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Essay: Creating a Culture of Health - One University's Experience

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—ESSAY—

Creating a Culture of Health – One University’s Experience

Elizabeth Click^{†††}

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Introduction

Wellness programs are established within organizations to maintain and enhance current employee health while addressing the increasing number of health issues that impact worker productivity, absenteeism, and morale. While such efforts have existed in corporate environments for decades, programs housed within higher-education institutions have been less prevalent. A variety of models exist upon which wellness programs have been based. This article focuses on a wellness program within one Midwestern research-intensive university. Analysis of program development, through the lens of one structured model, is emphasized.

Leveraging the impact of health on work productivity, absenteeism, and healthcare costs is a strategy that makes a positive

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difference within populations.¹ Enhancing the human capital within an organization can lead to numerous positive gains.² Higher education is an ideal environment for implementing a wellness program, because not only will faculty and staff benefit, but employees who are taking good care of themselves will provide role models upon which students can base their future professional leadership.³ The wellness initiative highlighted in this article was established by university administration to promote the health and well-being of faculty and staff. In addition to being a workforce development strategy, this initiative was created with a goal of positively impacting the university's work environment and individual participants' health, and to focus on the development of cost-effective healthcare delivery efforts. Focusing on health improvement within employee populations is an important component of a culture of health.

Implementing a university wellness program by 2014 was the major goal identified when this university created a medical director position. Implementing an evidence-based, population-health-focused program became the major focus of work for approximately six months. During that time, a vision for the program was crafted and vetted with university leadership. The vision was a campus environment that supports the health and well-being of faculty and staff to maximize quality of life and productivity and to help control healthcare costs.

The university wellness initiative offers health and well-being programs and services with a goal of improving employee health, enhancing morale and the culture of health, and modifying healthcare expenses over time. As the leader of this initiative, the medical director was charged with developing the strategy and initiatives. Partnering with Human Resources and other key stakeholders was an integral component of this effort. Analysis of benefit claims and other data enabled the medical director to recommend relevant clinical programs to positively impact the health status of the university community. Ultimately, keeping people healthy and well by encouraging the practice of healthy behaviors among faculty and

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1. See Timothy Gubler et al., *Doing Well by Making Well: The Impact of Corporate Wellness Programs on Employee Productivity*, 18-19 (Jul. 19, 2016), available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2811785; HEALTH ENHANCEMENT RESEARCH ORGANIZATION, EXPLORING THE VALUE PROPOSITION FOR WORKFORCE HEALTH: BUSINESS LEADER ATTITUDES ABOUT THE ROLE OF HEALTH AS A DRIVER OF PRODUCTIVITY AND PERFORMANCE 3-4 (2015); Jessica Grossmeier & Nikki Hudsmith, *Exploring the Value Proposition for Workforce Health: Business Leader Attitudes About the Role of Health as a Driver of Productivity and Performance*, 29 AM. J. OF HEALTH PROMOTION 2, at 2-3 (2015).
 2. Ronald Loeppke, *The Value of Health and the Power of Prevention*, 1 INT'L J. OF WORKPLACE HEALTH MGMT. 95, 96-97 (2008).
 3. See e.g., Charles E. Kupchella, *Colleges and Universities Should give more Broad-Based Attention to Health and Wellness – at All Levels*, 58 J. OF AM. COLLEGE HEALTH 185, 186 (2009).

staff was critical. Creating a wellness culture on campus was a goal of this initiative.

Various best-practice guidelines exist in regards to wellness programs in general and university-based programs in particular.⁴ The framework for this work is based, in part, on the guidelines established by the Wellness Council of America (“WELCOA”).⁵ Over the past twenty years, seven key benchmarks of success in results-oriented worksite wellness programs have been identified including: (1) capturing senior-level support, (2) creating cohesive wellness teams, (3) collecting data to drive health efforts, (4) crafting an annual operating plan, (5) choosing appropriate interventions, (6) creating a supportive, health-promoting environment, and (7) measuring and evaluating program outcomes. This article analyzes each of these guidelines as it applies to a university-based program, providing a detailed overview of each component and examples of real-world implementation. This article highlights each of the seven benchmarks WELCOA outlines as the story of the origination and development of one university-based wellness program is told. Pros and cons associated with each step are highlighted. A series of critical questions pertaining to each step are highlighted to guide other institutions as they plan similar initiatives.

I. Capturing Senior-Level Support

Securing commitment and support from senior leaders is a key component of successful worksite wellness programs. The level of commitment is significantly different when an investment of time and energy and sense of purpose is activated in the C-suite. Ensuring that leadership is delivering key programming messages positively impacts wellness program support within an organization. Incorporating that specific communication in written messages and presentations is critical to engendering support for a wellness program. Equally important is including the wellness vision in strategic plan documents. This Midwestern university utilized all of those opportunities to elicit support for this program.

