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Alisha Ramirez

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Self-Insured Schools of California's Employee Wellness Initiative:

A Program Evaluation Plan

By

Alisha Ramirez

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A Program Evaluation Plan

By Alisha Ramirez

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by their supervisory committee:



BJ Moore, Ph.D.



Date



Tony Pallitto, MSA-HCM



Date

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Abstract

Employee wellness programs are implemented widely across organizations in the United States. The benefits of employee wellness programs can be found in employees, employers, and health plan administrators. The benefits to employees include weight control, cardiovascular improvements, and smoking cessation. Employers can benefit from these programs with lower absenteeism and increased productivity from their employees. Health plan administrators can see long term improvements in claims costs among participating members. However, employee wellness programs are not always successful for a variety of reasons, including lack of managerial support, lack of participation, and flawed implementation. The purpose of this paper was to provide Self-Insured Schools of California (SISC), a local health plan administrator, with a detailed evaluation plan for their wellness program initiative. SISC's Health Benefits Department is the largest public school insurance pool in the United States. The Health Benefits Department administers medical, prescription, dental, vision, and/or life insurance for over 400 school entities across the state of California. This paper includes an evaluation plan specifically developed for SISC to measure success of their implementation process, determine barriers to participation, address wellness interests of employees, and find impact to claims costs within participating districts. The paper also addressed recommendations for further evaluations and how SISC is to assess the rate of return on investments.

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Chapter 1: Introduction

Employee wellness programs are common in the workplace setting with approximately eighty-one percent of businesses providing some type of employee wellness program (Person, Colby, Bulova, & Eubanks, 2010). There are potential benefits to employees, employers, and health plan administrators with the implementation of a successful program. Employees can see significant improvements to their health, including smoking cessation, monitoring of weight, and cardiovascular improvements (Person et al., 2010). Employers can benefit from the implementation of employee wellness programs with lower absenteeism and increased productivity from their employees (Person et al., 2010). Lastly, health plan administrators can see long term improvements in claims accrued by these employees due to better health (Kohler, Contacos-Sawyer, & Thomas, 2015). However, employee wellness programs are not always successful for a variety of reasons including lack of managerial support for the program, employees are too busy with work, or employees had a lack of motivation to participate (Nyberg et al, 2009; Bright et. al., 2012). A local Health Plan Administrator in the Southern San Joaquin valley is interested in establishing a successful employee wellness program.

Background

Self-Insured Schools of California's Health Benefits Department is the largest public school insurance pool in the United States (Self-Insured Schools of California, 2018). The Health Benefits Department administers medical, prescription, dental, vision, and/or life insurance for over 400 school entities across the state of California. Self-Insured Schools of California (SISC) is concerned that school district employees are not utilizing free employee wellness

opportunities. The organization has recently partnered with school district administrators from various school sites to develop and implement of a comprehensive worksite wellness program.

Self-Insured Schools of California is a Joint Powers Authority founded in 1979. The organization is administered by the Kern County Superintendent of Schools office. Employees of school entities that join the JPA, are placed in a pool with the other school district employees. The larger the pool the better rates SISC can provide school entities, as the size of the pool gives SISC bargaining power with insurance companies. SISC is a nonprofit organization, none of the staff receive commission, and all SISC employees are school district employees. SISC is always looking for ways to keep rates as low as possible. One way that SISC can potentially lower rates is to offer a comprehensive worksite wellness program to school sites. If employees take advantage of these programs, their health may improve which may reduce health care costs. If enough school employees reduce their health care costs, this may help reduce health insurance rates, or slow down increases in premiums.

Statement of the Problem

Although there are benefits to both employees and employers in implementing worksite wellness programs, programs ultimately suffer from low participation but are deemed successful in improving the lives of the majority of an organization's population (Person et al, 2010). Also, organizations rarely utilize an evaluation plan to measure the effectiveness of their worksite wellness program.

Purpose of the Program Evaluation Plan

The purpose of this study was to create a program evaluation plan to measure the implementation and impact of the employee wellness programs initiated by Self Insured Schools of California, in partnership with Kaiser Permanente and Anthem Blue Cross. Employee

wellness programs are not always evaluated for effectiveness or monitored from inception. This study aimed to create an evaluation plan to assist with collecting relevant data from implementation, ongoing monitoring of the program, tools to measure success, and recommendations for improvement.

Usefulness of the Study

This study may be useful for SISC, as well as other organizations. The program evaluation plan can be used to measure the effectiveness and impact of the employee wellness program initiated by SISC to find areas that may be improved upon in future implementations. The tools created for this study, such as the survey, can also be used by other organizations to glean the effectiveness of their employee wellness programs.

Chapter 2: Literature Review

This chapter defines worksite wellness programs, identifies the barriers to a successful program, describes program evaluations, presents a literature review of present studies, and outlines the theories involved.

History and Definitions of Wellness

It is difficult to provide a single definition of the word wellness, as the meaning changes in context. The word dates back to the seventeenth century, when it was used to describe the opposite of sickness (Miller, 2005). This usage continued through the 1950's, when the word became a holistic term used to describe the health of the whole person. Halbert Dunn, a physician and chief of the National Office of Vital Statistics, stated that "High-level wellness for the individual is defined as an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable, within the environment where he is functioning (Miller, 2005; Dunn, 1959, p. 477). John Travis was influenced by Dunn's work, and eventually adopted the term wellness and opened the Wellness Resource Center in Mill Valley, CA (Zimmer, 2010). At the Wellness Resource Center, the physicians promoted well-being through an individualized approach.

The term wellness also has had negative connotations for next three decades, as the word was associated with the hedonistic lifestyle surrounding Mill Valley (Zimmer, 2010). In the 1990's, the term wellness gradually become part of the English vernacular as more and more Americans used the word. It eventually became a recognized and accepted term in regard to employee wellness programs.

Miller (2005) claims that although the context of the word wellness changes the meaning, in regard to scholarly research in the field of health, Bill Hettler's Six Dimensional Model of

Wellness best describes the context of the concept. The six dimensions are social, occupational, spiritual, physical, intellectual, and emotional, as seen in Figure 1 below.

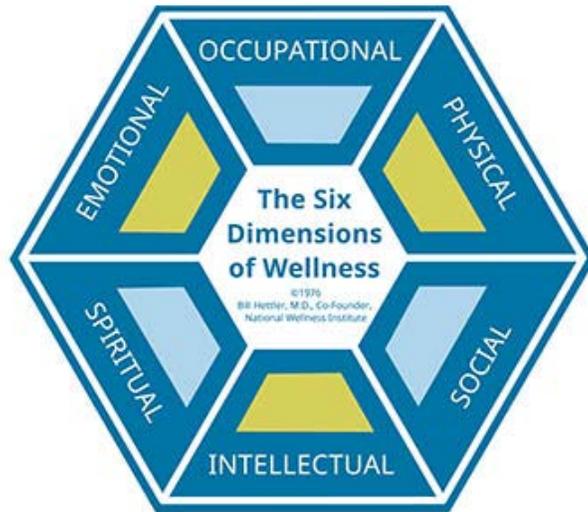


Figure 1. Hettler's Six Dimensions of Wellness.
Retrieved from http://www.nationalwellness.org/?page=six_dimensions

The National Wellness Institute, of which Hettler was the co-founder, currently defines wellness as “an active process through which people become aware of, and make choices toward, a more successful existence” (National Wellness Institute, n.d.).

