Program Evaluation: Wellness for Life

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Abstract

**Specific Aim:** The specific aim of this program evaluation is to assess the effectiveness of the employee wellness program (*Wellness for Life* program) at Community Hospital (CH) in McCook, Nebraska through the analysis of biometric data, personal health assessment results, and survey results.

**Significance:** The evaluation of this program is important to ensure CH is aiding their employees so they might lead healthy lives at a time when the health of our country is incredibly poor.

**Background:** CH is a small critical access hospital that employs 323 people in McCook, Nebraska. In 2013 CH decided to offer a formal employee wellness program for all employees that would encourage healthy lifestyles and offer benefits such as insurance rate discounts, wellness bonuses, and gym membership discounts.

**Methods:** Biometric data and personal health assessment data from 2013-2019 will be compared to show physical health and wellbeing trends throughout the years since CH began the *Wellness for Life* program. Along with data collection, a survey will be conducted on the employee population to assess the culture of health at CH through their eyes. Depending on the results of the evaluation, recommendations will be made on how to either improve or continue the program for the best employee health outcomes.

**Results:** Biometric data from 2012-2020 was recovered to show averages for Body Mass Index, Hemoglobin A1C, and Nicotine/Cotinine levels in the entire participating population. Data was also collected, analyzed, and synthesized from a Culture of Wellness survey that was sent to all of the CH employees. Fifty percent of the population completed the survey; 10% non-participants and 90% participants.

**Discussion:** Data was collected using biometric records, and the results indicate relatively small changes in the selected health measures. However, there was an increase in Culture of Health based on the responses of both the participating employee and non-participating employee population. Recommendations for the *Wellness for Life* program include encouraging participants to utilize evidence-based programs already available to them through the wellness portal WellSteps.
Chapter 1: Introduction

In 2013, Community Hospital in McCook Nebraska (CH) launched a formal wellness program called Wellness for Life with the mission statement of: “The mission of CH’s Wellness for Life Program is to educate, support, and empower employees, patients, and the community to create a culture of wellness that promotes healthy lifestyles, decreases the risk of disease, and enhances the quality of life for lifelong excellence” (Wolford, Employee Wellness for Life Program to begin 12/12/2013, 2013). The program is currently active in patient, employee, and community health, but the focus of this program evaluation will be on CH’s employee health. The Wellness for Life program is managed by the Wellness Coordinator with input from employees through the Wellness Ambassadors group.

Community Hospital is a small, rural, critical access hospital in the Midwest that currently employs 323 people. All employees are eligible for the Wellness for Life program at CH regardless of full-time, part-time, or PRN (as needed) status, as well as their spouses. The 2019 program year ended on October 31st, 2019, and in that year 358 employees and spouses participated in the program. For 2020 Health Benefits Requirements 348 participated, with 245 completing all of the requirements.

The main participation requirements for Employees and Spouse are: to complete their Personal Health Assessment (PHA) on WellSteps (CH’s online wellness portal), complete a lab draw that includes the testing of the Hemoglobin A1C, Nicotine/Cotinine screening, Total Cholesterol, LDL, HDL, Triglycerides, and other tests that are not required for the wellness program, but offered for free as an employee/spouse incentive (CBC, CMP, Lipid, TSH, and Prostate-specific antigen [PSA] for men), and finally, after the labs are drawn and results are available, the employee/spouse must have a wellness physical with their physician to go over the findings and discuss anything elevated or abnormal. The physical also covers biometrics such as body mass index (BMI) and blood pressure...
testing which, along with the Diabetes Risk (Fasting Glucose and Hemoglobin A1c), Cholesterol Panel (Total, LDL, HDL, and Triglycerides), and Tobacco Usage, are all recorded on a Proof of Physical form that is then turned into the Wellness Coordinator for evaluation and logging.

The results of the PHA, labs, and wellness physical are needed for the determination of Insurance Rate discounts for employees and spouses that use the hospital’s insurance, currently through Midlands Choice, RCI. For wellness requirements through the Wellness for Life program in accordance with Human Resources and the hospital’s insurance company, the two main indicators for wellness discounts are negative Nicotine/Cotinine screening and proper levels for Fasting Glucose/Hemoglobin. With a negative Nicotine/Cotinine screening, Fasting Glucose between 70-99 mg/dL and a non-diabetic Hemoglobin A1C, employees and spouses are available for a full insurance discount.