Various individuals and groups at the university had sporadically engaged in promotion efforts to secure support for a wellness initiative for a decade. A multidisciplinary group of Human Resources (“HR”) professionals, counseling staff, and faculty members developed a program proposal and secured funding at one point, but the funding was eliminated when a deficit across the university developed. After a few years, another support initiative began when a new staff member with prior related experience began to work at the university. The commitment to moving

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4. See e.g., Suzy Harrington, *America's Healthiest Campus®: The OSU Well-Being Strategy Model*, 30 THE ART OF HEALTH PROMOTION 2 (2016).
 5. David Hunnicutt & Brittanie Leffelman, *WELCOA's Well Workplace Initiative: The Seven Benchmarks of Success*, ABSOLUTE ADVANTAGE: THE WORKPLACE WELLNESS MAGAZINE, 2006, at 3.

forward with plans materialized once senior leadership endorsed the plan to offer an incentivized wellness program for faculty and staff by 2014. In part, this was associated with including wellness in the university's strategic plan.⁶

Once formal support and a specific position was established for the effort, meeting with administrators and senior leaders on campus conveyed the importance of the initiative to all parties. Annual—or more frequent—visits and updates became critical communication and marketing efforts that maintain connectivity and encourage participation and support among leaders on an ongoing basis.

Pros: Senior-level support is critical for program success, but may be challenging to obtain if the initiative was developed in some other area of the organization. It will, however, facilitate a positive perception by employees.

Cons: There are no significant drawbacks to senior-level support, unless the employee population does not respect and value its leadership.

Critical Questions:

- What are the best methods for maintaining strong leadership support?
- Why does leadership want to establish a culture of health?
- How can leadership support be highlighted to maximize employee appreciation, value, and benefit?
- What does leadership value most about the wellness initiative?
- How can data and outcomes be used to solidify support?
- Which strategies will maximize the value proposition in the eyes of leadership?
- What is the best way to provide documentation of meeting and exceeding leadership's expectations and goals?
- How can leader knowledge grow to keep the organization's best interests in focus?

II. Creating Cohesive Wellness Teams

Ensuring that the right people are involved in the program and meet regularly to maintain productivity and momentum is part of the best practices advocated by WELCOA.⁷ The significance of multi-level leadership

6. OFFICE OF THE PROVOST, CASE WESTERN RESERVE UNIV., THINK BEYOND THE POSSIBLE – OUR STRATEGIC PLAN FOR CASE WESTERN RESERVE UNIVERSITY, 2013-2018 (2013) [hereinafter CWRU], *available* at http://www.case.edu/provost/media/caseedu/provost/pdf/CWRU_2013-18_strategicplan_12-30-13.pdf (last visited Feb. 14, 2017).

7. Hunnicutt & Leffelman, *supra* note 5, at 3.

has been highlighted.⁸ Engaging people in every layer of an organization is necessary to create a culture of health and to engage energetic and passionate supporters. Three strategies have been used to encourage this type of advocacy.

A. *Health Advisory Committees*

During the first six months of program development, the need for an advisory committee was clear. It was important to utilize a group of key individuals from all schools and critical departments to provide guidance and suggestions. Not only did forming this advisory group provide more in-depth knowledge about the initiative across the university, but it also provided the opportunity for greater involvement among stakeholders. An initial meeting included twenty-one individuals representing the Schools of Nursing, Medicine, Dental Medicine, Management, Law, Social Sciences, and Engineering, the College of Arts and Sciences, staff, faculty, the Department of Nutrition, University Technology, the Office of General Counsel, Facilities Services, the Division of Finance, the Fitness Center, the Urban Health Initiative, the Prevention Research Center for Healthy Neighborhoods, Environmental Health and Safety, University Health and Counseling Services, University Marketing and Communications, Public Safety, HR, and the Office for Sustainability.

Since March 2013, this group has met once a month to keep abreast of program and service developments and evaluations and to provide guidance and insight regarding interests of constituent groups. Initial meetings focused on discussing well-being and its importance to the university. The premise shared was that workforce development strategy positively impacts productivity, morale, health, and related expenses. A variety of questions were posed to generate ideas: "Imagine a healthier work environment at our university: how would daily work life be different for faculty and staff? What are the top three most important changes that should be considered? What new initiatives could be implemented?"