The word wellness is often associated with the word health. According to The World Health Organization (2018), health can be defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (para. 1). Although the word wellness and the word health are closely related, there are important distinctions. While the words wellness and health encompass your physical, mental, and social state, wellness also includes the concept of the individual actively making choices to improve health. According to the National Wellness Institute (n.d.), wellness is “a conscious, self-directed and evolving process of achieving full potential” (para. 3). So while health describes your holistic well-being, wellness describes the accounts for the actions taken to achieve optimal health.

History and Definition of Worksite Wellness Programs

The first aspects of worksite wellness programs were developed in the 1950's in the form of Employee Assistance Programs (Kunte, 2016). These programs provided counseling and assistance to employees who were having problems with, for example, mental health, marriage, and alcoholism (Kunte, 2016). The first efforts at employee wellness programs were believed to have stemmed from the success of individuals in Alcoholics Anonymous. One of the first attempts at initiating wellness in the workplace was by Gimbel's Department store in 1974. Management recruited 180 employees to test for hypertension and 94 cases were identified. These employees took part in a year long intervention with resulted in an 81 percent reduction in blood pressure measures. (Kunte, 2016).

Worksite wellness programs can be defined as "efforts put forth by employers to improve the health of employees" (Institute for Health and Productivity Studies Johns Hopkins Bloomberg School of Public Health, 2015, p. 8). According to Mattke et al. (2013), there are three major components of a comprehensive worksite wellness program: screening for potential health risks, preventative interventions for health risks, and health promotion activities. First, health risk screenings can include an HRA (health risk self-assessment) and biometric screenings. Second, preventative interventions include lifestyle management and disease management for existing conditions. Lifestyle management interventions try to prevent chronic illness. Disease management interventions attempt to control already existing chronic diseases in employees. Third, health promotion activities include activities that promote health among employees, such as vaccination clinics, gym memberships, and healthy food availability (Mattke et al., 2013).

There has been a rise in onsite health clinics, also referred to as worksite health and wellness clinics (Reuter, 2011). According to Reuter (2011), these clinics have similar aims as

employee wellness programs, however, clinics can be used to provide basic medical care, primary care, and pharmacy services. Onsite health clinics are often utilized in large corporations as well as colleges and universities. It is important to consider onsite health clinics as a potential source of employee wellness if a school site is a good candidate. Currently, SISC administers health benefits for several community colleges. Self-insured health plan administrators must consider the financial benefits of employee wellness programs.

Self-insured health plan administrators, such as SISC, are responsible for managing the financial risk of the insurance pool. It makes financial sense for organizations to attempt to help the sick get better and keep the healthy, healthy (Thygeson, 2010). Goetzel et al. (2012) found that up to one fifth of employee-employer health spending can be attributed to diseases that can be addressed through employee wellness programs and interventions. Some of these modifiable conditions include obesity, high blood pressure, and high blood glucose (Goetzel et al., 2012).

Barriers to the Implementation of Employee Wellness Programs

It is necessary to understand the barriers to implementing a successful employee wellness program when creating a program evaluation plan. Barriers to a successful worksite wellness program include lack of managerial support, lack of motivation or participation among employees, and individual differences among employees.

The management in an organization plays a vital role in the implementation and success of a worksite wellness program. An unsupportive manager could impede the progress of a worksite wellness program. Westerlund et al. (2009), found that non attentive managers may even have a negative effect on the health of their subordinates. The researchers found that managers scoring low on the measure Attentive Managerial Leadership (AML) correlated with high stress among the employees that they managed. There was also a relationship between non

attentive managers and the self-reported health and absenteeism of their subordinates (Westerlund et al., 2009).

Further research by Nyberg et al (2009), showed a relationship between managerial style and the incidence of Ischaemic heart disease (IHD). The researchers found a suggested relationship between managerial behavior that promotes clear goals, clear role expectations, provides feedback, and allows for employee control and independence and a lower incidence of IHD. Evidence indicated that managers should provide employees with support and attentiveness during the implementation of employee wellness programs for the program to be successful.

A study by Bright et al. (2012) indicated that an employee's lack of participation in wellness programs may be due to their work schedule, that they were too busy at work, or had a lack of motivation. Person et al. (2010), found that the most often reported reasons for lack of participation in the employee wellness program studied was not enough incentives, time limitations, and inconvenient locations. Consistent with the above studies, Middlestadt, Sheats, & Geshnizjani (2011), also found that two factors that contribute to participation in worksite wellness are time constraints and the availability of a convenient location.

Individual characteristics based on gender, age, educational level, and socioeconomic status may also contribute to the likelihood that an employee may choose to participate in an employee wellness program (Murrow & Welch, 1997). A five year study of an employee wellness program implemented in a University setting, showed that the most likely participants were Caucasian females (Beck, Hirth, Jenkins, Sleeman, & Zhang, 2016). Beck et al., also found that those with the lowest salaries participated at lower rates. A study by Healey & Marchese (2005) found that educational level was a high predictor of whether an employee would participate in health and wellness activities. If an employee had a college education, they were

more likely to participate in all aspects of a wellness program. Joslin, Lowe, & Peterson (2006), found that employees over the age of forty-four were more likely to participate. It is important to identify individual factors when implementing an employee wellness program, so that marketing techniques can target low participatory individuals or groups.

Lastly, employees can be reluctant to participate in employee wellness program because they are concerned about who will have access to their private health information ((Nöhammer, Stummer, & Schusterschitz, 2014). Employees are concerned or embarrassed that coworkers and management will become aware of their health issues (Nöhammer, Stummer, & Schusterschitz, 2014). While others are worried that employers will not keep their health information confidential once obtained (Farrell & Geist-Martin, 2005). All the barriers to implementation and participation are considered to measure successful implementation in the upcoming program evaluation plan.

Program Evaluations

According to Koplan, Milstein, and Wetterhall (1999), program evaluation is “a systematic way to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate” (p. 4). Koplan, Milstein, and Wetterhall (1999) also provide a framework for program evaluation that includes the steps in the evaluation process and recommended standards to utilize when creating a program evaluation (Figure 2).



Figure 2. Framework for program evaluation in public health.
Retrieved from <https://www.cdc.gov/eval/framework/index.htm>

This framework will be used to create a custom program evaluation plan for SISC. While all program evaluations are tailored to the sponsor's needs, every evaluation contains a program theory.

Theoretical Models

Theories can be described “as a set of analytical principles or statements designed to structure our observation, understanding and explanation of the world” (Nilson, 2013, p. 2).

Theories can provide insight on why certain relationships lead to specific events (Nilson, 2013).

Similarly, models describe an existing phenomenon and may be useful in empirical research.

Models seek to describe while theories seek to describe and explain (Nilson, 2013).

Understanding theory and models is a beneficial tool when designing a program evaluation measure. For this program evaluation plan, Rosenstock's Health Belief Model and the Centers

for Disease Control and Prevention's Workplace Health Model will be used to understand what motivates employees to participate in worksite wellness programs.

Rosenstock's Health Belief Model

When implementing a program evaluation, it is important to understand what drives individuals to participate in the program. Rosenstock's Health Belief Model addresses why some people engage in health related behavior, such as participating in employee wellness programs, and why others do not. Rosenstock's health belief model was developed in the 1950's by the U.S. Public Health Services to address why citizens were not engaging in free screenings for Tuberculosis (Hayden, 2014). The health belief model purports that the four perceptions in the model vary across all individuals and the model can be used to explain why individuals participate in health related behaviors. These four perceptions or constructs of the health belief model include perceived severity, perceived susceptibility, perceived benefits, and perceived barriers. The model takes into consideration the modifying variables of the individuals including age, sex, past experiences, culture, and level of education. The personal characteristics of an individual contribute to the likelihood that they will participate in positive health behavior. Lastly, the model posits that cues to action are necessary to trigger a person's engagement in a program. Cues to action are things that motivate individuals to change their behavior (Hayden, 2014). The health belief model is a useful tool in the analysis of employee behavior and participation in worksite wellness programs. A model of Rosenstock's Health Belief Model is below in Figure 2.