See Figure 1, CH’s Human Resources example of what the discounts will look like for an employee with a spouse and children (family) on their health insurance. A spouse with family health insurance coverage has five possible outcomes for discounts through the current discount policy. Each of those discounts hinge on Wellness for Life participation requirements being fulfilled and having a negative Nicotine/Cotinine screening, Fasting Glucose between 70-99 mg/dL and a non-diabetic Hemoglobin A1C. Negative Nicotine/Cotinine counts as one discount and low Fasting Glucose/low Hemoglobin A1C count as the
other discount. If the employee and the spouse qualify for all discounts, they would be in the Four Qualified section of Image 1, if the employee only qualifies for one discount, and the spouse is qualified for neither of the discounts, they would land in the One Qualified section of Figure 1.

Employees and Spouses that test positive for Nicotine/Cotinine and/or have an elevated Fasting Glucose and/or Hemoglobin A1C have options if they still would like to receive the full insurance discount. With the enrollment and completion of a tobacco cessation class, those that test positive for Nicotine/Cotinine are eligible for the discount and those with elevated Fasting Glucose or Hemoglobin A1C have more options if they would like to get the full discount: creating a Diabetes Care Plan with their physician or attending a Diabetes Education Class with CH’s onsite Diabetes Educator. See Figures 2 and 3 for options shown on the Proof of Physical Forms employees and spouse have filled out during their Wellness Physical.

<table>
<thead>
<tr>
<th>TOBACCO</th>
<th>In the last three months, have you used any type of tobacco on a weekly basis?</th>
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<tr>
<td>□ Yes. Choose ONE then sign below.</td>
<td>□ No. Sign below.</td>
</tr>
<tr>
<td>□ I have no plans to quit. I understand that by doing so I am forfeiting the Health Risk Education portion of my Participation Requirements.</td>
<td></td>
</tr>
<tr>
<td>□ I am enrolled or will enroll in a tobacco cessation program.</td>
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</table>

I understand that providing false information may result in termination of benefits or employment.

EMPLOYEE/SPouse SIGNATURE X ____________________________ Date __________

Figure 2 (Wagner & Thayer, 2019)

| If my lab results indicate an increased value for Fasting Glucose and/or Hemoglobin A1C, I PLAN TO... |
|---|---|
| □ Adopt my own plan to lower my numbers and not attend a class or ask my provider for a care plan. I understand that by doing so I am forfeiting the Health Risk Education portion of my Participation Requirements. | |
| □ I am enrolled or will enroll in a Diabetes Education Class. | |
| □ My doctor certifies that I am currently under a Diabetes Care Plan which includes regular Fasting Glucose and A1C tests as well as counseling with a Diabetes Educator. | X PHYSICIAN’S SIGNATURE REQUIRED |

Figure 3 (Wagner & Thayer, 2019)

Employees who would like to participate in the Wellness for Life program at CH but do not have insurance through the hospital are eligible for a bonus of $200 at the beginning of the calendar year upon the completion of the program requirements.
Along with the main requirements and insurance discount or bonus incentive of the *Wellness for Life* program, CH also offers other incentives for healthy behaviors. One of the incentives is the Gym Membership Discount: employees are able to sign-up every year at the end of CH’s fiscal year in June for $120 to be sent to the gym of their choice. This money can be used to discount their gym membership rates at $10/month or as a lump-sum towards monthly fees. Employees that do not sign up for this benefit are eligible to use their $120 towards a reimbursement of wellness equipment throughout the new fiscal year. Wellness equipment is anything from treadmills and running shoes to FitBits and Apple Watches.

Another benefit of the *Wellness for Life* program is the use of the WellSteps online portal. This portal is a Health Insurance Portability and Accountability Act compliant source that houses the data from the PHA and other wellness requirements, but also offers weekly and monthly challenges and point earning options for employees and spouses. Employees are eligible to earn points for health behaviors that turn into reward earning each quarter, while spouse usage does not earn rewards. Points are accumulated each month for participating in healthy activity that is logged and learned through WellSteps. At the end of each quarter, all points from the months of the quarter are added up to determine a monetary value for each employee that participated. There are four levels: Bronze ($50), Silver ($100), Gold ($150), and Platinum ($200). In program year 2019’s last quarter, 55% of *Wellness for Life* participants reached a rewards level. 4% Bronze, 3%, Silver, 1% Gold, and 48% Platinum.

**Specific Aims**

The goal of this project is to evaluate the effectiveness of the *Wellness for Life* program, focusing on two elements of the Centers for Disease Control and Prevention Workplace Health Model Evaluation’s section: Improved Health Outcomes (e.g. reduced disease and disability), and
Organizational Change, “Culture of Health” (e.g. morale, recruitment/retention, alignment of health and business objectives) (Centers for Disease Control and Prevention, 2016).