Additional meetings focused on considering a day in the life of faculty and staff at the university. Discussion centered on the current barriers to good health choices and habits, ways to avoid or remove these barriers, existing reinforcements of good health choices and habits, top priority areas for change and modification, and how to determine when the program's goals have been realized. How will we know? What will we see? What will we hear? What will you do? How will you feel? Important guidance was provided on the new wellness website, data analysis and evaluation output, and communication of annual and seasonal wellness activities. Each member of the committee was expected to provide two- or three-year terms of service to maintain consistency and organizational support. Most members have been interested in continuing to participate in the committee, though a few have rotated off due to new work

8. Leonard L. Berry et al., *What's the Hard Return on Employee Wellness Programs?*, 88 HARV. BUS. REV. 104, 104 (2010).

commitments or because they left their positions or the university. The committee has provided input on efforts to create a healthy environment for faculty and staff to enable full engagement in their work, to help those groups maintain good morale, and to support greater productivity.

B. HR & Benefits

Working closely with the HR staff and HR's benefits staff has been critical to successfully implementing this program. Natural alignment between the HR department and its benefits staff exists as both are focused on providing employees with the information, programs, and services necessary to do a good job. HR leadership initially served as strategic partners in reviewing implementation plans for the incentivized wellness program that the university's president was interested in offering. Benefits staff members were instrumental in facilitating connections with University Technology staff to develop online program participation attestation forms, online wellness activity tracking, and connections with payroll staff to automate distribution of incentive payment for participation in activities and programs. The benefits staff provided monitoring of activity completion by reviewing data feeds from vendors. The collaborative focus of everyone involved has facilitated the development of this personalized university program.

Another important aspect of the program's success has been the close working relationship of the two individuals directly responsible for plans and implementation of all program details. An appropriate level of support to actualize all program plans is a critical foundation for mission and goal achievement. Collaboration, communication, and a unified energy and commitment to the vision has facilitated goal achievement.

C. Wellness Champions

For wellness programs to be successful, they must engage employees and leaders must believe in the programs. To facilitate engagement, organizations often establish wellness champions ("champs") to promote the program broadly at a grassroots level. Identifying employees that would like to serve as voluntary program ambassadors is a current industry trend. One large organization keeps five-hundred site-specific wellness champions up to date on program offerings and initiatives via monthly phone calls.⁹ The test-case university has begun a similar pilot initiative. The purpose of this effort is to improve and sustain university employees' health through a supportive environment in which information is shared. This can be accomplished by increasing the number of departments actively participating in wellness programs and honoring and recognizing individual and department efforts toward creating a healthy workplace.

A pilot initiative was developed in year one with six champs. Each champ works as a key communicator of wellness programs, activities, and resources. Wellness champions focus on promoting faculty and staff

9. *Id.*

engagement and participation in the wellness program and campus programs, services, and events, helping fellow faculty and staff understand the program to improve utilization, and recognizing individual and department efforts to create a healthy workplace. Wellness champions' responsibilities include creating an email distribution list for interested individuals and sharing monthly wellness emails with that distribution list, following the wellness program on Facebook and sharing news with friends when applicable, posting paper flyers in the work area as needed, attending meetings three times annually, brainstorming ideas for greater involvement, and offering at least one wellness initiative for their work group annually—summertime lunch walks, healthy potluck lunches, take-the-stairs campaigns. A special booklet called "Your Easy Access Guide to Well-Being on Campus" was developed to highlight the myriad ways in which champs could foster wellness engagement throughout the university.

The initial workshop offered for champs was a half-day event focused on getting to know everyone, discussing the wellness champion role, sharing thoughts on the current program and opportunities for the future, prioritizing personal wellness goals, and sharing details about upcoming fall wellness activities. Wellness champions receive email updates twice a month to keep them up to date on activities and provide important details to send to colleagues and friends. This informal communication method has spread the word on wellness in a more direct manner. In this technology-driven and information-filled world, sending messages via email from colleagues is an effective way to provide information. It is this type of peer-to-peer communication that directly led to one employee success story—a champ shared information about a new online program offering and, as a result, a colleague found the tobacco cessation program that helped her stop using tobacco within a month. The time was right, the message was clear, and the behavior change foundation led to cessation.

Pros: Creating a cohesive wellness team provides an opportunity for increased involvement from all levels and areas of the organization and allows for integration of various viewpoints.

Cons: Team members may not be knowledgeable about all program features and may suggest deliverables that have already been offered or considered.

Critical Questions:

- What experts work in the organization?
- How can you entice those experts to join the committee?
- What are the critical goals to set for the committee?
- What process will yield the most participation from key leaders?
- What meeting frequency is necessary?
- How can the committee's impact be communicated to leadership and the rest of the organization?

