

SCHOOL EMPLOYEE WELLNESS

A Guide for Protecting the Assets of Our Nation's Schools



“This publication was developed under a cooperative agreement with the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Coordinating Center for Health Promotion of the Centers for Disease Control and Prevention, Atlanta, GA: Grant #: DHPE U58/CCU325029. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.”

SCHOOL EMPLOYEE WELLNESS

A Guide for Protecting the Assets of Our Nation's Schools



FOREWORD

Businesses and industries are increasingly recognizing that workers are their most valuable resource. The most progressive businesses and organizations are implementing policies and programs to maintain the health and productivity of their workers. These policies and programs include worksite health-promotion programs and employee wellness programs, many of which have improved the health of workers and the ensuing success of the organizations. Few school systems have such programs in place.

Among the nation's workforce, more than 4% of all working citizens in the United States¹ are employed by school systems as teachers, administrators, support staff, nurses, counselors, psychologists, social workers, bus drivers, food service workers, and maintenance staff. They form one of the most valuable workforces in the United States, because they nurture and substantially shape each and every generation of children.

School health programs in the 21st century should include eight components: family and community involvement in school health; comprehensive school health education; physical education and other physical activity; school health services; school nutrition services; school counseling, psychological, and social services; healthy school environment; and – the focus of this guide – school employee wellness. School employee wellness programs can be designed to increase recruitment, retention, and productivity of staff by focusing each of the other seven components of the school health program on improving the health and quality of life of employees as well as students. In essence, efforts to enhance the lives of employees can be integrated with efforts to enhance the lives of students.

The Directors of Health Promotion and Education have developed *School Employee Wellness: A Guide for Protecting the Assets of Our Nation's Schools* to provide information about school employee wellness programs and practical tools that schools can use in implementing these programs. This guide will also prove invaluable to school systems that are interested in improving existing wellness programs for school employees.

To continue to improve the quality and academic achievement of our students, we must also improve the quality of life, health, and productivity of our school employees. School district policymakers, school administrators, and employees must be informed about the need and given the means for developing health programs for school employees that can become part of the culture of education.

Lloyd J. Kolbe

Lloyd J. Kolbe, PhD
Professor of Applied Science
Indiana University

Gerald N. Tirozzi

Gerald N. Tirozzi, PhD
Executive Director
National Association of Secondary School Principals

¹ U.S. Department of Labor, Bureau of Labor Statistics. *Civilian labor force*. Washington, DC: U.S. Department of Labor, 2003. www.bls.gov/data/home.htm.

ACKNOWLEDGMENTS

REVIEW PANEL

American Association for Health Education
Linda Johnston Lloyd

American Cancer Society
Beth Stevenson

American Federation of Teachers
Darryl Alexander

American School Health Association
Susan Wooley

Arlington Public Schools, VA
Dodie Gill

Association for Supervision and Curriculum Development
Theresa Lewallen

Association of Maternal and Child Health Programs
Rena Large

Association of State and Territorial Health Officials
Amy Greene

Blue Cross/Blue Shield of Western New York
Philip Smeltzer

National Association of Chronic Disease Directors
Stacey Tompkins

Council of Chief State School Officers
Stephanie Yun

Division of Adolescent and School Health, CDC
Beth Patterson
Michael Schmoyer

Fairfax County Public Schools, VA
Cynthia Trinca

Maine Department of Education
Katherine Wilbur

Montgomery County Public Schools, MD
Russell Henke

National Association of School Nurses
Nicholi Bobo

National Association of State Boards of Education
Jim Bogden

National Education Association
Paul Sathrum

National Governors Association
Michael Fierro

National Middle School Association
Jean Schultz

National School Boards Association
Brenda Z. Greene

Society of State Directors of Health, Physical Education and Recreation
Sharon Murray

University of Florida
Jill Varnes

INDIVIDUALS INTERVIEWED

Garland Allen
Ridgewood Public Schools, NJ

Marilyn Asay
North Carolina Division of Public Health

Robin Atwood
University of Texas at Austin

Elaine Brainerd
National Center for School Health Nursing

Michelle Burke
Hudson Falls Central School District, NY

Larry Chapman
Summex Corporation

Paula Collins
North Carolina Department of Public Instruction

Mark Doody
Hudson Falls Central School District, NY

Pat Doyle
Danbury Public Schools, CT

Paula Duncan
University of Vermont School of Medicine

Gary English
Oregon Department of Education

Sherry Franks
Washington County Schools, TN

Lisa Grost
Michigan Department of Community Health

Lynn Hammond
South Carolina State Department of Education

Howard Halperin
Wellness Councils of The Midlands

Aaron Hardy
Washoe County School District, NV

Lola Irvin

Hawaii State Department of Health

Linda Isabelle

Newfound Regional Health School, NH

Richard Lyon

Maine School Administrative District 22

Ernest Marquez

Texas Department of State Health Services

Amy McLean

Gibson County School District, TN

Kelly Meadows

*Little Cypress-Mauriceville Consolidated
Independent School District, TX*

Susan J. Moore

Indiana University

Linda Morse

New Jersey Department of Education

Jerry Newberry

National Education Association

Rosemarie Nichols

Connecticut Regional Education Agency

Ken Nye

Tennessee Department of Education

Angela Oddone

National Education Association

Michael O'Donnell

American Journal of Health Promotion

Rebecca Partlow

Rock Hill School District, SC

John Palomano

Bordentown Regional Schools, NJ

Gillian Pieper

Vermont School Boards Insurance Trust

Katherine Pruitt

American Lung Association

Janet Ricketts

South Dakota Department of Education

Linda Shankland

Michigan Education Special Services Association

Renee Sieling

Wisconsin Education Association Trust

Philip Smeltzer

Blue Cross/Blue Shield of Western New York

Jennifer Smith

Texas Department of State Health Services

John Sprangers

Oshkosh Area School District, WI

Cathy Tanaka

Hawaii State Department of Health

Diane Vogel

Oshkosh Area School District, WI

Sydney Webb

Natrona County School District, WY

Michael Wendt

Wilson Central School District, NY

Kathy Wilbur

Maine Department of Education

Sherrie Yarbrow

Tipton County Schools, TN

Debbie Zimmerman

Polk County Public Schools, FL

PILOT TEST SITES

Colorado

*Center 26 JT School District
Pueblo 60 City District
Summit RE-1 School District*

Connecticut

*Aikens Elementary School
East Ridge Middle School
Farmington High School
Lewis Mills High School, Region 10
Milford Public Schools
New Haven Public Schools
Salem School
Windham Public High School*

North Carolina

*Ashe County Schools
Catawba County Schools*

Rhode Island

*Brown Avenue Elementary School
George C. Calef School
Sarah Dyer Barnes School
Thornton Elementary School
Winsor Hill Elementary School*

Texas

*Hays Consolidated Independent School District
Irion County Independent School District*

U.S. Virgin Islands

*E. Benjamin Oliver Elementary School
Ivanna Eudora Keen High School
Julius E. Sprauve School
Ricardo Richards Elementary School
St. Croix Central High School*

DIRECTORS OF HEALTH PROMOTION AND EDUCATION SCHOOL HEALTH WORKGROUP

Nancy Berger

Connecticut Department of Public Health

Mary Bobbitt-Cooke, Co-Chair

*North Carolina Division of Public Health,
Department of Health and Human Services*