The Wellness for Life program has been collecting biometric data on program participants since 2013. The original biometric data set included: height, weight, waist circumference, blood pressure, Hemoglobin A1C, total cholesterol, HDL, LDL, Triglycerides, fasting glucose, and BMI. In program year 2015, the Nicotine/Cotinine screening and PSA (for males) was added to the biometric data set; 2017 was the last year waist circumference was recorded for biometrics. By comparing the consistent year-to-year biometric data from 2013-2019, this project will be able to assess the effectiveness of the Wellness for Life program in improving the health outcomes of employees and spouses.

According to the Workplace Health Model developed by the Centers for Disease Control and Prevention (CDC) that was developed based on the Framework for Program Evaluation in Public Health (also by the CDC), program evaluation is crucial for current programs in order to “prove that workplace health interventions have been effective and build the business case for continuing them” (Centers for Disease Control and Prevention, 2016). One of the elements of continual evaluation, besides comparison of program year biometric data, is to survey key stakeholders of the wellness program. For the purpose of this program evaluation, a survey of key stakeholders will be used to assess the culture of health at CH by asking questions based on: perception of the value of wellness and the Wellness for Life program, morale, alignment of health and business objectives, and administrative buy-in.

**Hypothesis:** Since the launch of the Wellness for Life program at CH, there has not been an improvement in employee health outcomes, and no organizational adoption of a “Culture of Health”.

**Significance**
There are many reasons why an evaluation of a program is important, but the most significant reason is to ensure CH is doing everything in its power to encourage healthy lifestyles for its workforce. The CDC describes the current health situation in the United States as “an unparalleled health epidemic, driven largely by chronic disease” (Centers for Disease Control and Prevention, 2019). Such chronic diseases are preventable with the adoption of a healthy lifestyle. Without the evaluation of the Wellness for Life program, there is no proof that CH is making a concerted, evidence-based effort to lower the risk of heart disease, diabetes, or obesity in the organization.

The core values of CH are and have been since 2010: Excellence, Ownership, Integrity, and Compassion (Community Hospital, 2019). “Excellence is defined as a level of quality and performance which is unusually good and greatly surpasses ordinary standards”. This is important not only to CH’s standard of care for patients and their families, but also for how its workforce is treated. The Baldrige Performance Excellence Program has been the foundation of CH’s framework for achieving and measuring excellence since 2009. The Baldrige framework is non-prescriptive, but guides organizations through a series of questions that ultimately allow the organization to improve their “performance and get sustainable results” specifically through the collection, analysis, and tracking of data (National Institute of Standards and Technology, 2019). The importance of tracking data and proving excellence at CH comes from CH’s journey with Baldrige, and should be important in all facets of the organization. This program evaluation of the Wellness for Life program at CH is a long overdue assessment of the wellness program’s contribution to CH’s workforce Excellency.

The article Do Workplace Health Promotion (Wellness) Programs Work? begins with the statement: “There is a brewing controversy about whether workplace health promotion programs in the United States ‘work’ or ‘do not work’” (Goetzel, et al., 2014). The only way to prove whether or not workplace health promotion (wellness) programs like CH’s Wellness for Life program works is through program evaluation. Goetzel and colleagues discuss their 30 years of researching wellness programs, the qualities they’ve identified as those associated with wellness programs that work, the
importance of assessing the programs for “Measuring Health Promotion Program Success, and “The Importance of Establishing a Culture of Health”.

According to the study, “An assessment of program structure focuses on whether the program’s critical components are in place and whether they follow best practice principles. Essentially, if the program is not structured or designed properly, it is unlikely to produce positive results”, thus encouraging a structured approach to program evaluation to assess the wellness program and identify the working and non-working pieces (Goetzel, et al., 2014).

Finally, one of the important components of successful wellness programs is establishing a culture of health, which is described as: “one in which individuals and their organizations are able to make healthy life choices within a larger social environment that values, provides, and promotes options that are capable of producing health and well-being for everyone regardless of background or environment”. Proving through data collection that CH has established a culture of health, according to Do Workplace Health Promotion (Wellness) Programs Work? will be a critical piece to verifying if health and wellness is at the forefront of the lives of the workforce at CH.