- What type of member rotation strategy will yield the best energy, interest, and commitment?

III. Collecting Data to Drive Health Efforts

The next important step was for the medical director to examine relevant organizational data prior to choosing a plan and appropriate interventions. Data focusing on population health, physical environments, and factors affecting productivity, such as absenteeism, disability, and workers' compensation was gathered.¹⁰ The medical director also gathered demographic data from all faculty and staff to help understand their gender, age, positions, ethnicity, and length of employment, as well as the number of employees in each school, in order to develop a profile to guide future program and service plans.

Given the presence of multiple medical insurance carriers serving employees and dependents, an in-depth review of healthcare benefit claims, high claimant diagnoses, top lifestyle-related conditions, most prevalent and expensive prescriptions, health risk assessment aggregate results, and screening trends was vital to obtain. Collecting this data annually provided an opportunity to examine baseline data in comparison to trends over time. As in many worksite wellness programs, three assessment-focused interventions were incorporated into the program. Benefit from participation was realized by the participant—for their individual results report—and for the organization—for the de-identified aggregate reporting.

Structured wellness programs have used health risk assessments (“HRAs”) for decades. More recently, many higher-education institutions have found value associated with their use in wellness programs.¹¹ Summary reports reveal strengths and areas of opportunity regarding individual health. Aggregate data reveals risk trends and risk migration over time. Keeping low-risk people low risk is critical.¹² Reporting HRA results helps organizations assess whether a program is successful in meeting this goal.

Biometric screenings help participants learn about their current health, identify areas that may need improvement, and determine the appropriate measures for making those improvements.¹³ Health protocols were helpful in planning this aspect of the program. The biometric screenings collected

10. CWRU, *supra* note 6.

11. See, e.g., Cynthia J. Sieck & Allard E. Dembe, *A 3-year Assessment of the Effects of a Self-Administered Health Risk Assessment on Health Care Utilization, Costs, and Health Risks*, 56 J. OCCUPATIONAL & ENVTL. MED. 1284, 1285-87 (2014).

12. DEE W. EDINGTON, ZERO TRENDS: HEALTH AS A SERIOUS ECONOMIC STRATEGY 42-43 (2009).

13. Health Enhancement Research Organization et al., *Joint Consensus Statement: Biometric Health Screening for Employers*, 55 J. OCCUPATIONAL & ENVTL. MED. 1244 (2013).

information about participants' height, weight, waist circumference, blood pressure, cholesterol, and blood glucose.

An internally developed tobacco attestation form asked participants whether or not they currently use tobacco. All current tobacco users were required to participate in a tobacco cessation program the following year if they also qualified for the university's monthly wellness incentive program.

Data from all program efforts was summarized annually. Data from the university's Human Resource Information System ("HRIS"), employee assistance program, and workers' compensation, disability, leave of absence, and pharmacy benefit manager was gathered. Compiling all the data collected into one location took significant time but was necessary to comprehensively understand the population's health. Reports generated from the comprehensive database provided an understanding of baseline health status and changes over time. The most informative reports were based on the HRA participants' average wellness scores and their scores in comparison to a benchmark group that took into account employees' risk status, their average number of risks, health risk by prevalence in the population, health problems self-reported, self-reported health enhancement changes, risk transition and analysis of the transition's significance, culture of health responses and comparison to benchmarks, the relationship between health risks and costs, and excess costs associated with excess risk.

Sharing key aspects of those analyses has helped the health advisory committee understand the program's impact. Data have been incorporated into annual reports for communication with leadership and all working at the university. Continuing on this track and enhancing the quality and quantity of data will facilitate those efforts going forward.

Pros: Focusing on data within a university-based wellness program is consistent with the research-intensive approach present in other areas of the university, and using this type of approach lends credibility to the program.

Cons: It takes a while to develop a robust database for analysis, and legal and contractual requirements may lengthen the time it takes to conduct data analyses. Recent government regulations may limit data evaluation opportunities.

Critical Questions:

- Where does relevant data exist in and outside the organization?
- How will you know when enough data have been gathered to take action?
- How can the data be leveraged to better understand the population?
- When will it be necessary to re-evaluate the current data management strategy?

- What information needs to be shared to understand the benefits of a data warehouse?
- How can the value proposition be maximized for the organization and facilitate benefit for multiple departments through data aggregation?
- What needs to be discussed or acted upon so that the needs of the organization are balanced with the needs of employees?
- When would it make sense to emphasize organizational benefits over employee benefits and vice versa in terms of strategy and operations?