Sara Riedel Bowie

*Directors of Health Promotion and Education,
School Health Staff*

Christine Chalkley

Utah Department of Health

Chelsea Fagen

*Montana Department of Public Health
and Human Services*

Katy Kupecz

*Colorado Department of Public Health
and Environment*

Patricia Owen

Alaska Department of Health and Social Services

Kimberly L. Peabody

Oklahoma State University

Thomas Sims, Co-Chair

West Virginia Bureau for Public Health

Ann Kelsey Thacher

Rhode Island Department of Health

Anne Thurland

U.S. Virgin Islands Department of Health

OTHER ACKNOWLEDGMENTS

Steven Aldana

Consultant

Kelly Boyd

*Southern Illinois University
Assisted with literature search*

Beverly Bradley

School Health Programs Consultant

Eva Marx

Writer

Joy Anne Osterhout

*Health & Education Communication Consultants
Writer*

John Verducci

*Studio eM
Layout and Graphic Design*

TABLE OF CONTENTS

Foreword.....	i
Acknowledgments	ii
Introduction.....	1
Why Wellness Programs for Employees of School Systems?.....	3
Wellness Programs in the Business Sector	5
Wellness Programs for School Employees	6
Establishing a School Employee Wellness Program	9
Key Principles for School Employee Wellness Programs	11
The Nine Steps for Establishing a School Employee Wellness Program	12
Conclusion.....	29
Useful Tools for School Employee Wellness Programs.....	31
Appendix - Resources for School Employee Wellness Programs	43
Funding Sources.....	45
Publications	45
References.....	47

INTRODUCTION

By ignoring the health of their employees, school districts put a valuable asset of the nation's schools at risk. This asset has the potential to either improve or diminish students' learning.

Public schools in the United States employ more than 6.7 million people. Nearly 3.5 million teachers instruct our children and more than 3.2 million school administrators, support staff, and other professionals manage our schools, transport and feed our children, provide for our children's physical and mental health needs, and ensure that the buildings and grounds where students spend their days are safe and well maintained.¹ We entrust this large workforce with one of the nation's most critical functions – preparing our youth to become successful and productive citizens.

Numerous studies on the health of the workforce in the United States indicate that a significant number of workers have chronic diseases and conditions. Many of these conditions are preventable, and they interfere with worker productivity. Though few of these studies focused specifically on employees of school systems, we can assume that they have similar health problems, as well as unhealthy behaviors – such as eating high-fat foods, not getting enough physical activity, and using tobacco – that directly affect their productivity, classroom effectiveness, absenteeism, and the cost of their health care. Like their counterparts in other segments of the U.S. workforce, school employees can be encouraged to practice “health-oriented preventive maintenance”² to ensure that they perform at optimum levels. By ignoring the health of their employees, school districts put a valuable asset of the nation's schools at risk. This asset has the potential to either improve or diminish students' learning.

Much has been written about strategies for addressing students' health, but less has been written about strategies for addressing school employees' health. Many actions and conditions that affect the health of school employees also influence the health and learning of students. The physical and mental health of school employees is integral to promoting and protecting the health of students and ensuring their academic success. Employee wellness programs can accomplish the following:

- Promote the health and reduce health risk behaviors of employees, and
- Identify and correct conditions in the workplace that can compromise the health of school employees, reduce their levels of productivity, impede student success, and contribute to escalating health care costs.

The elements of a comprehensive school employee wellness program (adapted from Healthy People 2010 and Partnerships for a Healthy Workforce) include the following:

1. Health education and health-promoting activities that focus on skill development and lifestyle behavior that change along with awareness building, information dissemination, and access to facilities and preferably are tailored to employees' needs and interests;
2. Safe, supportive social and physical environments, including organizational expectations about healthy behaviors and implementation of policies that promote health and safety and reduce the risk of disease;
3. Integration of the worksite program into the school or district structure;
4. Linkage to related programs such as employee assistance programs, emergency care, and programs that help employees balance work and family life;
5. Worksite screening programs, which ideally are linked to medical care to ensure follow-up and appropriate treatment as necessary;
6. Individual follow-up interventions to support behavior change;
7. Education and resources to help employees make decisions about health care; and
8. An evaluation and improvement process to help enhance the program's effectiveness and efficiency.³

“You have to understand that healthy employees are more productive employees and employees are tremendous role models for our students.”

— Mark Doody, Superintendent,
Hudson Falls Central School District, NY

ABOUT THIS GUIDE

SCHOOL EMPLOYEE WELLNESS: A Guide for Protecting the Assets of Our Nation’s Schools was developed after an extensive literature review and interviews with school and district administrators and staff who have implemented school employee wellness programs, insurance providers, and state health and education agency staff who provide technical assistance and training in school health and employee health promotion.

The guide was reviewed by several national education and health organizations (see Acknowledgments for list of reviewing organizations) and was pilot-tested at 25 sites in five states and one U.S. territory. Quotes listed throughout the guide were obtained through interviews conducted to develop the guide.

The purpose of *School Employee Wellness: A Guide for Protecting the Assets of Our Nation’s Schools* is to (1) promote the benefits of school employee wellness programs; (2) provide a model for establishing, implementing, and sustaining a school employee wellness program; and (3) supply practical tools and resources to support the implementation of school employee wellness programs.

The guide addresses the following four groups, which are essential for establishing, implementing, and sustaining effective school employee wellness programs:

- School district personnel who implement the wellness programs,
- Decision makers who approve policies and provide administrative support,
- Employees who will benefit from the wellness programs, and
- Stakeholders in the community.

SCHOOL DISTRICT PERSONNEL

Personnel in school districts who design and implement school employee wellness programs are the primary audience for this guide. They are most likely to be the same professionals who implement health programs for students: school health coordinators, school physicians, nurses, psychologists, health educators, nutrition professionals, physical educators, and counselors. School sites interested in implementing a school

employee wellness program will also find the information in this guide useful and relevant.

DECISION MAKERS

Decision makers who have the authority to approve policies and provide the administrative support essential for a successful employee wellness program include school board members, superintendents, human resources administrators, fiscal services administrators, and principals of school sites.

EMPLOYEES

There are numerous benefits for the target population of the wellness program. “Employees” are not limited to the instructional staff (teachers and instructional aides) but include administrators and all support staff. In addition to the employees, bargaining units that represent them may be interested in understanding these benefits.

COMMUNITY STAKEHOLDERS

Stakeholders in the community who share the mission of improving the health of all residents include officials in public health and voluntary agencies, health care providers, and parents.

In addition to this guide, a website has been established to support school districts as they implement school employee wellness programs. The website will contain this guide in downloadable format; success stories from a school employee wellness program; fact sheets about steps for establishing a school employee wellness program; links to organizations and agencies that provide health education materials and services; and tools to support implementation of a school employee wellness program such as PowerPoint presentations about the benefits of school employee wellness programs, tools to survey school employees about their interest in health programs, and more. The website address is www.schoolempwell.org.



SCHOOL EMPLOYEE WELLNESS

A Guide for Protecting the Assets of Our Nation's Schools

WHY WELLNESS PROGRAMS FOR EMPLOYEES OF SCHOOL SYSTEMS?