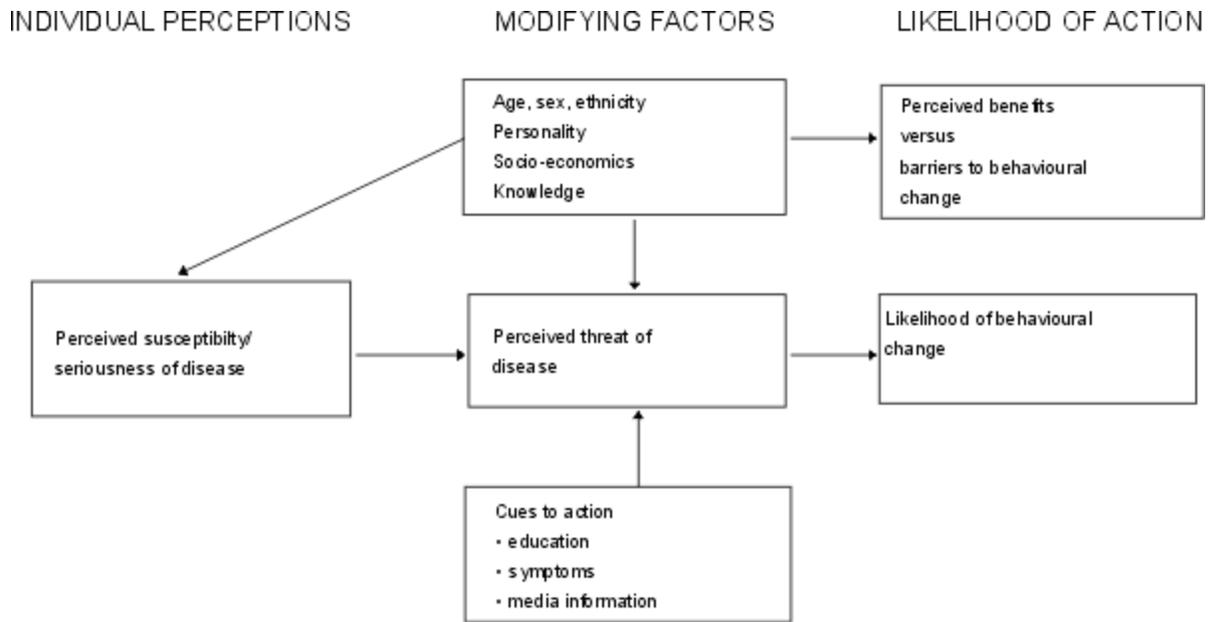


Figure 3. Rosenstock's Health Belief Model.

Retrieved from *Introduction to Health Behavior Theory* (p. 34), by J. Hayden, 2014, Burlington, MA: Jones & Bartlett Learning, LLC.

Berry & Mirabito (2011), state that employees are more likely to participate in employee wellness programs if they believe it will be beneficial to them, the cost is admissible, and they will see results from the action. The perceived barriers to healthy behavior are best addressed by employers because of the amount of time employees spend at work. Also, employers are in the position to provide cues to action for the employees, including incentives. Incentives, such as gift cards, for participation in a health promotion behavior, such as biometric screenings, increase the likelihood of participation.

Workplace Health Model

The Centers for Disease Control and Prevention (CDC) developed a the Workplace Health Model to describe the process for implementing a employee wellness program (See Figure 3 below). The model includes four steps to guide the development and implementation of an employee wellness program. In step one, an organization should conduct a workplace health

assessment through in person interviews, a suggestion box, or an employee survey. The results of the assessment can be used to tailor the program to the needs of the population. In step two, an organization should plan the program. In the planning stage, it is important to recruit leadership to model behavior, designate a program coordinator, and plan the specifics of the program with sufficient resources to accomplish the plan. In this stage, clear communications should be sent to employees regarding the upcoming program and data collection tools should be identified so that the program outcomes can be measured later. Step three is the implementation stage, in which individual and organizational level strategies should be introduced. Lastly, in step four, the program should be evaluated to make sure that the program is sustainable, it is well received, and to measure the return on investment. This model will be used as a guide for the program evaluation plan introduced in the following chapter.

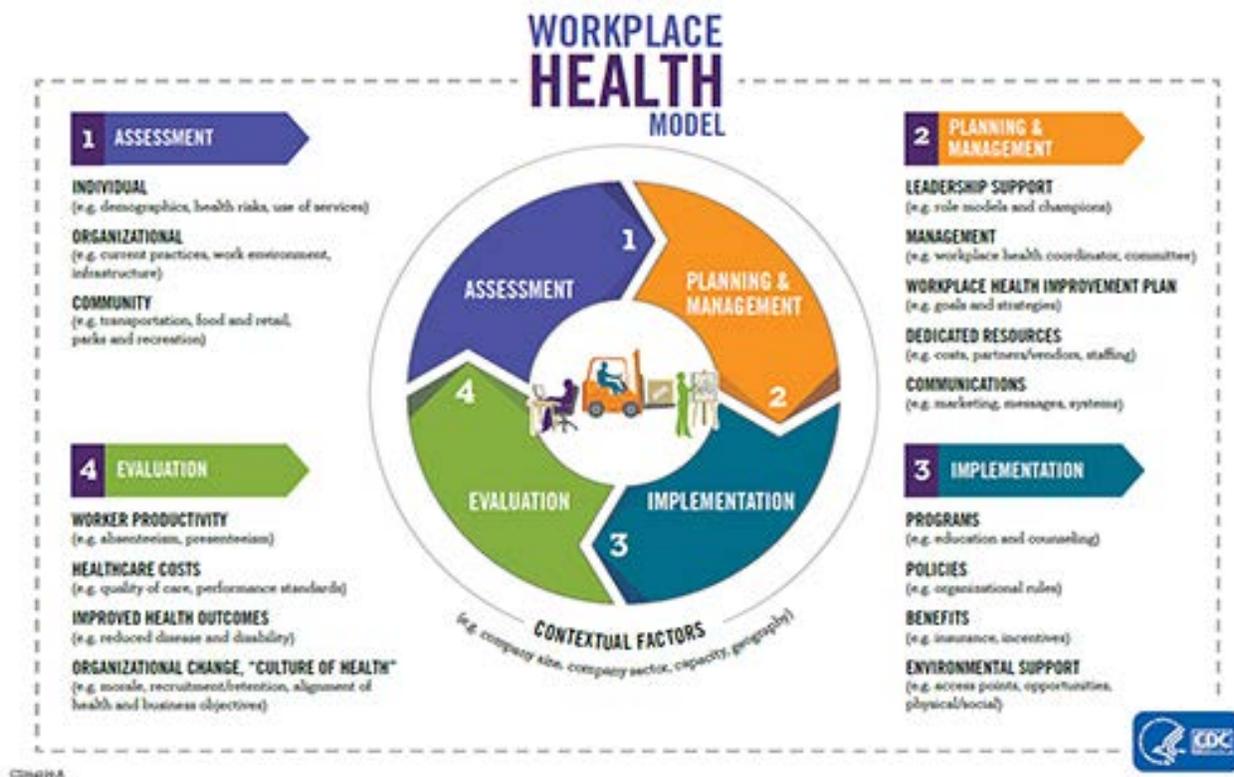


Figure 4. Workplace Health Model.