IV. Crafting an Annual Operating Plan

Building a culture of well-being at the university was a critical overarching goal for this campus initiative. University administration established this goal to promote the faculty and staff's health and well-being. Developing an operating plan that specifies goals, objectives, timelines, roles and responsibilities, budget, marketing initiatives, and evaluation procedures is critical.¹⁴ Confirming that the annual plan relates to the organization's strategic plan is a critical effort to ensure success.¹⁵ The university's current five-year strategic plan emphasizes the importance of building a healthy community within the academic environment.

Initial plans focused on areas that significantly contribute to health, well-being, and prevention of chronic disease. Specific objectives included:

- increasing the number of employees who are classified as low risk;
- decreasing the number of employees in the high-risk health-status category;
- monitoring program participation and satisfaction and increasing the rate of participation over time as a measure of employee engagement;
- targeting healthcare topics that lead to high-frequency healthcare benefit claims and expenses; and
- decreasing healthcare benefit claims expense over time.

Initial strategy for achieving these objectives focused on areas that contribute significantly to health and prevention of chronic disease, including the behaviors that most significantly impact expense and healthy lifestyles. Health-related productivity losses are significant in many populations.¹⁶ For example, studies show that smokers incur greater

14. Hunnicutt & Leffelman, *supra* note 5, at 3.

15. Berry et al., *supra* note 8, at 104.

16. Ronald Loeppke et al., *Health and Productivity as a Business Strategy: A Multiemployer Study*, 51 J. OCCUPATIONAL & ENVTL. MED. 411, 427 (2009).

healthcare expenses than non-smokers.¹⁷ Other research indicates the cost impact of obesity versus normal weight.¹⁸ Additional research has found a link between higher body mass index and likelihood of injury.¹⁹ Encouraging more physical activity may impact productivity as presenteeism may decrease.²⁰

Developing a well-planned program in one year required significant effort. Professional expertise facilitated the transition and development of the plan that was created. The final operating plan's major emphasis was the lifestyle behaviors that impact health and well-being, including physical activity, stress management, nutrition and weight management, and tobacco cessation. Published research supported this strategy and was instrumental in substantiating the plan.²¹ Financial support was identified for program development and delivery and for other, program-related incentives.

Exploration of effective incentive models to encourage participation and health behavior change occurred. An incentive model was developed for individuals covered by one of the university's medical insurance options. Offering the incentive to those covered by the insurance plans made sense because the majority of employees were enrolled in a self-funded plan. For the few years prior to implementation of this program, changes had been made in the benefit plans to maximize opportunities for participants while working to manage benefit expenses. As a result of plan design and utilization changes made by those members in the plans, premium rates increased less than the national average. Although a premium discount

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17. Micah Berman et al., *Estimating the Cost of a Smoking Employee*, 23 *TOBACCO CONTROL* 428, 428 (2014) (reporting an estimated annual excess cost of \$5,816 to employ a smoker).
 18. John Cawley & Chad Meyerhoefer, *The Medical Care Costs of Obesity: An Instrumental Variables Approach*, 31 *J. HEALTH ECON.* 219, 219 (2012) (showing obesity causes annual medical costs to increase by approximately \$2,826); David Thompson et al., *Lifetime Health and Economic Consequences of Obesity*, 159 *ARCHIVES OF INTERNAL MED.* 2177, 2177 (1999).
 19. Eric A. Finkelstein et al., *The Relationship Between Obesity and Injuries among U.S. Adults*, 21 *AM. J. OF HEALTH PROMOTION* 460, 460 (2007); Keshia M. Pollack et al., *Association Between Body Mass Index and Acute Traumatic Workplace Injury in Hourly Manufacturing Employees*, 166 *AM. J. EPIDEMIOLOGY* 204 (2007). *But see* Maria Mori Brooks, RE: "Association Between Body Mass Index and Acute Traumatic Workplace Injury in Hourly Manufacturing Employees," 167 *AM. J. EPIDEMIOLOGY* 123 (2008) (questioning the presentation of data in Pollack et al.).
 20. Carol Cancelliere et al., *Are Workplace Health Promotion Programs Effective at Improving Presenteeism in Workers? A Systematic Review and Best Evidence Synthesis of the Literature*, 11 *BMC PUBLIC HEALTH* 395, 395 (2011); Helen E. Brown et al., *Does Physical Activity Impact on Presenteeism and Other Indicators of Workplace Well-Being?*, 41 *SPORTS MED.* 249 (2011).
 21. Daniel Byrne et al., *Seven-Year Trends in Employee Health Habits from a Comprehensive Promotion Program at Vanderbilt University*, 53 *J. OCCUPATIONAL & ENVTL. MED.* 1372, 1376-79 (2011).

model was initially discussed, a cash distribution model was developed and implemented.