WELLNESS PROGRAMS IN THE BUSINESS SECTOR

Investment in employee wellness programs has excellent potential for major dividends in longer, healthier, more productive lives for employees and the successful functioning of organizations.⁴ A well-developed employee wellness program provides individuals with an integrated approach to improving their health, creates an environment that reduces exposure to health threats, and incorporates health promotion into the culture of the organization.

Worksites have taken a leading role in helping people maintain healthy lifestyles. The manufacturing, retail, service, and transportation industries, as well as municipalities and most other employment sectors, provide wellness programs in addition to jobs and benefits. Worksites hire health professionals to draw blood, monitor weight, encourage healthy eating and physical activity, and help employees participate in preventive screenings. Primary disease prevention and health promotion have become the responsibility not only of the individual but of employers, corporations, and companies.

School districts are like businesses in the private sector when it comes to employee-related expenses: they must pay for employee absenteeism, health care costs, workers' compensation, lost productivity, and disability. Employee wellness programs can directly affect each of these employee-related costs; for that reason alone, the programs should be considered. Employee wellness programs also make economic sense. Consider the following:

- Approximately two-thirds of all deaths in adults aged 25 years and older in the United States can be attributed to cardiovascular disease, cancer, and diabetes. The primary causes of these conditions are four preventable risk factors – tobacco use, poor eating habits, inadequate physical activity, and overweight.⁵
- Mental disorders are the third most limiting health condition in terms of performing major daily activities, following cancer and stroke. Mental illnesses cost the U.S. economy an estimated \$79 billion in 1990, with \$63 billion attributed to loss of productivity. A 3-year study of a large corporation attributed 60% of employee absences to psychological problems.⁶
- Each year, millions of occupational illnesses and injuries occur in the United States. Between 1972 and 1993, employer costs for providing workers' compensation rose from \$6 billion to \$57 billion, an annual growth rate of 12.5%.⁷
- The United States spent approximately \$2.0 trillion on health care, or \$6,697 per person in 2005, which is more than a 30% increase from 2001. By 2015, health care spending in the United States is projected to reach \$4.0 trillion.⁸
- Health insurance expenses are the fastest growing cost component for employers.⁹ Since 2000, employment-based health insurance premiums have increased 87%, and premiums for employer-sponsored health insurance have been rising four times faster on average than workers' earnings.¹⁰

Although many published examples of the financial impact of worksite health-promotion and employee wellness programs come from the corporate sector, the same outcomes could apply to educational settings.

Worksite health-promotion and employee wellness programs can make a difference in reducing occupational injuries, sick leave, and health care costs, as demonstrated by the following examples:

- A 20-minute stretching program to help a furniture maker's employees warm up before they engaged in repetitive work reduced on-the-job injuries by as much as 50% in one department.¹⁰
- Weekly participation in supervised exercise reduced sick leave by an average of 4.8 days per person in the year after implementation of a multisite intervention that included a police force, chemical company, and banking firm.¹¹
- An assessment of the city of Birmingham's comprehensive worksite health-promotion program revealed a 1.4% increase in health care costs for participating employees compared with an increase of 11% to 14% among nonparticipants.¹¹
- A health-promotion program initiated by Orgill Brothers, an international hardware distributor, that included on-site physical examinations, health risk appraisals, and financial incentives reported participation in excess of 95% and health care costs that were 35% lower than projected.¹¹

- A Martin Marietta Energy Systems program to reduce lower-back injuries that included instruction on fitness, stretching, flexibility, sports injuries, posture, ergonomics, and lifting reported a net savings of approximately \$830,000, or a 9:1 benefit-to-cost ratio.¹²

Although reducing risk factors appears to result in cost savings, less than 5% of annual health care costs are devoted to prevention.¹³ The Health Management Research Center at the University of Michigan found that medical care costs for individuals decrease an average of \$153 with every decrease in the number of risk factors and increase an average of \$350 with every increase in the number of risk factors.¹⁴

In 2001, a review of all the research on the financial impact of employee health-promotion programs was completed. At that time, there were 32 scientific studies that looked at the effect of health-promotion programs on health care costs. Only 4 of the 32 studies failed to report lower health care costs. For every dollar spent on offering the programs, an average of \$3.50 was saved. A total of 14 studies that evaluated the effect of health-promotion programs on employee absenteeism demonstrated that those who participated in programs had less absenteeism.¹⁵ Almost all published studies showed that worksites benefited financially from employee wellness programs.

WELLNESS PROGRAMS FOR SCHOOL EMPLOYEES

School systems have been slower than the for-profit arena to establish health-promotion programs for employees. In the past, when school districts addressed disease prevention and health promotion, they focused on student health problems.^{16,17} Schools were identified as places for motivating students to lead healthy lifestyles and teachers were identified as the agents for showing them how to adopt and maintain healthy behaviors.¹⁸ However, teachers who lack good health cannot be healthy role models for their students. One health condition that research has shown to be prominent in teachers is stress. For example, between 5% and 20% of all U.S. teachers are burned out at any given time.¹⁹ Compared with other professions, teachers show high levels of exhaustion and cynicism, the core dimensions of burnout.²⁰ This intense stress leads to low employee morale and high turnover. In June 2005, the cover story of the *American School*

Board Journal reported that one-third of new U.S. teachers leave the profession during their first 3 years and almost half leave before 5 years.²¹

The Oregon Department of Education’s launch of the Seaside Health Education Conference in 1977 provided a turning point. This week-long conference, later called the Seaside Health Promotion Conference, aimed to build awareness of the importance of school health education, including the promotion of health among faculty and staff. The conference brought together teams of school administrators, counselors, health and physical education teachers, school nurses, and school board members. The success of this conference prompted the U.S. Department of Transportation and the Office of Disease Prevention and Health Promotion of the U.S. Department of Health and Human Services to provide funding for teams from other states to attend the conference, provided that the teams made a commitment to replicate the conference in their own states. By 1990, more than 25 states had duplicated Seaside-style conferences; by 1991, more than 30,000 people had attended such a conference.²² Nearly 60% of these replication conferences addressed the establishment and improvement of school worksite wellness programs.²³

In the mid-1980s, several nationwide organizations developed documents endorsing school worksite programs for health promotion. The American School Health Association passed a resolution promoting the design and implementation of school-site health-promotion programs. The American Association of School Administrators published *Promoting Health Education in America*, which devotes a chapter to developing employee wellness programs, and the Health Insurance Association of America developed and distributed a manual entitled *Wellness at the School Worksite*.²⁴

In 2000, the School Health Policies and Programs Study conducted by the Centers for Disease Control and Prevention (CDC) found that 41.7% of districts and 93.5% of schools provided some type of health-promotion activities or services for employees. Activities ranged from making announcements or posting flyers about health-related topics to offering health-promoting activities such as sponsoring competitions between groups, giving release time, awarding prizes, and providing financial incentives for employees to participate.²⁵

A number of studies have documented the benefits of investing in school employee wellness programs. Districts with such programs report that participating employees increased the proportion of low-fat foods in their diet, stopped smoking, and lowered their cholesterol, thus changing behaviors that contribute greatly to most illnesses and deaths in this country. Programs that emphasize physical activity, stress management, and nutrition increase teacher morale, reduce absenteeism, and result in higher levels of general well-being and ability to handle job stress among teachers.^{26,27,28} Below are a few examples:

- In a 10-week health-promotion program for Dallas Independent School District employees that focused on exercise and physical fitness, 44% of teachers said they changed their overall lifestyle, 68% changed their diet, 26% who were initially sedentary started a regular program of vigorous exercise, and 18% quit smoking. Other benefits of the program for the school district included a reduction in absenteeism – exercising teachers had an average of 1.25 days less absenteeism than nonexercising teachers – which led to a savings of \$149,578 for the district in costs for substitute teachers.^{29,30}
- In a community school district in New York City, the Health Enhancement Program (HEP) included four components: (1) an orientation session for eligible participants about behavioral risk factors that included a health risk appraisal (HRA); (2) a sponsored health fair that included a comprehensive series of diagnostic medical screenings; (3) group sessions for participants who completed the HRAs to discuss risk factors, results, and available health education programs; and (4) eight intervention programs that included stress management, nutrition education, healthy back, fitness, weight control, smoking cessation, recreational activities, and a daily salad delivery service. The HEP had a significant impact on the morale of teachers, and teachers rated school quality and climate more favorable after the HEPs were implemented.³¹

- In 2001, Washoe County School District in Nevada offered 11 different wellness programs to encourage school employees to engage in healthy lifestyles. Programs focused on brushing and flossing teeth, sensible eating during holidays, the importance of water, reducing TV time, getting the right amount of sleep, exercising for life, seatbelt safety, brain functioning, and fitness challenges. Results indicated that nonparticipants in the voluntary health programs had higher rates (20% higher) of illness-related absenteeism than did employees who participated. A cost-benefit analysis revealed that the district saved \$15.60 for every dollar spent on the wellness programs. The program saved the district \$2.5 million dollars in 2 years, and employees enjoyed dramatically improved health and quality of life, a situation in which employees and employer both benefited.^{32,33}

Districts with school employee wellness programs have also found that a focus on health promotion attracts new employees and earns the loyalty of current employees.³⁴ Moreover, school employees interested in their own health are more likely to take an interest in the health of their students; students, in turn, are more likely to engage in health-promoting activities when school employees model such behaviors. A summary of the potential benefits of school employee wellness programs is presented in Figure 1.

Figure 1

Potential Benefits of School Employee Wellness Programs

- Decreased employee absenteeism
- Lower health care and insurance costs
- Increased employee retention
- Improved employee morale
- Fewer work-related injuries
- Fewer worker compensation and disability claims
- Attractiveness to prospective employees
- Positive community image
- Increased productivity
- Increased motivation to teach about health
- Increased motivation to practice healthy behaviors
- Healthy role models for students

A HEALTHY START FOR NEW TEACHERS REDUCES STRESS AND ATTRITION

Rock Hill School District 3 in Rock Hill, South Carolina, provides its 1,200 employees with a well-developed school employee wellness program, because Associate Superintendent and Director of Personnel Rebecca Partlow is a staunch supporter of school employee wellness. In the mid-1990s, Ms. Partlow decided to focus on the well-being of first-year teachers, reasoning that, if they had a healthy social, emotional, and physical start, they would continue to thrive. New teachers are assigned veteran teachers as mentors, an approach that benefits both the new teachers and the mentors, who report that they are revitalized and appreciate the recognition. Monthly staff development meetings for new teachers address not only job-related topics such as academic standards and innovative teaching strategies but personal health topics such as stress management and the importance of nutrition and physical activity. During the year, new teachers meet with guidance counselors to learn how the guidance counselors can support them and their students. The year ends with a retreat to reflect on the year's experience. The district is exploring similar supports for second- and third-year teachers, when attrition is more likely to occur.



SCHOOL EMPLOYEE WELLNESS

A Guide for Protecting the Assets of Our Nation's Schools

ESTABLISHING A SCHOOL EMPLOYEE WELLNESS PROGRAM



KEY PRINCIPLES FOR SCHOOL EMPLOYEE WELLNESS PROGRAMS

Four key principles should be kept in mind when establishing a school employee wellness program.

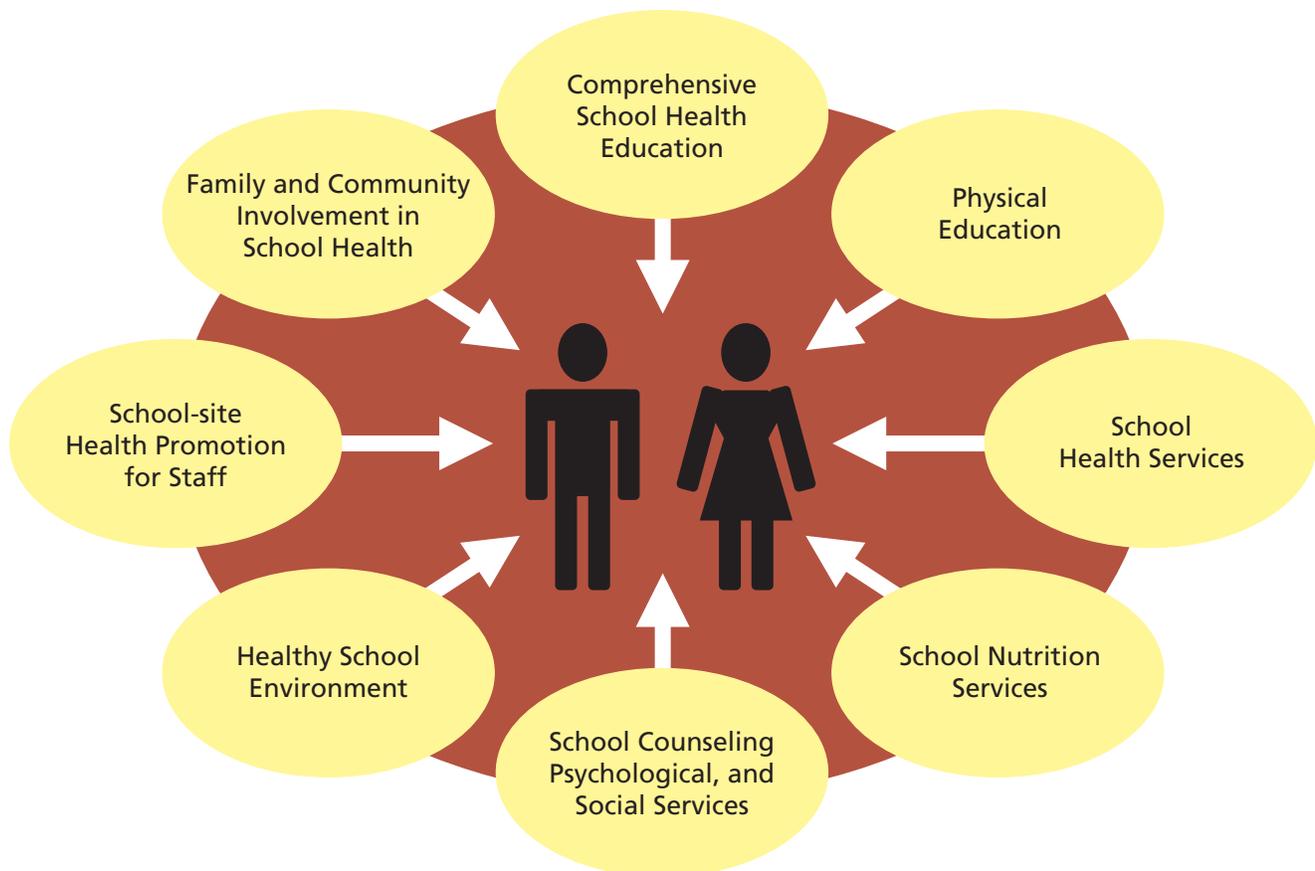
(1) Integrate into the coordinated school health program