Chapter 2: Background and Literature Review

CH formally introduced wellness/health promotion to their organization through Wellness for Life in 2013; prior to then, wellness had played a part at CH through employee led lunch n’ learns that educated employees on healthy lifestyle subjects such as how to eat healthy and exercise, smoking cessation classes, and CH sponsored annual runs for charity as far back as 20 years ago (Bieber, 2019). Wellness has been a long-standing value of CH, even before the formal creation of the Wellness for Life program. Outside of CH, workplace health promotion programs first came to light in the early 1980’s, when in 1984 only 10% of organizations had an employee wellness program and closer to 2000 almost 90% of workplaces provided some version of a wellness program (O’Donnell, 2002).
HealthCare.gov describes Wellness Programs as: “A program intended to improve and promote health and fitness that's usually offered through the work place, although insurance plans can offer them directly to their enrollees. The program allows your employer or plan to offer you premium discounts, cash rewards, gym memberships, and other incentives to encourage participation. Some examples of wellness programs include programs to help you stop smoking, diabetes management programs, weight loss programs, and preventative health screenings.” (HealthCare.gov, 2019). Such programs are incentivized through the Affordable Care Act by minimizing healthcare costs, the max benefit being focused on tobacco cessation efforts at a discount of 50% in costs (Healthcare.gov, 2019).

While wellness programs are not a requirement for employers, a typical employee will spend “one-third of their day, five days a week at the workplace”, making the workplace an opportunistic environment to house health and wellness programs and policies to encourage health and wellbeing to a large portion of the nation’s population (Centers for Disease Control and Prevention, 2016). And, with evidence that proves lifestyle changes create a healthier population, thus a healthier workforce that leads to less absenteeism and higher morale, it is a mystery why not every employer provides a wellness program for its employees (O'Donnell, 2002).

The literature on health promotion and wellness programs in the workplace point to workplace wellness programs having positively affected the health of employees by supply resources such as smoking cessation programs, nutrition counseling, stress management, and an emphasis on quality of life (O'Donnell, 2002). This positive effect then leads to positive rates of return as far as both return on investment for the organization and value on investment for the employer and employee. Both short term and long term programs have been assessed for value and impact on employee health, and the studies have obviously shown the need for long-term employee wellness programs that constantly provide new information and health promotion programs for employees to stay active and keep up on lifestyle changes (O'Donnell, 2002).
One of the most frequent suggestions for employee wellness programs is to make sure they are constantly being evaluated. According to the CDC, program evaluation is what drives the success of any type of program in public health, but they believe that “it is not practiced consistently across program areas, nor is it sufficiently well-integrated into the day-to-day management of most programs” (Centers for Disease Control and Prevention, 2016). Evaluation of a program is what proves to key stakeholders that a program has value in being continued and also provides information for those that implement the programs what might need changed to make a greater, positive change in the organization.

In 1999 the CDC created a *Framework for Program Evaluation in Public Health* that was integrated in 2015 into a *Workplace Health Model* that specifically discusses the assessment, planning and management, implementation, and evaluation of workplace health promotion programs. For evaluation specifically, there are 6 steps in the process: engage stakeholders, describe the program, focus the evaluation design, gather credible evidence, justify conclusions, and ensure use and share lessons learned (Milstein & Wetterhall, 1999).
Chapter 3: Methods

This program evaluation was based on the six-step framework created by the CDC in 1999 for all public health programs and morphed into an evaluation that is suited for workplace health programs in 2015. The evaluation also has four standards: utility, feasibility, propriety, and accuracy (Milstein & Wetterhall, 1999). The standards were created to identify effective program evaluations by ensuring the values of each standard are met at each step of the evaluation.

<table>
<thead>
<tr>
<th>Standards for Evaluation</th>
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<tr>
<td><strong>Utility</strong>: Serve the information needs of intended users.</td>
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<tr>
<td><strong>Feasibility</strong>: Be realistic, prudent, diplomatic, and frugal.</td>
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<tr>
<td><strong>Propriety</strong>: Behave legally, ethically, and with regard for the welfare of those involved and those affected.</td>
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<tr>
<td><strong>Accuracy</strong>: Reveal and convey technically accurate information.</td>
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Step 1: Engage Stakeholders

Key stakeholders for the *Wellness for Life* program include: the wellness ambassadors, administrative council (AC), and the employee population containing both participants and skeptics. The wellness ambassadors are a group of at least one person per department that currently participates and is invested in *Wellness for Life*. The administrative council consists of the CEO, CFO, and Vice President of Ancillary Services, Vice President of Support Services, and CNO/Vice President of Clinical Services. The entire employee population will also be invited to give input on the
program and their view of a culture of health at CH. The help from both participants and skeptics is crucial in this process as the advantages and disadvantages from both point of views is important to the evaluation and evolution of the program.

For this step, AC will be notified following the approval of the program evaluation proposal. Each member will be presented with the proposal and any notes from the communication will be recorded and considered when conducting the program evaluation. Upon the commencement of AC review, the wellness ambassadors will be notified in a quarterly meeting of what the evaluation is, what the aims are, and how they will be able to help. Finally, the entire CH employee list will be sent an email using SBAR communication (situation, background, assessment, recommendation); a common communication tool used in the facility (Institute for Healthcare Improvement, 2019). The email will briefly describe the evaluation, provide background on the Wellness for Life program, the reason for doing the assessment, and how they CH employees will be able to provide feedback on the current program during the evaluation. This will be the initial introduction of the survey to come later.