Retrieved from <https://www.cdc.gov/workplacehealthpromotion/model/>

Systems Theory

Systems theory, a type of organizational theory, “focuses on the arrangement of and relations between the parts and how they work together as a whole” (Cornell & Jude, 2015). According to Cornell and Jude (2015), the parts work in conjunction with each other to achieve a specific goal. In regards to management systems theory, the separate divisions and departments of an organization work together to realize the mission or vision of the organization. Consequently, when the external environment changes, it affects the entire organization as all parts are interrelated.

As displayed in Figure 4, organizations are dependent on the external environment (Cornell & Jude, 2015). Organizations receive inputs from the external environment, change them, and release as outputs back into the environment.

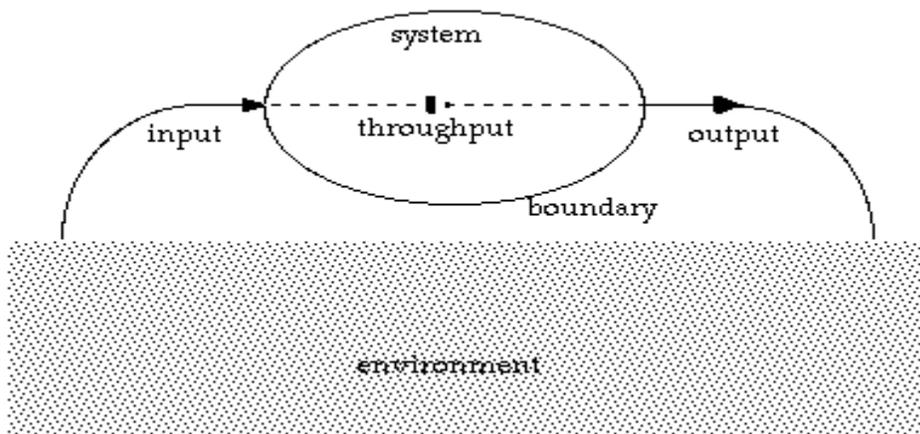


Figure 5. Systems Theory: Input-Output Model.

Retrieved from the Principia Cybernetica website at <http://pespmc1.vub.ac.be/SYSAPPR.html>

SISC works as a systems network that is dependent and interacts with the outside environment. The mission of the organization is to control expenditures to provide the lowest rates possible to school entities that have joined the JPA (Learn More About SISC, 2018). The SISC organization must work together to initiate employee wellness programs for many reasons:

to ethically react to the growing number of unhealthy school employees, to assist in controlling expenditures, and keep up with competitors that are offering similar services. It is also important that SISC recruit school districts to participate that have highly devoted management. If the management of a school district does not support an employee wellness program, it will not be sustainable and the efforts put forth by SISC will not be successful (Kohler, Contacos-Sawyer, & Thomas, 2015).

Summary

Some form of employee wellness programs are found in over eighty percent of organizations in the United States (Goetzel et al., 2012). However, many of these programs are unsuccessful or not evaluated for benefits. This program evaluation plan will measure the outcomes of SISC's employee wellness programs in an effort to improve future implementations and successful outcomes.

Chapter 3: Program Evaluation

Program evaluation is the systematic method to investigate a program for efficiency and outcomes (Rossi, 2004). Program evaluations are often tailored to address the specific inquires of the stakeholders implementing or affected by the program. In 1999, CDC Director Jeffrey Koplan and CDC employees Robert Milstein and Scott Wetterhall published a report titled “Framework for Program Evaluation in Public Health.” This report detailed how to create an evaluation specifically for a health program. Their framework has been utilized to develop a program evaluation to meet the needs of SISC’s employee wellness initiative.

Koplan, Milstein, and Wetterhall (1999) addressed six steps that are necessary for any health program evaluation. The steps are:

1. Engage stakeholders.
2. Describe the program.
3. Focus the evaluation design.
4. Gather credible evidence.
5. Justify conclusions.
6. Ensure use and share lessons learned.

The next part of the evaluation includes 30 standards organized into four groups of standards:

1. Utility.
2. Feasibility.
3. Propriety.
4. Accuracy.

These standards help evaluations take precautions to ensure that their evaluation will be effective (Koplan, Milstein, & Wetterhall, 1999).

Engage stakeholders

According to Koplan, Milstein, and Wetterhall (1999), the first step in the program evaluation framework is engaging stakeholders. They describe stakeholders as “the persons or organizations having an investment in what will be learned from an evaluation and what will be done with the knowledge” (Koplan, Milstein, & Wetterhall, 1999, pg. 5). The authors state that it is necessary to learn what is important to stakeholders so that an evaluation addresses their concerns and values. There are three groups of stakeholders that should be considered when creating an evaluation plan: individuals or organizations involved in the program operations, individuals served or effected by the program including perceived opposers of the program, and the primary users of the evaluation (Koplan, Milstein, & Weterhall, 1999).

The individuals or organizations involved in the program operations at SISC include the SISC account manager of the participating school district, the appropriate health insurance vendor, and the management and staff at the participating school district. The individuals served or effected by the program include the school district employees who choose to participate in the wellness program and potentially their family and friends. The primary users of the evaluation would be management at SISC and key staff from involved health insurance companies.

Describe the program

The second step of the program evaluation framework, according to Koplan, Milstein, and Wetterhall (1999), is the development of a strong description of the program. The description is used to identify the goals and purposes of the program, and to easily compare the program to other programs. Koplan, Milstein, and Wetterhall (1999) describe six aspects of a

successful program description: (a) need, (b) expected effects, (c) activities, (d) resources, (e) stage of development, (f) context.

A statement of need can outline the problem the program is attempting to address and how the program will address it. The expected effects should be identified to communicate what the program should accomplish to meet the goals of the program. A description of the activities of a program should include how the activities result in a change and how the activities relate to one another. The resources description should identify how the resources coordinate with the planned program activities. The stage of development or maturity of the program should be identified in the program description. It is vital that the context of the program, including the environment, history, and social conditions, be identified so that the results can be interpreted appropriately.

SISC's goal is to assist in implementing employee wellness programs into their member school districts. Improving the health of staff is the ultimate goal of SISC. Improved health can result in a reduction in claim costs and thus minimal increases to insurance premiums. The need that SISC is trying to meet is to improve the health and chronic conditions of SISC members.

SISC would like to find out if employee wellness programs improve the health of participants. SISC relies on the participating school district's management staff to fully engage in implementing the employee wellness program at their school sites. The attitude and dedication of the staff can directly affect the outcome of this program. The targeted population of the employee wellness program is school district employees who are enrolled in SISC health benefits.

The program is currently in the planning stages. A pilot program has been implemented but not monitored from inception. Based on this evaluative framework, a process will be in place

to plan, implement, and monitor future initiatives. SISC has the support of SISC management and staff in the implementation of this program. Insurance companies, such as Anthem Blue Cross and Kaiser Permanente, are willing to dedicate time and staff to this project. SISC has partnered with many employee wellness companies, such as Health Smarts, Costco, and ASH to provide services and resources for these individuals. Participating school districts agree to dedicate time and staff to implement these programs at their individual school sites.