A coordinated school health program is a model for creating health-promoting school environments for students and their families as well as employees of school systems. In 1987, Allensworth and Kolbe proposed an eight-component model for school health programming. This model (Figure 2) included worksite health promotion that the authors called “school site health promotion of faculty and staff.”³⁵ In 1998, it was suggested that school-site health-promotion programs would be more effective if the functions of the program were an integral part of the overall coordinated school health program.³⁶

(2) Tailor to the health needs of the participants

The traditional approach to developing school employee wellness programs has been “cafeteria-style” (i.e., offering choices from an array of activities). These activities-centered programs boost morale, develop awareness, and expose employees to opportunities to engage in activities. They tend to attract the “worried well” or those who are likely to practice healthy behaviors even if they have no program to engage them. Some districts are turning to a results-oriented or “population health management” approach to school employee wellness.³⁷ This approach uses annual individual health risk appraisals to provide data as a basis for designing targeted health-promotion interventions. By focusing on identified health risks, it aims to attract people who are most at risk and less likely to participate in health-promotion activities.³⁸ For example, these programs reward employees for participating in smoking cessation programs and help individuals with high cholesterol to change their diets and increase their physical activity.

Figure 2



(3) Start small and build a foundation

Existing school employee wellness programs vary in scope and size. Some districts conduct health risk assessments and offer health risk reduction interventions that target identified personal health risks. Others organize activities such as walking programs, health fairs, access to fitness centers, nutrition management, and stress management. The decision to offer these activities is generally based on a survey of potential participants’ interests and motivation, the availability of facilities or resources, and the interests and skills of the coordinator and other support staff. Some school employee wellness programs are staffed by volunteers; others have paid staff or wellness leaders. Some are funded by grants or tax revenues; others charge fees for participation; and still others are cost-free, using school facilities and offering classes and activities organized by volunteers. Starting small can provide the foundation for evolution to a more ambitious, comprehensive, results-oriented program. School districts should start with the element or elements that can be most easily introduced and later build on that foundation.

(4) Gather support from a cross section of the school community

Allies already exist within school systems who realize the importance of promoting the health of school employees. These allies can be conceptualized as obvious allies and less obvious allies.

The school employees who implement the other seven components of coordinated school health programs are **obvious allies** who can make valuable contributions to the eighth component, school employee wellness. These allies include health educators; physical educators; licensed health professionals within the school such as school nurses, licensed or vocational nurses, medical doctors, nurse practitioners, audiologists, audiometrists, physical therapists, and certified personal trainers; mental health professionals within the school such as psychologists, social workers, and counselors; and nutrition services staff.

Less obvious allies often can be more powerful in the effort to establish a school employee wellness program. Whereas members of “school health teams” are highly qualified to address physical,

mental, and social health needs, they are unlikely to be part of the organizational structure of school districts, where policies are crafted and decisions, especially those with fiscal implications, are made. Less obvious allies are more likely to have direct access to the superintendent, be part of the superintendent’s cabinet, and communicate freely with the governing board (school boards and commissioners). These potential supporters might occupy positions such as the school district’s chief financial officer, administrator of human resources, risk benefit officer, and employee assistance program manager. Elected officials of the bargaining units for employee groups are also potential supporters.

THE NINE STEPS FOR ESTABLISHING A SCHOOL EMPLOYEE WELLNESS PROGRAM

This guide proposes a nine-step process for establishing a school employee wellness program, as shown in Figure 3.

Figure 3

Steps for Establishing a School Employee Wellness Program

- Step 1: Obtain administrative support
- Step 2: Identify resources
- Step 3: Identify a leader
- Step 4: Organize a committee
- Step 5: Gather and analyze data
- Step 6: Develop a plan
- Step 7: Implement the plan
- Step 8: Evaluate and adapt the program
- Step 9: Sustain the program

Some districts may find it necessary to start at Step 1, whereas others may have already completed some of the initial steps. Where a school district should start can be determined by answering questions such as:

- Does our district already have a district school health council in place?
- How much administrative support, community support, and employee interest do we have?
- What resources (facilities, time, personnel) are available?

Step 1: Obtain Administrative Support

“To survive and be successful, a health promotion program must contribute to the mission, long-term goals and short-term priorities of the organization it serves and to the special interests of those who approve its budgets.”³⁹

— Michael P. O'Donnell, Editor-in-Chief,
American Journal of Health Promotion

The primary mission of any school district is to educate its students to ensure that they achieve academically and are prepared to become productive members of society upon completing their education. Consequently, the first question to address is “How will a school employee wellness program help our district achieve its primary mission?” The potential benefits of school employee wellness programs are summarized in Figure 1 on page 8 of this guide.

For a school employee wellness program to be successful and sustainable, it needs the support of the superintendent and school board at the district level and the principal and vice principal(s) at the school level, as well as other powerful decision makers within the school system. Other powerful decision makers within the school system who are crucial to gaining administrative support and funding for employee wellness programs include the following:

- Chief financial officers, who are responsible for the annual budget for a school district;
- Administrators of human resources, who are responsible for personnel and employee health benefits; and
- Managers and/or counselors of employee assistance programs and officials of bargaining units, who represent the interests of various employee groups.

Decision makers in school systems require data to make their decisions about policies and programs. The following types of data can help support the need and make the case for a school employee wellness program:

- Numbers and reasons for employee absenteeism from the human resources office,
- Financial and academic costs for substitutes from the business office,
- Injury incidence and workers' compensation claims from the benefits office,
- Health care utilization and health care costs from the benefits office,
- Employee turnover from the human resources office,
- Union or employee grievances from the human resources or business office,
- Chronic health conditions from the health department, and
- Surveys of interests from employees.

“Give the school board the facts and back them up with research. Our district is self-insured and employees pay no health insurance. I demonstrated that [in our district] 1.7% of the population utilized 70% of insurance costs and 12% spent 90% of insurance costs.”

— Debbie Zimmerman, Wellness Manager,
Polk County Public Schools, FL

The following tips can help in obtaining administrator support:

- Suggest that the district send a team that includes an administrator and a school board member to a statewide school wellness conference, if offered.
- Contact the state education agency to identify districts with employee wellness programs whose superintendents, school board members, or principals might be willing to speak with your district’s policymakers.
- Develop or adapt a PowerPoint presentation that demonstrates the need for and benefits of a school employee wellness program in the context of a coordinated school health program (see the Appendix at the end of this guide for information on obtaining the PowerPoint presentation *Making the Connection*). Be sure to keep the audience in mind when planning your presentation. Presentations to school boards and superintendents’ cabinets are usually limited to 3-5 minutes. For audiences composed of decision makers and stakeholders, presentations can be longer. A sample PowerPoint presentation about the importance of a school employee wellness program can be found on the School Employee Wellness website at www.schoolempwell.org.
- Develop a communication plan, including a script for the first visit.

