finely grated pecorino
 3 tablespoons toasted slivered almonds
 Freshly ground black pepper
 4 whole wheat dinner rolls (optional)

Directions

Bring the salmon to room temperature 30 minutes before cooking. Meanwhile, whisk together the lemon juice, 2 tablespoons of the olive oil and 1/4 teaspoon salt in a large bowl. Add the kale, toss to coat and let stand 10 minutes. While the kale stands, cut the dates into thin slivers and the apple into matchsticks. Add the dates, apples, cheese and almonds to the kale. Season with pepper, toss well and set aside. Sprinkle the salmon all over with 1/2 teaspoon salt and some pepper. Heat the remaining 1 tablespoon oil in a large nonstick skillet over medium-low heat. Raise the heat to medium-high. Place the salmon, skin-side up in the pan. Cook until golden brown on one side, about 4 minutes. Turn the fish over with a spatula, and cook until it feels firm to the touch, about 3 minutes more. Divide the salmon, salad and evenly among four pates.

Per serving (1 fish fillet, about 2 cups of salad and 1 dinner roll): Calories 620; Fat 36 g (Saturated 8 g); Cholesterol 85 mg; Sodium 730 mg; Carbohydrate 40 g; Protein 39 g; Fiber 7 g; Sugars 14 g

Fitness Corner

Health Benefits of Water-based Exercise

Swimming is the fourth most popular sports activity in the United States and a good way to get regular aerobic physical activity. Just two and a half hours per week of aerobic physical activity, such as swimming, bicycling, or running can decrease the risk of chronic illnesses. This can also lead to improved health for people with diabetes and heart disease. Swimmers have about half the risk of death compared with inactive people. People report enjoying water-based exercise more than exercising on land. They can also exercise longer in water than on land without increased effort or joint or muscle pain.

Water-based Exercise and Chronic Illness

Water-based exercise can help people with chronic diseases. For people with arthritis, it improves use of affected joints without worsening symptoms. People with rheumatoid arthritis have more health improvements after participating in hydrotherapy than with other activities. Water-based exercise also improves the use of affected joints and decreases pain from osteoarthritis.

Water-based Exercise and Mental Health

Water-based exercise improves mental health. Swimming can improve mood in both men and women. For people with fibromyalgia, it can decrease anxiety and exercise therapy in warm water can decrease depression and improve mood. Water-based exercise can improve the health of mothers and their unborn children and has a positive effect on the mothers' mental health. Parents of children with developmental disabilities find that recreational activities, such as swimming, improve family connections.

More information at: http://www.cdc.gov/healthywater/swimming/health_benefits_water_exercise.html

Stress Management Tips

Ask yourself what you can do about the sources of your stress. Think through the pros and cons. Take action where you can. Keep a positive, realistic attitude. Accept that although you can not control certain things, you're in charge of how you respond. Stand up for yourself in a polite way. Share your feelings, opinions, or beliefs, instead of becoming angry, defensive, or passive.

Learn and practice relaxation techniques. Try breathing exercises, meditation, prayer, yoga, or tai chi. Exercise regularly. You'll feel better and be more prepared to handle problems. Eat healthy. Avoid too much sugar. Focus on fruits, vegetables, whole grains, and lean protein. Try to manage your time wisely. Say no, where you can, to things that would add more stress to your life.

Make time for hobbies and interests. Get enough rest and sleep. Your body needs time to recover from stressful events. Don not rely on alcohol, drugs, or food to help against stress. Ease up on caffeine, too. Spend time with people you love.

<http://www.webmd.com/balance/guide/tips-to-control-stress#1>

**Appendix G
Meeting Agenda**



**Wellness Committee Meeting Agenda
June 11, 2015**

1. Welcome Wellness Team Members
 - a. Communicate expectations of team members
 - b. Identify team member roles:
 - i. Final decision makers (ongoing communication with leadership)
 - ii. Wellness Team 'Leads'(leaders to organize and direct specific internal activities)
2. Name your Wellness Team and decide on a team brand (logo, slogan, etc.)
3. Set up reoccurring meetings (frequency/time)
4. Facilitator schedule
5. Elect a member to take minutes (appoint at each meeting)
6. Begin creating a Wellness Team Operation Plan by defining the team's vision and mission statement

Next meeting July 16, 2015 12:00-1:00 pm

List of Tables and Figures

Table 1 RAND Employee Survey Data, 2012 Chronic Conditions

Table 2 RAND Employee Survey Data, 2012 Lifestyle management programs offered by employers

Table 3 Overview of Race/Ethnicity/Age/ Gender Data on the BWC population

Table 4 Job satisfaction survey responses

Figure 1. Pie chart showing age distribution of staff at BWC.

Figure 2. Pie chart demonstrating gender data

Figure 3. Bar chart displaying relationship status

Figure 4. Bar chart display learning about wellness

Figure 5. Bar graphs displaying frequency and duration of exercising

Figure 6. Bar chart display day of week most likely to participate in a wellness activity

Figure 7. Bar chart display of time of day most likely to participate in wellness program

Figure 8. Pie chart display of how long should a wellness activity last.

Figure 9. Pie chart internet access

Figure 10. Bar chart display of level of not interested and least interested in wellness topics

Figure 11. Bar chart display of combined level of not interested and least interested in wellness topics

Figure 12. Bar chart display level of interested and very interested in wellness topics

Figure 13. Bar chart display combined level of interested and very interested in wellness topics

Figure 14. Bar chart display annual screening exams.

Figure 15. Bar chart display of screening test you would participate in offered at your worksite

Figure 16. Bar chart display overall general and mental/emotional health rating.

Figure 17. Pie chart display of weight perception

Figure 18. Pie chart display consumption of caffeinated beverages

Figure 19. Pie chart frequency of drinking alcohol

Figure 20. Bar chart display of interest in different programs

Figure 21. Pie chart display of sleep quantity

Figure 22. Bar chart display activities staff participate in to reduce stress.

“Knowing is not enough; we must apply.

Willing is not enough; we must do.”

-Goethe