An initial wellness interest survey will be administered to the school district staff to engage their interest in specific wellness activities. Based on the results, employee wellness activities will be planned. Proposed activities include biometric screenings, flu shot clinics, exercise competitions, nutrition classes or informational meetings, health fairs, and chronic condition management programs. The employee wellness programs are intended to produce improved health among participants. The programs intended outcomes equate to better health for SISC members. Better health can include prevention of disease or illness and management of chronic diseases.

Ultimately, SISC would like to see a reduction in the cost of claims associated with preventable diseases and illnesses. Continued efforts on behalf of SISC and school district management will need to transpire to see if the programs is effective. It could take several years before a reliable measurement of outcome is produced.

Focus the evaluation design

According to Koplan, Milstein, and Wetterhall (1999), the third step in an evaluative framework is to focus the evaluation design. An evaluative design must be focused to provide the most important information to stakeholders while considering resources. Since it is not logical or may not be possible to change an evaluative design in the middle of evaluation, the design must

be considerate of all possible outcomes so that the best design is used from the onset. Koplan, Milstein, and Wetterhall (1999) identify several items to consider when creating an evaluative design including: (a) purpose, (b) users, (c) uses, (d) questions, (e) methods, and (f) agreements.

The purpose of an evaluation varies and can be categorized into four general categories (Koplan, Milstein, & Wetterhall, 1999). These four categories of purpose are: to gain insight, to change practice, to assess effects, and to affect participants. The users are identified as the individuals that will receive the evaluation results and thus should participate in deciding on the evaluation focus. The uses are the ways that the information gathered from the evaluation will be applied and should correlate with the desires of the users. The questions are a tool used to create boundaries to the evaluation based on the answers the stakeholders are trying to acquire. The methods of the evaluation should be designed to answer the questions of the relevant stakeholders using experimental, quasi-experimental, or observational research designs. Lastly, the agreements lay out the roles and responsibilities of the evaluators, the intended purpose of the evaluation, and involve relevant stakeholders. The agreement can be in the form of a contract, a protocol, or a memorandum so that it is clear that all parties have the same understanding of the intended goals of the evaluation (Koplan, Milstein, & Wetterhall, 1999).

The purpose of SISC's employee wellness initiative is to assess effects and to affect participants. From this evaluation, SISC management will learn if the implementation of employee wellness programs have improved the health of participants and effected the claims cost of participants. The findings of the evaluation will be used by SISC management and staff, interested parties at relevant health insurance companies, school district management and staff, and participants. Health insurance companies will learn how SISC is implementing activities and if they are successful. School district management will learn if their efforts have produced a

result. Participants will learn if the program is effective. The findings will be used to see if these programs have a significant impact on claims payment and if SISC staff should dedicate their time to implementing these programs.

Evaluation questions

- Are participants satisfied with the employee wellness program?
- What factors affect participation rates?
- Do employee wellness programs effect claims costs among participants?

Evaluation design

The evaluation design is both non-experimental and quasi-experimental. A non-experimental survey on interest in employee wellness programs will be administered to the target population (appendix B). If interest is high, the program will be tailored to the population and implemented. Participation and participant satisfaction will be measured by conducting another non-experimental survey (appendix C). The evaluation design to address whether claims costs are affected along with patient health is quasi-experimental. SISC will use a nonequivalent comparison group design where the average claim cost per person of the participating district will be compared to average claim cost of a district that did not participate in the program. A pretest-post test will also be implemented to measure costs before implementation of the employee wellness program and to measure claims costs after continued implementation in time spans of 6 months, 1 year, and 5 years. Data will be analyzed to assess general patterns and account for cost changes in the health marketplace.

The rationale for using the quasi-experimental design includes components of confidentiality. SISC wishes to evaluate this program by keeping as much anonymity as possible.

Therefore, SISC will compare a participating district with a non-participating district in the same region instead of comparing non-participants and participants from the same school district. Data will be analyzed as a whole instead of an individual basis. A pretest-posttest will also be utilized to increase validity of the evaluation.

The findings of the evaluation plan will be documented and saved for each participating school district. The program evaluation framework is located at the end of this chapter. A formal report will be written up periodically to assess impact of the program after data analysis. If statistically significant findings are found, a formal progress report will be provided to the SISC board of directors.

Gather credible evidence

According to Koplan, Milstein, and Wetterhall (1999), the fourth step in the evaluative framework is gathering credible evidence. The data that evaluators collect constitutes the evidence of the evaluation. The evidence should be perceived as credible according to the program's users. It is important to ensure credibility of the data because it may be used to make vital decisions that impact a program. The aspects of evidence gathering that may be perceived as affecting credibility include indicators, sources, quality, quantity, and logistics (Koplan, Milstein, & Wetterhall, 1999).

According to Koplan, Milstein, and Wetterhall (1999), indicators are used to define areas of the program that will be measured. Sources of evidence in a program evaluation include all the sources of information, including individuals, documents, observations, and data gathered. Quality refers to the suitability and trustworthiness of the contents of an evaluation. It is necessary for evaluators to use reliable and valid data, as well as well-defined indicators.

Quantity is also a necessary piece of an evaluation plan. An evaluation plan should seek to gain enough data to gain meaningful conclusions. Lastly, logistics is the physical coordination of obtaining and maintaining the evidence.

SISC will implement a quasi-experimental impact assessment to measure if claims costs are improving based on a pre-post test design and by comparing groups. Both new data and secondary data will be used to answer the evaluation questions. SISC already collects information on claim costs for underwriting purposes. This existing data will be used to measure effectiveness. New data will be collected in the form of surveys to assess interest, satisfaction and participation. Surveys will be used to collect data and raw claims data will be utilized for analysis. The surveys to assess interest, participation, and satisfaction have been created on Survey Monkey. The surveys will be administered via email by the school district management. The data will be collected and analyzed by SISC staff. No identifying information will be asked of the participants and so data collection will be anonymous and confidential.

The group comparisons of a participating district and a non-participating district will be chosen based on convenience and similarity. Multivariate statistical techniques will be used to control for group differences. Both the intervention group and the control group will consist of employees with similar job titles and duties, similar age ranges and averages, and close proximity of location. The claims cost data used by underwriting for rating purposes will be utilized. The data is raw monetary information that is credible. Since group claim data will be used instead of individual claim data, there are no HIPAA concerns.

Justify conclusions

Step five of an evaluation, according to Koplan, Milstein, and Wetterhall (1999), is the process of justifying conclusions. The conclusions that are drawn from the program evaluation

are justified if they are based upon the evidence gathered. Also, the evaluation must be judged on the evidence provided based on standards, analysis and synthesis, interpretation, judgement, and recommendations (Koplan, Milstein, & Wetterhall, 1999). Standards of the stakeholders are operationalized to compare the program against set values. It is vital that the evidence is analyzed and synthesized to detect patterns and evaluated based on the goals of the program. The data also must be interpreted to find out what it means and draw out conclusions through evaluation. Judgements regarding the significance of the program are found by analyzing the results of the data and the interpretations formed against stakeholder standards. Lastly, the conclusions of the program should lead the evaluators to make recommendations for future evaluations. The conclusions may lead to a recommendation to continue the program, redesign it, or terminate the program completely (Koplan, Milstein, & Wetterhall, 1999).

The data from the surveys and claims comparisons will be analyzed and synthesized by SISC staff. The results will be scrutinized and interpreted by qualified individuals. The judgements and recommendations will be discussed further with key contacts from applicable insurance companies and participating school district management. All decisions to modify or terminate the program will be carefully recorded for future purposes.