A CENTRAL OFFICE WELLNESS TEAM

In Lincoln, Nebraska, a school district staff wellness committee, which included the overseers of the components of a coordinated school health program, sought to generate support for its objectives among district-level staff by sponsoring activities such as mapping walking routes accessible from the district office, encouraging participation in community runs, and conducting cholesterol screening. The effort was so successful that the committee won an award from the Wellness Councils of America. One staff member commented, “We have to take care of ourselves in order to take care of our students.”²⁴⁰

Many publications have information on advocating for a school employee wellness program in the context of a coordinated school health program. See the Appendix for a list of some of these resources.

Step 2: Identify Resources

“Seeking donations would have been much more challenging if I had not done the groundwork, such as attending community events and being vocal about the need for healthy workers.”

— Kelly Meadows, Little Cypress-Mauriceville Consolidated Independent School District, TX

Implementing a school employee wellness program requires a variety of resources such as qualified personnel to oversee and offer programs, space to conduct programs, equipment and supplies to carry out activities, and information about specific issues. Many resources might already be available in your school district or through partnerships with agencies and organizations in your community. Others can be obtained from state or national agencies and organizations.

School/District Employees

Many school employees are professionally prepared to support health-promotion interventions. These employees include the following:

- Professionally prepared school **health educators** who have expertise about not only current, science-based information that is needed to make health-promoting decisions, but also strategies for developing the attitudes and skills required for adopting behaviors that will protect and promote health.
- Licensed professionals who deliver direct health care and preventive health services at school sites and at school-based health centers. Among them are licensed and/or credentialed **school nurses**, licensed **vocational (or practical) nurses**, consulting and/or staff **medical doctors**, **nurse practitioners**, **physician assistants**,

licensed and/or certified **audiologists**, certified **audiometrists**, licensed **physical therapists**, and **certified athletic trainers**. These providers can assist with screenings, referrals for emergency care, and education for cardiopulmonary resuscitation (CPR), health promotion, disease prevention, and medical self-care.

- **Physical education teachers** who have expertise in exercise physiology, physical fitness, prevention of exercise-related injuries, and the relationship between caloric intake and energy expenditure. Further, physical education staff members are aware of the facilities and equipment at school sites that can be made available to employees when not being used by students.
- **School-based mental health professionals** such as licensed and/or school credentialed **psychologists**, licensed and/or school credentialed **social workers**, and **counselors** with a wide range of professional preparation and licensure. Some school counselors are licensed family and marriage therapists, while others are credentialed as school counselors who focus primarily on academic counseling (as opposed to mental health counseling). These professionals have experience assessing risk and providing interventions. Further, these mental health professionals have established relationships with agencies that provide mental health services and respond to mental health crises.
- **Nutrition professionals**, often registered dietitians, who oversee the nutritional content and safety of food served at schools in the school district, are trained to promote good nutrition and healthy eating.
- Other employees may have special skills that are not related to their role within the district such as teaching dance, martial arts, and yoga.

Drawing on employee talents, skills, and expertise has a number of advantages. Employees understand the education environment and the needs of their colleagues. And, as members of the school community, they are likely to be trusted by program participants. Some school-based health centers also provide school employee wellness services. While most focus only on students, some have contracted with schools to provide support for employees as well. When school-based health centers or clinical staff provide services to school employees, policies need to be in place to address confidentiality and liability and to specify services to be offered.

CONTRIBUTIONS OF A COORDINATED SCHOOL HEALTH PROGRAM COORDINATOR TO SCHOOL EMPLOYEE WELLNESS

When the position of a district school health coordinator already exists, this person will be able to provide support for and assistance with developing the school employee wellness component. A successful district school health coordinator is well positioned to contribute to improving and protecting coordinated efforts to improve and protect the health of employees, as he or she will already:

- Have well-established working relationships with members of the district school health council, including licensed nurses and other health care professionals, health educators, physical educators, nutrition professionals, mental health professionals (psychologists, counselors, and social workers), and maintenance personnel.
- Collaborate with administrators responsible for the coordinated school health program.
- Communicate on a regular basis with providers of physical and mental health care, as well as social services in the community served by the school district.
- Convene (or participate as a member of) a district school health council, with representatives from the community who share the goal of protecting and improving the health of students and their families.
- Have fostered active participation of parents, who represent the ethnic, cultural, socioeconomic, and linguistic diversity of the community served by the school district.

Community Partners

Most districts already have partnerships with community agencies and organizations upon which they can build. One desirable qualification for the district school health coordinator is knowledge of and good connections with community resources. In addition, a well-organized district school health council will have members who either represent or have relationships with community service providers. Potential community partners can include the following:

- **Local health departments** frequently partner with school districts to promote health. Most health departments have some type of health-promotion program. Their staff members are trained to organize and offer health-promotion interventions and to assist with collecting, interpreting, and using health data for program development and evaluation. They also can assist with providing services such as immunizations. Local health departments can clarify health issues of particular concern to staff such as who should receive flu shots.
- Many **hospitals** are eager to partner to provide community service, strengthen their public image, and fulfill their commitment to health. Hospital staff members can assist with health screening and assessment, organizing health fairs, and offering workshops on stress, weight management, and medical self-care.
- In some districts, **parent organizations** such as the Parent Teacher Association can be very influential in the adoption of school policies. They can also help solicit donations from the community such as water bottles, fitness equipment, and other items useful for an employee wellness program.
- **Voluntary health organizations** such as the American Cancer Society, American Heart Association, American Lung Association, and the American Red Cross have programs targeting health issues that affect school employees. For example, the American Red Cross has developed modules and offers training on first aid, CPR, use of automated external defibrillators, dealing with HIV and other bloodborne pathogens, and emergency preparedness in schools and the workplace.
- In some communities, the **YMCA** and **YWCA** offer facilities and programs to support health.

- **Local businesses** can donate access to facilities, supplies, and healthy food items or services such as printing. Fitness centers are frequently willing to offer discounts.
- The local **media** can provide publicity through articles or interviews about the benefits of school employee wellness activities. Such publicity can generate additional community interest, participation, and support.
- Other potential partners include **civic organizations** such as the Lions Club and Rotary Club, **health insurance companies** and **HMOs**, **police**, **community colleges** and **universities**, and **physicians**.

Funding

There are many potential funding options for a school employee wellness program. A program may charge **registration fees** to offset some of the costs. A small fee also may reduce attrition. **District revenues** are another option. As community understanding and support increase, funding for school employee wellness activities may become a line item in the school district budget. Health care and substitute cost savings can also offset costs.

Another option is to seek federal, state, and/or private funding. Some districts obtain state or federal grants that support school employee wellness as part of a larger program. For example, the director of instructional services for public schools in Wilson, New York, applied for and received a U.S. Department of Education Carol M. White Physical Education for Progress grant that was used to develop fitness centers in the district’s schools. All employees have access to the equipment during the school day when students are not using it, and the space is open and available every afternoon from 3 to 5 p.m.

Private funding sources include foundations, corporations, voluntary agencies, and community groups. Private sources typically have specific criteria for their funding, such as geographic location, populations targeted (e.g., youth, elderly, and underserved), and issues addressed (e.g., education, disease prevention, and health services).

When seeking funding from private sources, the following should be determined about the funding source:

- Its mission or special interests,
- The types and sizes of awards available,
- Application guidelines, and
- Contact information.