**Step 2: Describe the Program**

This part of the evaluation is used to create an in-depth review of the current program. In this step the need/purpose for the program, target population, outcomes, activities, outputs, resources, and relationship of activities with outcomes will be identified. All this information can be found in the available documents and resources provided by past wellness coordinators that proposed the original program, as well as updates as the program evolved. For specific information such as dollar amount resources towards insurance discounts and costs, the director of Human Resources, Leanne Miller, will be interviewed. All findings will be documented in a written report, besides the relationship of activities with outcomes; that will be illustrated through the construction of a logic model to show the pathway from input to output. This logic model will be included in the written report.
Step 3: Focus on the Evaluation Design

According to the CDC, the evaluation team (in this case, myself) would determine what type of questions to answer and what type of evaluation to conduct after gaining knowledge from the organization in steps 1 & 2. This step is when the focus of the evaluation is established after receiving feedback from AC and analyzing the current program from input to output. There are several types of evaluations the CDC suggests, and determining which one to use depends on what question needs to be answered by the evaluation. In the case of the Wellness for Life program evaluation, the main idea behind the initiation of an evaluation would be to answer the question: Is the program making any positive difference in employee health outcomes or the culture of health at CH? This question would classify this as an outcome or improvement-based evaluation.

Once the question to answer has been identified and established, it will be recorded within the same written report from the previous question and the gather of credible evidence will begin.

Step 4: Gather Credible Evidence

This step is when indicators are specifically defined, collected and analyzed. The indicators for this program evaluation will be biometric data such as BMI, Nicotine/Cotinine screening results, Hemoglobin A1c levels and PHA results. Other indicators that will be used for this study are those that have to do with the culture of health: perceived quality of life and perceived quality of health, employee and administration buy-in of both wellness and the program. All these indicators will be solidified using the Logic Model created in step two where the indicators will be identified through mapping inputs to outputs of the wellness program.

- Data Collection
  - Biometric data will be compiled from each year’s total population of Wellness for Life program participants during the period 2013-2019. The data in which we will be comparing is BMI, Nicotine/Cotinine, and Hemoglobin A1c. Each category will
be given an average measurement for the total population each year. Using the average is important as participant rates were not the same over each year.

- PHA results will be focused on the questions of perceived health, "how healthy would you rate yourself on a scale of 1-10 with 10 being the healthiest you can be". This will be collected for each year and averaged for the total participant population.

- Culture of health was measured using the averages of answers to questions such as, "how invested in your health is CH on a scale of 1-10", "on a scale of 1-10 how valuable do you think the Wellness for Life program is to you". The survey was developed by the wellness coordinator with the help of the wellness ambassadors, AC, and at least 5 CH employees that did not participate in Wellness for Life. The survey was created using Survey Monkey, a survey system regularly used by CH, and was sent to all employees via CH email. The survey was live for two weeks and incentives such as a free drink or snack from the CH cafeteria were offered to improve the participation rate.

**Step 5: Justify Conclusions**

This step involves sharing the findings with key stakeholders such as the wellness ambassadors and AC. The collected data and survey results were analyzed and formatted to relay the information with stakeholders. A PowerPoint presentation will be made with pertinent charts and graphs that will illustrate the information collected in the evaluation. The data will then be compared to the programs studied in the article *Do Workplace Health Promotion (Wellness) Programs Work?* as well as benchmarked with similar facilities through the WellSteps portal. This analysis will bring forth recommendations for the facility to either continue their program in a similar manner as it currently is going or if there are improvements necessary for success.
Step 6: Share Lessons Learned

The final step in the program evaluation was to take the analysis and judgements from the previous step and turn them into action plans. The first part of this step is communicating the data collected, survey results, and judgements to AC and the wellness ambassadors. Meetings will be held with each group to discuss findings and collaborate on actionable steps that should be taken. Recommendations will be presented at this time and feedback from the groups will be considered.

Following the meetings, feedback from the parties will be considered and will influence the type of action that will need to be taken for the Wellness for Life program. Recommendations will be finalized and composed for final approval from AC and the wellness ambassadors. Once approval is received, dissemination will be the next step.