Ensure use and share lessons learned

The sixth step, according to Koplan, Milstein, & Wetterhall (1999), is to ensure use and share lessons learned. A program evaluator must be diligent in ensuring that the conclusions generated from the evaluation are used and distributed appropriately. Follow-ups are required to implement recommendations from the evaluation and to monitor any necessary changes to the program. All lessons learned should be shared with appropriate stakeholders and decision makers.

The conclusions and recommendations of SISC's evaluation plan will be shared appropriately with SISC management and staff, board members, health insurance companies, district administration, and participants. Annual evaluative updates should be prepared in February of each year for the annual board meeting. SISC management should appoint relevant staff members to monitor the program and implement recommendations as needed. Lessons regarding success and failures should be documented and saved for future use.

Standards

Milstein and Wetterhall (2000) identify 30 standards that provide guidelines to address when choosing between evaluation options. They are grouped together into four categories of standards including utility, feasibility, propriety, and accuracy. Utility refers to the standards that make sure the stakeholders receive the information they desire. Feasibility refers to standards that make sure the evaluative methods are sustainable and practical. Propriety refers to the standards that make sure an evaluation is ethical by protecting participants and addressing conflicts appropriately. Accuracy refers to the standards that are used to make sure the results of the plan are reliable by following a systematic approach. Precautions will be taken by SISC to ensure that the standards described will be addressed in their employee wellness evaluation plan.

The standards used in this evaluation will address all categories of standards including the specific standards of evaluation impact, information scope and selection, cost-effectiveness, service orientation, and fiscal responsibility. Evaluation impact is a utility standard that says ensures that evaluations are useful in eliciting follow-up by stakeholders the utility of the evaluation. Information scope and selection is a utility standard used to ensure that the information collected addresses the questions it was designed to answer and takes into account the inquires of stakeholders. Cost-effectiveness is a feasibility standard that ensures that the

evaluation is useful in providing information that is useful related to the expenditures of conducting the evaluation. Service orientation is a propriety standard used to ensure the evaluation is designed to address and serve the needs of the target population. Fiscal responsibility is a propriety standard used to ensure that the evaluator delegates resources efficiently and ethically in accordance with accountability procedures. This evaluation plan will use accuracy standards by documenting the program accurately, by collecting information systematically, and reporting conclusions impartially (Milstein & Wetterhall, 2000).

Koplan, Milstein, & Wetterhall (1999) have provided a solid framework to create SISC's employee wellness plan evaluation. The evaluation plan will utilize all the appropriate steps and standards necessary to create an efficient, effective program evaluation. Using the steps and standards, SISC can ensure that all relevant issues are addressed and precautions are in place. SISC's employee wellness evaluation plan outline follows.

Individual Evaluation Plan Outline

1. Introduction

Evaluation purpose

The purpose of this evaluation is to identify if Self-Insured Schools of California’s (SISC) employee wellness program initiative results in better health for participants. SISC aims to find if participation in employee wellness programs affects the cost of medical claims. The findings from this program evaluation will be used to see if a widespread implementation should be utilized across other SISC districts.

Stakeholders

The individuals interested in the outcome of this evaluation include SISC staff, applicable insurance companies, school district staff, and program participants. SISC staff and insurance companies will be most interested to learn if better health equates to a reduction in claim costs. District staff will be most interested to learn if the program is effective in improving health of their staff and if their efforts result in positive outcomes in relation to insurance premiums. The program participants will be most interested to learn if their health is improving as a result of their employee wellness participation.

As outlined in the table below, the stakeholders all have a role in developing or implementing this evaluation plan. The SISC staff will work with the school district management staff to assess interest in the program. If interest is confirmed, SISC will work with insurance vendors such as Anthem Blue Cross and Kaiser Permanente, to tailor the program according to the culture of the employer. The school district will assist in physically implementing the program with the assistance of SISC, their insurance vendor, and SISC wellness partners.

Table 2 Stakeholder Assessment and Engagement Plan

Stakeholder Name	Stakeholder Category	Interest or Perspective	Role in the Evaluation
SISC	Primary	Staff	Planning Team
Insurance Company	Primary	Staff	Planning Team
School District Management	Secondary	Staff	Implementer
Participants	Secondary	Participant	Participant

2. DESCRIPTION OF SISC'S EMPLOYEE WELLNESS INITIATIVE

Need

SISC would like to find out if employee wellness programs improve the health of participants.

Context

SISC relies on the participating school district's management staff to fully engage in implementing the employee wellness program at their school sites. The attitude and dedication of the staff can directly affect the outcome of this program.

Population Addressed

The targeted population of the employee wellness program is school district employees who are enrolled in SISC health benefits.

Stage of Development

The program is in the planning stages. A pilot program has been implemented but not monitored from inception. Based on this evaluative framework, a process will be in place to plan, implement, and monitor future initiatives.

Resources/Inputs

SISC has the support of SISC management and staff in the implementation of this program. Insurance companies, such as Anthem Blue Cross and Kaiser Permanente, are willing to dedicate time and staff to this project. SISC has partnered with many employee wellness companies, such as Health Smarts, Costco, and ASH to provide services and resources for these individuals. Participating school districts agree to dedicate time and staff to implement these programs at their individual school sites.

Activities

An initial wellness interest survey will be administered to the school district staff to engage their interest in specific wellness activities. Based on the results, employee wellness activities will be planned. Proposed activities include biometric screenings, flu shot clinics, exercise competitions, nutrition classes or informational meetings, health fairs, and chronic condition management programs.

Outputs

The employee wellness programs are intended to produce improved health among participants.

Outcomes

The programs intended outcomes equate to better health for SISC members. Better health can include prevention of disease or illness and management of chronic diseases. Ultimately, SISC would like to see a reduction in the cost of claims associated with preventable diseases and

illnesses. Continued efforts on behalf of SISC and school district management will need to transpire to see if the programs are effective. It could take several years before a reliable measurement of outcome is produced.

Table 3. Program Description Outputs and Outcomes

Resources/Inputs	Activities/Outputs		Outcomes	
	Initial	Subsequent	Short-Term/Intermediate	Long-Term
SISC Program Staff	Conference calls, Research, Analyzing survey results.	Data Analysis.	Promote a culture of wellness as a health benefits administrator.	Reduction in claims for preventable or manageable diseases.
School District Management	Conference Calls, Sending Communications to staff, issuing surveys.	Implementation and organization of wellness activities.	Promote a culture of wellness as an employer.	Improvement in health insurance premiums as a result of better health of staff.
Health Insurance Vendors	Conference calls, research appropriate activities	Provide support and resources for ongoing activities.	Promote a culture of wellness as a health insurance company.	Reduction in claims for preventable or manageable diseases.

3. EVALUATION DESIGN

Stakeholder Needs

The findings of the evaluation will be used by SISC management and staff, interested parties at relevant health insurance companies, school district management and staff, and participants. From this evaluation, SISC management and staff will learn if the implementation of employee wellness programs have improved the health and lowered the claims cost of participants. Health insurance companies will learn how SISC is implementing activities and if they are successful. School district management will learn if their efforts have produced a result. Participants will learn if the program is effective. Credible information for the stakeholders will be in the form of cost savings. The findings will be used to see if these programs have a significant impact on claims payment and if SISC staff should dedicate their time to implementing these programs.