The Appendix lists other resources that can help in developing a school employee wellness program, including information about specific funding sources.

Step 3: Identify a Leader

“Coordinators are the soul of the program.”

— Robin Atwood, University of Texas, Austin

The school employee wellness leader may be an existing employee with a commitment to health such as a health educator, physical educator, nurse, psychologist, counselor, or other member of the school staff. The district school health coordinator might also fulfill the role of school employee wellness leader in some cases.

RESPONSIBILITIES OF A COORDINATOR OF A COORDINATED SCHOOL HEALTH PROGRAM

The National Association of State Boards of Education has published a description of responsibilities for the coordinator of a coordinated school health program. The description states:

“Each **school/district** shall appoint a school health coordinator to assist in the implementation and coordination of school health policies and programs by:

- ensuring that the instruction and services provided through various components of the school health program are mutually reinforcing and present consistent messages;
- facilitating collaboration among school health program personnel and between them and other school employees;
- assisting the superintendent/school principal and other administrative staff with the integration, management, and supervision of the school health program;
- providing or arranging for necessary technical assistance;
- identifying necessary resources;
- facilitating collaboration between the district/school and other agencies and organizations in the community that have an interest in the health and well-being of children and their families; and
- conducting evaluation activities that assess the implementation and results of the school health program, as well as assisting with reporting evaluation results.”⁴¹

Similar to school health programs for students, employee wellness programs are sometimes insufficiently developed because a specific employee is not assigned the responsibility of implementing the program, or because program implementation has been added to the responsibilities of a staff member with limited time. Individuals who participated in the pilot test of this guide indicated that school employee wellness programs were more likely to be sustained if leaders were paid an additional stipend for the extra responsibilities of implementing the program, or if these responsibilities were incorporated into their job description.⁴²

A school employee wellness leader should have skills in writing, organizational management, marketing, and budgeting. A school employee wellness leader should expect to undertake the responsibilities listed in Figure 4. The school employee wellness leader should share these responsibilities with the school employee wellness committee discussed in Step 4.

A school employee wellness leader should:

- Know the district’s mission and goals, and relate the school employee wellness program to those goals.
- Be visible! Get involved wherever possible.
- Find out what employees do; learn what their workday is like.
- Stay current with the research that supports school employee wellness activities.
- Learn what other programs are doing; visit worksite health-promotion websites and network with school employee wellness leaders in other school districts.
- Identify allies and build a committee.
- Incorporate health promotion into his or her professional development.
- Promote the program at every opportunity, using newsletters, websites, e-mail, posters, and any other available communication channels.

Figure 4

School Employee Wellness Leader Responsibilities

- Coordinate the development, implementation, and evaluation of the school employee wellness program, including needs assessments and data collection.
- Represent the school employee wellness component on the district’s school health council.
- Communicate regularly with the administration about the status of school employee wellness activities and make recommendations and suggestions for program planning.
- Report at least annually to the school board.
- Convene (and participate in) regular meetings of the school employee wellness committee.
- Arrange trainings and employee development opportunities in consultation with the superintendent and personnel director.
- Communicate with school employees, using channels such as e-mail messages, websites, print newsletters, posters, and announcements.
- Identify resources for and schedule school employee wellness activities.
- Develop relationships with community health providers (e.g., local health departments, hospitals, neighborhood clinics, health professionals), recreational facilities, voluntary health organizations (e.g., American Cancer Society, American Lung Association, American Heart Association), and other community members who can provide resources for or support school employee wellness activities.
- Develop and administer the budget.

Step 4: Organize a Committee

“One person can do only so much. A team of people who are good motivators champion the program and get people involved.”

— Michelle Burke, School Health Coordinator,
Hudson Falls Central School District, NY

Organizers of coordinated school health programs find that many components of the program already exist in a school district. Similarly, the core of a school employee wellness committee may already be in place. For example, a health insurance advisory committee or a similar group that is responsible for school employee benefits might be a good place to start. A district school health council may have all the necessary elements, even if they have not focused on school employee wellness, or an existing wellness committee can be expanded. If preexisting groups are not interested in expanding their activities, invite them to send a representative to join the school employee wellness committee.

School employee wellness committee members can be identified in a variety of ways. They may be selected by the person designated to lead the program, a school administrator, or a combination of sources. After initial organization, the committee might be self-perpetuating and become responsible for determining its own membership, or a district might develop policies to specify the process for becoming a committee member.

Members of a district school health council or a separate employee wellness committee need to represent a variety of stakeholders and bring diverse skills and interests to the group. Include people who influence policy and are willing to take responsibility for carrying out tasks. Members of the committee that addresses school employee wellness may include the following:

- Representatives of the people the program will affect. In many districts, they are representatives of bargaining units (see box below for tips on how to obtain union buy-in). In districts where employees are not unionized, representatives include teachers, teacher aides, bus drivers, custodians and maintenance staff,

secretaries, and food services workers.

- Representatives of the other components of a coordinated school health program (health education, physical education, health services, mental health and social services, nutrition services, family and community, and environment, including maintenance staff).
- An administrator who has access to the superintendent and the superintendent’s cabinet.
- Managers who have a stake in school employee wellness such as managers of human resources, employee assistance programs, employee development, workers’ compensation, benefits, insurance, legal, risk management, and facilities (environmental health and safety).
- Representatives of community resources such as the local health department, physical and mental health care providers, recreational and fitness facilities, insurance carriers, voluntary health organizations (e.g., American Cancer Society, American Heart Association, American Lung Association, American Red Cross), and professional associations such as the local medical society.

Tips for Obtaining Union Buy-in

- Approach unions early in the organizational process. Unions represent the employees who will benefit from the wellness program. Their buy-in is key.
- Start by contacting the president of the union local. Find out who the president is by contacting the district’s business office or human resources department or the union’s state affiliate. Affiliates can be found on the union’s website.
- Make the case for union involvement. Describe the benefits of a school employee wellness program. Compelling arguments might focus on occupational health and safety or on moderating increases in health insurance premiums.
- If the union president cannot find the time to represent the union, she or he might know a union member who would be willing to champion the issue on the union’s behalf.⁴³

Some wellness committees recruit members informally with a face-to-face invitation. Others use written communications. A sample letter that can be adapted to the needs of a particular school or district is included in the Useful Tools for School Employee Wellness Programs section of this guide.

When people are invited to join the committee, they will need to know what to expect. Suggested committee member expectations that should be shared with potential members during recruitment include the following:

- Meet regularly to plan, develop, review, and evaluate activities.
- Attend statewide wellness conferences in states where they are offered.
- Inform school employees about program plans and obtain feedback (distributing materials and communicating by e-mail and in person).
- Share concerns and provide positive and negative feedback from the school employees.
- Assist with assessing needs and mapping resources.
- Coordinate school employee wellness activities with student health-promotion activities.
- Advocate for and participate in activities.
- Assist with setting priorities for program offerings and expenditures.
- Ensure that activities are aligned with the district’s policies and norms.

Step 5: Gather and Analyze Data

“When the district assessed the eight components of a CSHP [coordinated school health program], health services was the strongest component and staff wellness was non-existent. We had never considered staff wellness as something we should think about.”