Pros: An operating plan will provide guidance and direction to all involved in the program, communicate key aspects of the program to those interested, and serve as a guidepost for next action steps.

Cons: Creating a detailed operating plan is time consuming, and with limited staff there may be less time available for developing the plan.

Critical Questions:

- What are the most critical goals to address in the plan?
- Which outcomes, if achieved, will yield the maximum benefit for the organization and employees?
- Who should be involved in creating the plan?
- Who will need to approve the plan?
- How often will the plan need to be revised?
- What is the best way to communicate the plan?
- How can the plan be kept present in peoples' thoughts?
- With what frequency should the plan be modified and/or updated?
- How can the current organizational culture be used to enhance the annual operating plan?
- What goals will work best within the organization to achieve a culture of health?

V. Choosing Appropriate Interventions

Connecting the needs of the university with the interests of the faculty and staff led to a solid program delivery plan.²² Interventions were identified for implementation that would directly address priorities pertaining to the data assessment and gathering processes, as well as the four lifestyle areas known to impact population health. The program was based on principles identified by others as important and impactful. Emphasizing the need for regular physical activity is an important strategy in regards to health maintenance for those with and without health issues.²³ For example, one study identified a positive impact associated with an incentive-based program focused on fitness.²⁴ The number of physically inactive participants decreased over time. Further, participants that were

22. Hunnicutt & Leffelman, *supra* note 5, at 3.

23. Wayne N. Burton et al., *The Association of Self-Reported Employee Physical Activity with Metabolic Syndrome, Health Care Costs, Absenteeism, and Presenteeism*, 56 J. OCCUPATIONAL & ENVTL. MED. 919 (2014).

24. Deepak Patel et al., *Participation in Fitness-Related Activities of an Incentive-Based Health Promotion Program and Hospital Costs: A Retrospective Longitudinal Study*, 25 AM. J. HEALTH PROMOTION 341 (2011).

physically active were less likely to be admitted to the hospital and had lower associated hospital costs.

Delivery of on-site and online programs, offered on various days and at varying times, provided the most flexibility for faculty and staff to engage in these opportunities. Examples of available programs and services include:

- Stress management programs focused on meditation, mindfulness, and stress management and resilience training;
- nutrition programs such as Nutrition for Health & Well-being, Plant-Based Nutrition, and Get Fit Nutrition;
- tobacco cessation programs like the Ease@Work, Inc. group program and the National Jewish Health® Quit Line;
- physical activity initiatives like Healthy Backs & Bodies™, HealthTrails™ by Health Enhancement Systems, and Get Fit Together, as well as fitness coaching and workstation workout programs; and
- other initiatives like Financial Wellness 101 and SelfHelpWorks, Inc., as well as team competitions, flu vaccinations, and more.

Creating partnerships with others working at the university that shared interests and goals related to employee health, as well as with external vendors, aided in building successful programs.

Pros: Choosing appropriate interventions allows employers to address the needs of its population using interventions that relate to the goals of the program and integrate high-profile communication topics with established programming to effect change.

Cons: There is a chance that people will not be interested in available options, but otherwise there are no cons.

Critical Questions:

- Which interventions will best meet programmatic goals and strategic plans?
- Which interventions will meet the needs of the majority?
- In what kinds of programs are employees interested in participating?
- What evidence exists in the literature to substantiate the implementation of interventions?
- What data should be considered when making decisions about interventions?
- Do the chosen strategies make sense for the organization?
- Are there any interventions that can be initiated before assessment of population needs has been completed?

- What current strategies are being used in the field in relation to interventions?
- Which interventions will best fit the organization?

VI. Creating a Supportive, Health-Promoting Environment

A review of Midwestern business and non-profit entities was conducted to determine the current characteristics of best-practice health and well-being programs. Review of the published literature in this area confirmed widespread utilization of the health and wellness strategies implemented. Initiatives described in previous sections of this paper also helped create an environment that is supportive of participants' health. The collaborative work of the Health Advisory Committee, Wellness Champions, and wellness staff influenced the culture of health at the university. The strategic plan established a significant base of support for the entire effort. The wellness programs and services, including the HRA and biometric screening, have kept the energy and interest in wellness present in participants' minds. Regular engagement of university leadership in supporting employee health management efforts has also been important. Identifying aspects of the healthcare plans that support health and wellness at the university has also been critical. Incorporating frequent health and wellness messaging into established university communications media has kept wellness visible.