Evaluation Questions

- Are participants satisfied with the employee wellness program?
- What factors affect participation rates?
- Do employee wellness programs affect claims costs among participants?

Evaluation Design

The design for this evaluation includes a survey and a quasi-experimental design. A survey on interest in employee wellness programs will be administered to the target population. If interest is high, the program will be tailored to the population and implemented. Participation and participant satisfaction will be measured. The design to address whether claims costs are improving is quasi-experimental. SISC will use a nonequivalent comparison group design where the outcomes of the participating district will be compared to outcomes of a district that did not participate in the program. The rationale for using this design includes components of confidentiality. SISC wishes to evaluate this program by keeping as much anonymity as possible. Therefore, SISC will compare a participating district with a non-participating district in the same region instead of comparing non-participants and participants from the same school district. Data will be analyzed as a whole instead of an individual basis.

4. GATHER CREDIBLE EVIDENCE

Data Collection Methods

Both new data and secondary data will be used to answer the evaluation questions. The methods used to collect data will be surveys and raw claims data. Survey data to assess interest, participation, and satisfaction will be collected on Survey Monkey. SISC already collects information on claim costs for underwriting purposes. This existing data will be used to measure effectiveness. The group comparisons of a participating district and a non-participating district will be chosen based on convenience and similarity. Multivariate statistical techniques will be used to control for group differences. Both the intervention group and the control group will consist of employees with similar job titles and duties, similar age ranges and averages, and close proximity of location.

Table 4: Evaluation Questions and Associated Data Collection Methods

Evaluation Question	Data Collection Method	Source of Data
1. Are participants satisfied with the employee wellness program?	Survey	Participants
2. What factors affect participation rates?	Survey	Participants
3. Do employee wellness programs affect claims costs among participants?	Analysis of secondary data	SISC Health Insurance Vendors

5. DATA ANALYSIS AND INTERPRETATION

Standards

The standards used in this evaluation will be evaluation impact, information scope and selection, cost-effectiveness, service orientation, and fiscal responsibility. Evaluation impact is a utility standard that says ensures that evaluations are useful in eliciting follow-up by stakeholders the utility of the evaluation. Information scope and selection is a utility standard used to ensure that the information collected addresses the questions it was designed to answer and takes into account the inquires of stakeholders. Cost-effectiveness is a feasibility standard that ensures that the evaluation is useful in providing information that is useful related to the expenditures of conducting the evaluation. Service orientation is a propriety standard used to ensure the evaluation is designed to address and serve the needs of the target population. Fiscal responsibility is a propriety standard used to ensure that the evaluator delegates resources efficiently and ethically in accordance with accountability procedures. This evaluation plan will use accuracy standards by documenting the program accurately, by collecting information systematically, and reporting conclusions impartially.

Table 5. Indicators and Success

Evaluation Question	Criteria or Indicator	Standards
1. Are participants satisfied with the employee wellness program?	Response to survey.	Service orientation.
	Participation percentage.	Evaluation impact.
2. What factors affect participation rates?	Participation percentage.	Information scope and selection.
	Response to survey.	Evaluation impact.
3. Do employee wellness programs affect claims costs among participants?	Lower claims average than comparison district.	Fiscal responsibility; Systematic information; Cost effectiveness.

Analysis

The group comparisons of a participating district and a non-participating district will be chosen based on convenience and similarity. Multivariate statistical techniques will be used to control for group differences. Both the intervention group and the control group will consist of employees with similar job titles and duties, similar age ranges and averages, and close proximity of location. The claims cost data used by underwriting for rating purposes will be utilized. The data is raw monetary information that is credible. Since group claim data will be used instead of individual claim data, there are no HIPAA concerns.

Interpretation

The data from the surveys and claims comparisons will be analyzed and synthesized by SISC staff. The results will be scrutinized and interpreted by qualified individuals. The judgements and recommendations will be discussed further with key contacts from applicable insurance companies and participating school district management. All decisions to modify or terminate the program will be carefully recorded for future purposes.

6. USE AND COMMUNICATION OF EVALUATION FINDINGS

The conclusions and recommendations of SISC's evaluation plan will be shared appropriately with SISC management and staff, board members, health insurance companies, district administration, and participants. Annual evaluative updates should be prepared in February of each year for the annual board meeting. SISC management should appoint relevant staff members to monitor the program and implement recommendations as needed. Lessons regarding success and failures should be documented and saved for future use.

Chapter 4: Conclusions, Recommendations, and Limitations

Conclusion

SISC's employee wellness program initiative is a pilot program to collect and analyze data to see if employees are willing to utilize employee wellness programs and to see if their health is affected. SISC's employee wellness initiative will begin June of 2018. Several districts have expressed interest in participating. To begin the process, SISC will schedule the first conference calls with the school district management, wellness representatives from Anthem Blue Cross and Kaiser, and the SISC wellness program manager to set expectations, develop a timeline of events, instruct the administration of surveys, discuss results, and set up activities. Implementation of activities should occur in the fall of 2018 and occur throughout the following year. SISC will analyze outcomes in 2020. Recruitment of school districts for participation and subsequent implementations will occur as resources are available and value is assessed.

The SISC employee wellness evaluation will be administered beginning with the inception of the initiative. The interest survey will be utilized to find out what type of wellness activities employees are interested in. Following six months of wellness activities, employees will be given the satisfaction survey. This survey will help to determine if the wellness activities are satisfactory to the employees and find out why other employees are not participating. The participating school district administrators will also be interviewed to gauge how satisfied they are with the program. Claims data can be preliminarily examined after one year of implementation and in three month intervals going forward. The rate of return on investment can be monitored during these intervals. A report will be developed by the evaluator to provide the program evaluation results to SISC administration.

Employee wellness programs are not going anywhere (Person et al., 2010). Positive outcomes have been documented to support implementation and organizational culture promotes wellness in the workplace. Successful implementation and participation in an employee wellness program can result in better productivity and reduce absenteeism among staff, improve quality of life for participants, and potentially help SISC provide school districts with low, stable rates each year (Person et al., 2010; Kohler, Contacos-Sawyer, & Thomas, 2015).

Recommendations

The researcher makes the following recommendations:

Recommendation #1: Implementation of Further Evaluations

SISC's wellness evaluation is considered an impact assessment. This type of assessment, according to Rossi, Lipsey, and Freeman (2004), is designed to determine if the program is producing the intended outcome. Those outcomes include better health among participants and improved medical claims costs for a participating school district. Other types of evaluations should be utilized to ensure that the program is successful.

According to Rossi, Lipsey, and Freeman (2004), an assessment of program process gauges how effective a program is implemented. This type of evaluation should be administered by SISC to see if the program is initiated as intended. Process evaluation is an evaluation that measures how well a program is operating and provides quality assurance. If a program is implemented as intended, the perceived outcomes of the program are more reliable. In conjunction with this type of program evaluation, an interview with participating school districts should be administered. The interview can help SISC to gain insight into the implementation process. This should be administered six months after initial implementation with a school district. The interview questions can be found in appendix D.

After several years of perfecting implementation, evaluating impacts, and assessing outcomes, SISC can administer an empowerment evaluation to participating school districts. According to Rossi, Lipsey, and Freeman (2004), an empowerment evaluation can help stakeholders to engage in their own evaluation. School districts would be interested to find out the benefits of wellness programs to work performance. An assessment regarding the benefits and consequences of a wellness program at their school district would provide informative information and assist them in developing a culture of wellness in their workplace.