Dissemination of evidence found in the evaluation will be relayed to the employees of CH through email communications. The changes may affect the program, in which case there will be timelines available for the changes that need to be made and follow-up will be important even after the evaluation has completed.
Chapter 4: Results

Prior to collecting evidence to support or reject the hypothesis, a Logic Model (Figure 6) was created by the Wellness Coordinator to identify the *Wellness for Life* program more in depth and to decide on focus areas for the evaluation. The model analyses the process and outcomes at three different levels: inputs, activities, outputs and short, intermediate, long. The activity of going through the model presented the major points of the *Wellness for Life* program at CH: biometric outcomes, especially those required by the insurance company to allow discounts, and how employees and their family lead their daily lives, ultimately the culture of wellness at the hospital. Though those were the objectives assumed at the beginning of this evaluation, the logic model solidified the evaluation of the *Wellness for Life* program based on those attributes.

<table>
<thead>
<tr>
<th>Process</th>
<th>Outputs</th>
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<tbody>
<tr>
<td><strong>inputs</strong></td>
<td><strong>activities</strong></td>
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<tr>
<td>Coordinator Time</td>
<td>Facilitation of Wellness Portal</td>
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<tr>
<td>Budgeted Funding from CH</td>
<td>Monthly Wellness Fairs for Employees/Spouses</td>
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<tr>
<td>Lab Dept. Time</td>
<td>Quarterly Campaigns</td>
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<td>Lab Dept. Draw Resources</td>
<td>Wellness Lab Draws</td>
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<tr>
<td>HR Dept. Time</td>
<td>Insurance Discounts</td>
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<tr>
<td>Wellness Ambassador Time</td>
<td>Quarterly Incentives</td>
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<td>WellSteps Vendor</td>
<td>Annual Wellness Week Celebrations</td>
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<td></td>
<td>Gym Membership Discounts</td>
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<td>Wellness Challenges</td>
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<td>Therapeutic Lifestyle Change (TLC)</td>
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<table>
<thead>
<tr>
<th>Process</th>
<th>Outcomes</th>
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<tr>
<td><strong>short</strong></td>
<td><strong>intermediate</strong></td>
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<tr>
<td>Pursuing and Prioritizing Wellness</td>
<td>Actively Pursuing Goals</td>
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<tr>
<td>Goal Creation</td>
<td>Logging Points on WellSteps to Receive Credit</td>
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<tr>
<td>Nutrition Education</td>
<td>Implementing Safety Plans at Home</td>
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<td>Preventative Services for Employees and Spouses</td>
<td>Receiving Full Insurance Benefits</td>
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<td>Personalized Needs based on Lab Results</td>
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<td>Overall Wellness Information Understanding</td>
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Data was collected from reports generated from CH’s fiscal years (FY) 2013-2020 based on the biometric results needed for employee and spouses to qualify for the insurance discount at CH. After going through each report, it was apparent that each data set was inconsistent with the previous year. Some years BMI and Hemoglobin A1C were collected for each participant, and other years it was only one or the other. Data on tobacco usage was not available for each year under investigation, but it was collected for the fiscal years 2016-2020. The inconsistent collection was attributed to the different requirements of the insurance company each year.

The average BMI (Figure 6) and Hemoglobin A1C (Figure 7) for the employee population from 2013-2020 are presented. The BMI chart does show a lapse of one year, and an increase from 2015-2017. Though the jump seems large when looking at the graphic, the BMI from 2013-2020 only had a difference of 1.6 in averages, but has remained in the obese category since the start of collection. Hemoglobin A1C levels have been rather consistent since the beginning of the Wellness for Life program. These levels average on the higher side of the healthy HA1C category of 4.0%-6.0%.
When Nicotine/Cotinine became a requirement for testing in 2016, the percentage of tobacco users rose until 2020 when it dramatically fell; going from 15% of the population testing positive for Nicotine/Cotinine to 3% in 2020 (Figure 8).

These ratings are meant to identify how each individual would rate their current overall health. This rating includes, but is not limited to: stress, weight, quality of sleep, and other major components of health questioned in the PHA.

The last section presents the results from the Culture of Wellness survey conducted during this evaluation. The survey was completed by roughly 50% (142 employees) of the total employee population; 90% of which participate in the Wellness for Life program and 10% that do not. The responses are in favor of the Wellness for Life positively influencing employee lifestyles, and 98% of respondents either Agreed or Strongly Agreed that wellness is important to them. One question related to CH’s campus providing healthy opportunities for nutrition and staying active was the least favorable question, indicating 25% of the population either couldn’t agree with the statement or disagreed with it.
WHAT IS YOUR STATUS OF EMPLOYMENT?

- Full Time 84% (118)
- Part Time 14% (20)
- PRN 2% (3)

DO YOU PARTICIPATE IN THE WELLNESS FOR LIFE PROGRAM AT CH?