The creation of guiding policies, procedures, and principles for the program formed the foundation for health support at the university. Maintaining a positive, private, confidential, and voluntary program that was connected to the health plans was important. Past benefits surveys and conversations with stakeholders highlighted the need for those important parameters. Unlike other environments, in which programming decisions may be made only at higher levels, offering the opportunity to provide input and voice opinions was a critical element of university planning and decision making. The guiding principles emphasized maintaining the confidentiality of all personal health information; encouraging voluntary participation in programs and services; analyzing and evaluating the aggregate data collected from the population participating in programs and services; making decisions based on program quality, safety, efficacy, and cost-benefit analyses; making the healthy choice the easy choice; and developing policies to ensure complete integration of health and well-being in the university culture.

Utilizing all available communication mediums was a final, necessary component of providing up to date information. The most significant effort focused on creating a wellness website using new technology and keeping the information fresh. Use of social media, the university newsletter, a wellness newsletter, and the wellness champion network provided additional environmental support. Offering programs at times and locations that were convenient for faculty and staff to attend was a core practice for the program. Surveys revealed that offering programs midday and midweek

in as many locations as possible across campus facilitated participants' access to the programs in which they were interested.

Pros: Creating a supportive environment comprehensively addresses worksite wellness and creates an environment conducive to health.

Cons: There are no apparent drawbacks to creating a supportive environment.

Critical Questions:

- What aspects of the organization currently support a health-promoting environment?
- What needs to be done first to enhance the current culture of health in the organization?
- What will leadership support in terms of culture change?
- How open to change is the organization?
- Is change routinely supported in the organization?
- What barriers may arise to prevent a health-promoting environment from being developed?
- What benefits will be realized by the organization when the culture of health grows?
- Which departments and individuals, both internal and external to the organization, should be involved in this effort?
- How will you know when environmental and culture change has begun? What will you see? What will you hear?

VII. Measuring and Evaluating Program Outcomes

Research has found that improving health behaviors is possible in a university-based wellness program and that improving health behaviors positively impacts on-the-job productivity loss.²⁵ Other outcomes associated with workplace wellness programs have varied.²⁶ At this university, eight variables were considered for evaluation purposes, including participation in individual programs, satisfaction amongst participants, changes in knowledge and behavior, and changes in biometric measures, risk factors, the environment, and healthcare claims. Initial expectations focused on identifying positive outcomes within three to five years of full program implementation, at the earliest. The program sought:

- annual program growth, determined by participation rates;
- improved participant satisfaction;

25. Byrne et al., *supra* note 21, at 1376-79; Ray M. Merrill et al., *Presenteeism According to Healthy Behaviors, Physical Health, and Work Environment*, 15 *POPULATION HEALTH MGMT.* 293 (2012).

26. Ron Z. Goetzel et al., *Do Workplace Health Promotion (Wellness) Programs Work?*, 56 *J. OCCUPATIONAL & ENVTL. MED.* 927, 932-33 (2014).

- lower health risk levels and a better health status;
- decreased healthcare costs and healthcare utilization;
- decreased workers' compensation and disability utilization;
- decreased absenteeism and presenteeism; and
- maintaining or increasing work satisfaction.

Program participation rates have been monitored annually. To be eligible to receive monthly cash incentives, the program required participants to engage in three wellness activities and to obtain medical insurance through the university. During the first three years of the program, fifty-six percent, fifty-four percent, and fifty-five percent participation rates were achieved. Of those groups of wellness participants, between thirty-eight and fifty-five percent elected to participate in programs offered on campus. A smaller percentage claimed eligibility for program incentives of one-hundred dollars for one or two-hundred dollars for two program guidelines achieved—forty-five percent from one or two of four categories: stress management; nutrition and/or weight management; physical activity; and tobacco cessation. These numbers define baseline participation and will serve as a foundation for reference in future years.

Numerous studies have found associations between healthcare cost changes and health-risk status.²⁷ Monitoring health-risk status over time is another important indicator of program impact. Evaluation reports for this university indicated that the health risks that decreased most over time were lack of physical activity, use of illness days, and failure to use a safety belt, while the least-improved health risks were job satisfaction, life satisfaction, and medical conditions. Preventive health services most improved were cholesterol screening, blood pressure screening, and flu vaccinations. Total wellness scores have improved each year and were all positive in comparison to benchmark groups. Cohort analyses have identified additional positive findings. Thirty percent had zero risks identified. The three-year cohort group achieved decreases in body weight, blood pressure, and smoking cessation over time. More participants reported receiving annual flu vaccination each of the three years. Self-reported health problems remained relatively unchanged over the time period with respect to allergies, high cholesterol, high blood pressure and back pain.