Recommendation #2: Develop a method to assess the rate of return on investment

SISC will need to determine if the amount of time and resources they spend on initiating the wellness program is worth the monetary outcome on claims. To calculate the rate of return (ROI), SISC would need to capture the current cost of claims for the participating school district. Then SISC would calculate the cost of the investment including SISC employee time and salaries, fixed costs to vendors for providing activities, and printed material and giveaways. After implementation, SISC would again calculate the cost of claims for the participating school district. To calculate the ROI, the difference between the baseline claims cost and the new claims costs would be determined. The cost of investment would be subtracted from the difference in claims costs. This calculation would determine if SISC is receiving a positive return on investment.

There are other factors to consider when calculating an ROI. SISC would need to factor in the rise of health care costs as they tend to steadily increase. They would want to determine if a change in claims costs are the result of the wellness program or if they are affected by other variables. Based on this information, SISC can decide if they would like to continue the program, terminate the program, or make modifications.

Limitations

There are limitations to the current program that can be remedied as the program matures to increase the reliability, validity, and credibility of the samples used. The current program evaluation plan compares a participating school district with a non-participating school district. However, future evaluations can collect participant data and compare it to non-participant data if all means of informed consent are in place. Further, samples of participants and non-participants can be sampled randomly for a more reliable and valid study.

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Appendix A**Employee Wellness Program Interest Survey**

1. If your school district offered a wellness program, would you participate?

- Yes
 No

2. When would be the best time for you to participate in a wellness program? (Please select all answers that apply)

- | | |
|---------------------------------|---|
| <input type="radio"/> Monday | <input type="radio"/> Sunday |
| <input type="radio"/> Tuesday | <input type="radio"/> Mornings |
| <input type="radio"/> Wednesday | <input type="radio"/> Lunch or Break Time |
| <input type="radio"/> Thursday | <input type="radio"/> Evenings |
| <input type="radio"/> Friday | <input type="radio"/> Any day or time |
| <input type="radio"/> Saturday | |

3. How long should a wellness activity last?

- 15 minutes
 30 minutes
 45 minutes
 1 hour

4. What type of wellness activities are you interested in? (Please check all answers that apply)

- | | |
|--|--|
| <input type="checkbox"/> Health Screenings | <input type="checkbox"/> Work Site Workshops |
| <input type="checkbox"/> Health Fair | <input type="checkbox"/> Online Training |
| <input type="checkbox"/> Group Challenges | <input type="checkbox"/> Phone Counseling |

5. Would you take advantage of any of the below wellness resources? (Please check all that apply).

- DVD's
 CD's
 Gym Discounts
 Weight Loss Program Discounts
 Healthy Food in Vending Machines

6. Do you have access to the internet at your home?

- Yes
- No

7. Please rate your interest in the below wellness areas using the rating scale. (Check all that apply).

	Not Interested	Somewhat Interested	Very Interested
Cholesterol Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

8. Please select the health screening test(s) you would be interested in if offered at or near your school site?

- Blood Pressure
- Cholesterol
- Glucose
- BMI
- Heart Rate
- Flu Shot
- Hearing
- Vision
- None

9. Background Information. These questions are voluntary but may assist in tailoring a wellness program at your school district.

Gender

- Male
- Female

10. Age

- 18-29
- 30-39
- 40-49
- 50-59
- 60+

Appendix B

1. What employee wellness activities did you participate in over the last six months?

- Biometric Screenings
- Exercise Activities (i.e. walking, work out classes, gym)
- Weight Management Activities
- Specialty classes for specific conditions, such as Diabetes or Healthy Cooking
- Online Programs
- None

Other (please specify)

2. What did you like most about the wellness program(s) you participated in?

3. What did you like least about the wellness program(s) you participated in?

4. What changes have you made in your life as a result of the employee wellness program?

5. What would encourage you to engage in an employee wellness program in the future?

6. Why did you participate in the employee wellness program(s) offered by your school district?

- I wanted to become healthier
- I enjoy a challenge
- I wanted to lose weight
- I did not participate
- I wanted to learn about a healthy lifestyle for me or for my family
- It was required by my employer
- I felt pressured by others

7. If you did not participate in the employee wellness program, what were the reason(s) for not participating?

- I was not interested
- I have no health conditions
- I was too busy/ not enough time
- I was embarrassed
- I was uncomfortable with disclosing health information to my employer
- It was too expensive
- N/A

Other (please specify)

8. What is the most important thing you learned by participating in the employee wellness program?

9. Overall, how satisfied are you with the employee wellness program offered by your school district?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- N/A

10. What employee wellness program(s) would you like to see in the future at your school site?

Appendix C

Interview with School District Administrators after implementation

Question 1:

Tell me about your experience with the implementation of your wellness program.

Question 2:

How have your employees responded to the wellness program?

Question 3:

Tell me about a successful experience you have had.

Question 4:

Tell me about an unsuccessful experience you have had.

Appendix D



CSU Bakersfield

Academic Affairs

Office of Grants, Research, and Sponsored Programs (GRaSP)

Mail Stop: 24 DDH Room 108
9001 Stockdale Highway
Bakersfield, California 93311-1022(661) 654-2231
(661) 654-3342 FAX
www.csub.edu

Institutional Review Board for Human Subjects Research

Chandra Commuri, Ph.D.
Department of Public Administration
Scientific Concerns

Steven Gamboa, Ph.D.
Department of Philosophy and
Religious Studies
Nonscientific Concerns

Grant Herndon
Schools Legal Service
Community Issues/Concerns

Roseanna McCleary, Ph.D.
Department of Social Work
Scientific Concerns
HSIRB Chair

Nate Olson, Ph.D.
Department of Philosophy and
Religious Studies
Nonscientific Concerns

Isabel Sumaya, Ph.D.
Department of Psychology
Research Ethics Review Coordinator
and HSIRB Secretary

Marianne Wilson, Ph.D.
Department of Psychology
Scientific Concerns

Date: 25 October 2017

To: Alisha Ramirez, Student, Health Care Administration
BJ Moore, Faculty Advisor, Public Administration Program

From: Isabel Sumaya, University Research Ethics Review Coordinator

cc: Nate Olson, Interim IRB Chair

Subject: Master's Thesis Project M17-19: Not Human Subjects Research

Thank you for bringing your **Master's Thesis Project M17-19, "Best Practices in the Implementation of Employee Wellness Programs,"** to the attention of the IRB/HSR. On the form "*Not Human Subjects Research Acknowledgement Form*" you indicated the following:

I want to interview, survey, systematically observe, or collect other data from human subjects, for example, students in the educational setting. **NO**

I want to access data about specific persons that have already been collected by others [such as test scores or demographic information]. Those data can be linked to specific persons [regardless of whether I will link data and persons in my research or reveal anyone's identities]. **NO**

Given this, your proposed project will not constitute human subjects research. Therefore, it does not fall within the purview of the CSUB IRB/HSR. Good luck with your project.

If you have any questions, or there are any changes that might bring these activities within the purview of the IRB/HSR, please notify me immediately at (661) 654-2381.

Thank you.

Isabel Sumaya, University Research Ethics Review Coordinator

Appendix E



Completion Date 12-Sep-2017
Expiration Date 11-Sep-2021
Record ID 24588340

This is to certify that:

Alisha Ramirez

Has completed the following Citi Program course:

Students conducting no more than minimal risk research (Curriculum Group)
Students - Class projects (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

California State University, Bakersfield



Verify at www.citiprogram.org/verify/?w993e7944-c5f0-497c-99e2-32d5930d1848-24588340