- Yes 90% (126)
- No 10% (14)

ARE THERE ANY BARRIERS THAT PREVENT YOU FROM PARTICIPATING IN WELLNESS ACTIVITIES?

- Inconvenient time 13%
- Inconvenient location 2%
- Lack of time 47%
- Privacy: my employer should not be involved in my personal health 0%
- Confidentiality: concern about others knowing of my personal health 6%
- Lack of management support or pressure to get my work done 1%
- My job duties do not allow me to participate 8%
- Just not interested 7%
- Skipped 31%
- Other (please specify) 27%

COMMUNITY HOSPITAL IS INVESTED IN MY WELLNESS

- Disagree 0%
- Neutral 4% (6)
- Agree 43% (60)
- Strongly Agree 52% (72)
- Strongly Disagree 1% (1)

WELLNESS IS IMPORTANT TO ME

- Disagree 0%
- Neutral 2% (3)
- Agree 45% (63)
- Strongly Agree 53% (75)

Figure 11 (Community Hospital, 2020)
Figure 12 (Community Hospital, 2020)
Figure 13 (Community Hospital, 2020)
Figure 14 (Community Hospital, 2020)
Figure 15 (Community Hospital, 2020)
COMMUNITY HOSPITAL'S INCENTIVES FOR BOTH INSURED AND NON-INSURED EMPLOYEES ARE MOTIVATING

Strongly Agree 53% (74)
Agree 35% (49)
Neutral 10% (14)
Disagree 1% (2)
Strongly Disagree 1% (2)

COMMUNITY HOSPITAL'S CAMPUS PROVIDES ME WITH OPPORTUNITIES TO EAT HEALTHY AND STAY ACTIVE

Strongly Agree 36% (50)
Agree 38% (54)
Neutral 19% (26)
Disagree 6% (9)
Strongly Disagree 1% (2)

COMMUNITY HOSPITAL'S WELLNESS FOR LIFE PROGRAM PROMOTES HEALTHY LIVING

Strongly Agree 50% (71)
Agree 44% (63)
Neutral 4% (6)
Disagree 1% (1)
Strongly Disagree 1% (1)

HEALTH EDUCATION IS A COMPONENT OF THE WELLNESS FOR LIFE PROGRAM

Strongly Agree 44% (62)
Agree 46% (66)
Neutral 8% (11)
Disagree 1% (1)
Strongly Disagree 1% (2)
Chapter 5: Discussion

Summary

Since the beginning of the formal Wellness for Life program in 2013, no substantial overall changes have been made to their biometrics, but there has been an adoption of a Culture of Wellness; both proving and disproving the original hypothesis “Since the launch of the Wellness for Life program at CH, there has not been an improvement in employee health outcomes, and no organizational adoption of a ‘Culture of Health’”. Biometric data shows little to no change in BMI or Hemoglobin A1C, and Tobacco Usage showed a significant decrease in the last fiscal year (2019 vs 2020). While the tobacco usage has decreased, the average BMI of the overall populations has stayed gradually still in the Obese range (over 30). Though the data does not indicate an overall, positive change, Goetzel and colleagues might argue that even tracking the metrics is a success (Goetzel, et al., 2014).

In contrast to the biometric data, the Culture of Wellness Survey conducted this year indicated that nearly all (98%) of the respondents believed that wellness is important to them. The evidence from the survey shows a positive, supportive environment at work to fulfill wellness goals and needs, and the evidence was able to present room for improvements in limitations and expectations of the program.

Strengths & Limitations

One strength of the evaluation was the ability to conduct the evaluation while onsite at CH. Being in the employee population made the evaluation comfortable for all stakeholders. CH is a tight-knit employee population that was able to be completely honest in the evaluation due to the nature of the evaluation. The nature of the evaluation that also was seen as a strength would be the ability to remain anonymous in the survey responses. When asking the stakeholders the best ways to go about
the survey, each agreed that the employee population would be most honest through an anonymous survey, available online.

Many limitations were found during the evaluation, including the data collected going back to 2013. The amount of data recorded was a strength, but the inconsistency of data was a limitation to fully illustrate the timeline of biometrics at CH. With a complete recollection of all data, there would be more solid evidence of little to no change in biometric health throughout the years of the program. Another limitation in the survey was the population size which steadily increased from 2013-2020. Since the sample size varied from year-to-year, one thing that could be done different next time would be to select a larger sample size and ensure the participants are consistent for each year recorded. At this time there was not a large enough sample of participants who released their biometrics from 2013-2020.