Outcomes related to culture of health have also been evaluated. Overall, there was a significant increase in trend toward more focus on well-being on all questions over the first three years. This positive trend may be indicative of more awareness of the program, increased trust, and broader participation over time. There was room for improvement in regards to manager support for wellness programs, which may be part of the reason

27. Wayne N. Burton et al., *Evaluation of a Comprehensive Employee Wellness Program at an Organization with a Consumer-Directed Health Plan*, 56 J. OCCUPATIONAL & ENVTL. MED. 347, 347 (2014); EDINGTON, *supra* note 12, at 42-43.

for lower participation in some programs. Additional progress will be made in the years ahead as programs and services continue to be offered to address the wellness and chronic illness needs of the population. Justification for this belief stems from previously published literature that identified those types of success.²⁸ Changes in health care costs may also occur over time.²⁹

Pros: Measuring and evaluating outcomes achieved will document program success. Use of this strategy will likely be appreciated by leadership because this approach is similar to the process used by other departments at a university. Positive program outcome methods will yield marketable messages and feedback and outcomes will help identify the next best steps for the program and the organization.

Cons: Negative outcomes may generate additional questions, and outcomes may highlight issues that need to be addressed in the program.

Critical Questions:

- How often should the data be examined?
- Which measurements and tests are necessary to apply to the data?
- Which outcomes need to be shared broadly to receive additional program support?
- How can positive outcomes be used to maximize organizational support?
- What is the best way to share unexpected outcomes?
- What strategy can be used to encourage leadership to read outcomes reports, consider implications, and provide necessary guidance and direction?
- Is measurement and evaluation a process that should be handled by a vendor? If yes, which vendor is best suited for this task? Who needs to be involved in that discussion and with decision making?
- What is required to realize positive program outcomes?

Other United States universities are also working to enhance the health and well-being of their employees and the environment. For example, the key features that comprise the University of Alabama's WellBama program

28. See, e.g., Byrne et al., *supra* note 21.

29. UNIV. OF IOWA LIVE WELL, CREATING VALUE FOR THE UNIVERSITY OF IOWA 4 (2014), *available at* https://hr.uiowa.edu/sites/hr.uiowa.edu/files/liveWELL_Annual_Report.pdf (last visited Feb. 14, 2017); UNIV. OF MICH. MHEALTHY, 2015 ANNUAL REPORT 25-26 (2015), <https://hr.umich.edu/sites/default/files/mh-2015-annual-report.pdf> (last visited Feb. 14, 2017).

have been described by researchers.³⁰ In addition to on-site assessment and screenings, health advising sessions provide the opportunity for participants to set individual goals and work on lifestyle behavior changes. A collaborative practice model allows the wellness program to work with various college and division units in meeting healthcare needs and stimulating better health. Another study identified a profile associated with participation in the University of Michigan's MHealthy program.³¹ Approximately half of eligible employees participated in the program. Participants tended to be female, Caucasian, non-union staff members seeking preventive care opportunities. The use of best-practice guidelines to develop university wellness programming has been endorsed.³² Their case study approach identified small steps that added up to participant behavior change and program growth. Incentivizing fitness center participation led to an increase in self-reported exercise days over a two-year period at the University of Minnesota, with the positive effect holding over a multi-year period.³³ Those individuals who reported less frequent exercise before the incentive program made the most significant gains in exercise while participating in the incentive program. Growth and expansion of other university-based wellness programs should be considered.

Conclusion

The effort that each individual makes in the moment defines their current and future health. Making each moment healthy by choosing wisely and deliberately making the healthiest choice will facilitate good health. Universities are ideal environments for wellness programs, given the needs and issues present in higher education. Encouraging initiation of university wellness programs is suggested. The positive impact on employee health and health care cost effectiveness is clear.³⁴

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30. Melondie R. Carter et al., *A Collaborative University Model for Employee Wellness*, 59 J. AM. C. HEALTH 761 (2011).
 31. Angela J. Beck et al., *Factors Associated with Participation in a University Worksite Wellness Program*, 51 AM. J. PREVENTATIVE MED. 1 (2016).
 32. Lisa Hoffman & Carol Kennedy-Armbruster, *Case Study using Best Practice Design Principles for Worksite Wellness Programs*, 19 AM. C. SPORTS MED. 30, 35 (2015).
 33. Daniel J. Crespin et al., *The Effect of Participation in an Incentive-Based Wellness Program on Self-Reported Exercise*, 86 PREVENTIVE MED. 92 (2016).
 34. James D. LeCheminant & Ray M. Merrill, *Improved Health Behaviors Persist over Two Years for Employees in a Worksite Wellness Program*, 15 POPULATION HEALTH MGMT. 261 (2012).