The final and most unpredictable limitation was the impact of the COVID-19 on the project. Halfway through the semester the COVID-19 pandemic had an effect on time and incentives by bringing data collection to a halt and pushed back the evaluation by 3 weeks (causing it to only be available for one week instead of two). It also decreased supplies such as the incentives for completing the evaluation (making it impossible for a physical incentive to be used as intended). In the future, the timeline might be extended if a similar interruption were to occur again.

**Recommendations**

Based on the results of the evaluation, it is evident that CH is on the right track towards improving the health and wellness of their employees. However, to achieve improved biometrics the Wellness for Life program must continue to promote evidence based lifestyle changes. This can be done through a tool that CH already currently uses, so no further cost would be associated with implementing this recommendation. WellSteps is the health portal that employees are already familiar with, and it has a component called Therapeutic Lifestyle Change, or TLC, that has not been readily
promoted nor formally introduced to the employee population. TLC was created by doctors and scientists at WellSteps to encourage behavior changes that positively influence health outcomes for individuals (WellSteps, 2020). The program is a 5-part course containing total 17 modules, where one module is preferably completed each week for 17 weeks, but the timeline can be customized for each individual. Each module contains a video ranging from 3-10 minutes, poses questions in relation to the video, and suggests tasks to perform before going on to the next module.

This program has been proven to show sustainable changes in lifestyles as well as weight loss and management in a majority of users that complete the TLC program. The program offers many resources such as tracking pages for food logs, weight, and exercise, biometric resources, exercise recommendations, and recipes. It would be beneficial for the Wellness Coordinator and Ambassadors to introduce the tool to the employee population and hold weekly meetings with participants to support participation and retention of participants through the entire program.

**Resource Implications**

Time and labor cost resources for the Wellness Coordinator should be prioritized and used to enhance *Wellness for Life* program through the TLC program. The assistance of the Wellness Ambassadors will be crucial in the promotion of this piece of the program, so their time would also need to be reallocated towards a greater focus on health promotion and lifestyle changes in the population.

**Dissemination Plan**

The dissemination plan will be in line with the original assumptions from Step 6: Share Lessons Learned of the methods. The final step in the program evaluation will be to take the analysis and judgements from the previous step and turn them into action plans. The first part of this step is to inform the AC and wellness ambassadors about what data was collected, the survey results, and the
recommendations. Meetings will be held with each group to discuss findings and determine the actionable steps that should be taken.

Following the meetings, feedback from the parties will be considered and will influence the type of action that will need to be taken for the *Wellness for Life* program. Recommendations will be finalized and composed for final approval from AC and the wellness ambassadors. Once approval is received, dissemination will be the next step.

Dissemination of evidence found in the evaluation will be relayed to the employees of CH through email communications. The changes may affect the program, in which case there will be timelines available for the changes that need to be made and follow-up will be important even after the evaluation has completed.
Works Cited


Application of Public Health Competencies

- Core Competency
  - MPHF11 - Select methods to evaluate public health programs
    - The CDC model for evaluating public health programs was selected to evaluate the *Wellness for Life* program in Capstone.

- Health Promotion Concentration Competencies
  - HPROMPH1 - Apply scientific theories and models in planning health promotion program, policy, systems, and environmental change strategies
    - The Logic Model will be at the epicenter of the evaluation of this program. It will be used to understand the current program, and then used to identify key indicators of the program and how to study it.

  - HPROMPH3 - Develop rigorous projects to improve public health outcomes, community wellbeing, and reduce health disparities.
    - The sole purpose of this study is to evaluate the *Wellness for Life* program with the intention of ensuring employees at CH are given every opportunity to live healthier lives. If the program is not currently improving the lives of the employee population, recommendations will be made to address the gaps in the wellness program.
Supervision and Facilities

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From: Patricia Wagner
Sent: Tuesday, November 12, 2019 3:55 PM
To: Karen Kliment Thompson <kkliment@chmccook.org>
Subject: Capstone for UNMC

Karen,

Earlier this year I asked you in person if you wouldn’t mind being on my “Capstone Committee”, similar to what you did as my preceptor for my APEX last semester.

I am required to have confirmation in writing that you are still willing to sit on the committee during this coming spring semester. As a committee member you will be reviewing and approving my program evaluation proposal, following my progression through the semester, and attending my formal defense.

If you could reply to this email that you are still willing to sit on the committee, that would suffice the requirement!

Thank you,
Tricia
IRB Requirements

According to the IRB Requirements on page 4 of the Capstone Experience Handbook, this program evaluation will not require IRB approval.

Program Assessment:

Program assessment (or program evaluation) is a systematic collection of information about the activities, characteristics and outcomes of a specific program or model, to contribute to continuous program improvement, and/or to inform decisions about future program development (https://www.cdc.gov/eval/index.htm). Program assessments do not constitute human subject research under this policy.