— Pat Doyle, Director of Pupil Services (retired), Danbury, CT

A needs assessment provides key data to develop support for and plan a program. Data about school employee wellness programs are gathered to:

- Determine baseline health-related costs and risks in the district to justify investment in the program and to demonstrate progress and cost savings after implementation;
- Assess the status of school employee wellness activities; and
- Identify the interests of school employees.

The data collected at the outset will provide a baseline for monitoring, evaluating, and adapting the program over time. Collecting data periodically can help make program changes that address changing employee interests and needs.

The data collected could answer questions such as the following:

- What is our district spending on health care, health insurance, and health promotion? What are other health-related costs such as workers’ compensation or compensation for substitute teachers?
- What are employees’ health concerns?
- What are employees’ health interests?
- How is our district currently addressing school employee wellness?
- How ready are our employees to participate in a program? What are they already doing?
- What health risks do we need to target?

Determine Baseline Health-Related Costs and Risks in the District

A school employee wellness leader can cooperate with human resources, risk management, and benefits administrators to determine the district’s health care costs (including insurance), workers’ compensation claims, numbers and absenteeism (including cost of substitute teachers), employee turnover, and other health-related costs. An analysis of reasons for absenteeism (illness or personal leave versus leave for jury duty or family emergencies) and insurance claims might help to identify health conditions on which to focus. An examination of the basis for workers’ compensation claims might reveal occupational hazards that need to be addressed.

These data should be revisited periodically to identify changes in costs and reasons for absences or compensation claims (see Step 8: Evaluate and Adapt the Program).

Assess the Status of School Employee Wellness Activities

Tools are available for assessing the status of school employee wellness activities. These tools help to examine the following:

- How well school employee wellness is addressed,
- District strengths,
- Areas for improvement, and
- How to build on strengths to develop a better program.

A sample survey for assessing a school employee wellness program can be found in the Useful Tools for School Employee Wellness Programs section of this guide.

Tools exist to assess physical activity, nutrition, tobacco use, asthma, and safety for each of the eight components of a coordinated school health program, including school-site health promotion for employees. The *School Health Index (SHI): A Self-Assessment and Planning Guide* from CDC is one such tool. It was developed to help schools identify the strengths and weaknesses of their health and safety policies and programs and plan for improvement. Teams complete eight modules, each of which examines one component of the coordinated school health program, including school-site health promotion for employees.

School officials have reported that, after completing the *School Health Index*, sites often decide to start their coordinated school health program activities with a focus on school-site health promotion for employees because they find this component is the least developed, or because they consider a focus on school employee wellness a strategy for generating employee buy-in. See the Appendix for information on where to obtain the *School Health Index*.

Two other tools are *Step by Step to Health-Promoting Schools: A Guide to Implementing Coordinated School Health Programs in Local Schools and Districts* and *Step by Step to Coordinated School Health: Program Planning Guide*. They provide worksheets and checklists for each of the eight components. Both guides are available from ETR Associates. See the Appendix for information on obtaining them.

Identify the Interests of School Employees

Using an employee survey to initiate a wellness program can stimulate awareness of and interest in health promotion, give employees a sense of ownership, and ensure that activities are responsive to the needs and concerns of potential participants. An employee survey can identify areas of employee interest, assess health behaviors, and ascertain levels of readiness. Some districts conduct health screenings for conditions such as high cholesterol, high blood pressure, and tobacco use to determine the proportion of employees with health risks; they then target the most common risks. In all cases, the confidentiality of employee responses must be ensured. The questions employee surveys can address include the following:

- What do employees need?
- What do they want to do?
- How ready are they?
- When and how do they want to do it?

Data will help direct a school employee wellness plan. A district or school employee wellness committee should decide which approach to data collection will best meet the needs of school employees.

See the next section of this guide, Useful Tools for School Employee Wellness Programs, for a sample of surveys that can be used to gather data about and for a school employee wellness program.

Step 6: Develop a Plan

“Emphasis needs to be on building sustainable change for achieving and maintaining positive health outcomes. You need to develop an infrastructure that provides cross-component activity and includes policies that ensure continuity.”

— Lola Irvin, School Health Coordinator,
Hawaii State Department of Health

A well-developed plan provides a blueprint for program activities, develops ownership and investment of stakeholders who participate in the planning process, and demonstrates to the school board, administrators, and taxpayers that the desired outcomes justify the use of resources.

Relating the plan’s goals, objectives, and activities to a district’s goals, objectives, and activities can further increase the likelihood of acceptance and success. Incorporating the school employee wellness plan into the district’s overall improvement plan can help to institutionalize the program.

A well-written plan spells out clearly why, how, when, and by whom activities will be accomplished. The plan needs to link the employee wellness program to the district’s mission of educating its students. It should be culturally competent (see page 23) and should include the following:⁴⁴

- A mission statement,
- Goals,
- Measurable objectives,
- Activities to meet objectives,
- A budget, and
- An evaluation plan (see Step 8).

A mission statement, goals, measurable objectives, and activities to meet objectives are discussed further below.

A Mission Statement

A mission statement sets the stage for establishing goals and objectives. The process of developing it will clarify what an employee wellness program hopes to accomplish and will provide a forum for open discussion of committee members’ expectations. The following questions should be considered:

- What is our vision for a school employee wellness program?
- How does the vision relate to the district’s mission?

A school employee wellness program that is part of a coordinated school health program could adopt the coordinated school health program’s mission statement or define its mission within the context of the coordinated school health program’s mission statement. An example of the latter might be: “To develop health-promoting knowledge, attitudes, and behaviors among all employees and maintain a worksite climate that fosters well-being within the context of a coordinated school health program.” Alternatively, a school employee wellness committee may choose to create a more targeted and personal mission for the program. See the Useful Tools for School Employee Wellness Programs section of this guide for a sample mission statement.

Goals

Goals are broad statements of what must be accomplished to achieve a vision. CDC’s School Health Policies and Programs 2000 study found that districts’ staff health-promotion goals commonly included improving employee morale, creating an environment in which employees serve as healthy role models for students, reducing the number of sick days used, reducing the cost and use of insurance, and reducing the number of employee injuries.⁴⁵

When setting goals, school employee wellness leaders and committee members should be realistic about what they can accomplish and remember that goals can be both short term and long term. Also, it is not necessary to address all goals simultaneously; the goals can articulate what the program intends to achieve over time.

Program goals might address implementing the elements of a school employee wellness program; for example:

- Goal 1. Offer or implement health education tailored to employees' needs and interests.
- Goal 2. Develop a supportive social and physical environment.
- Goal 3. Integrate school employee wellness into the district culture.
- Goal 4. Develop linkages to programs that help employees balance work and family (e.g., an employee assistance program).
- Goal 5. Offer screening programs.
- Goal 6. Offer interventions to support individual behavior change.
- Goal 7. Help employees become better informed about when and how to use health care services.
- Goal 8. Evaluate and improve school employee wellness program activities.

With information from authorized fiscal services, fiscal goals such as the following might be established:

- Decrease workers' compensation claims.
- Reduce health care costs.

Another consideration might be state priorities. For example, if a state's governor is promoting a tobacco-free program or if the state department of education is linking physical activity and academic achievement, the school employee wellness leader and committee might choose to incorporate these concepts into the program's plan. However they are framed, goals provide a basis for objectives.

Measurable Objectives

Objectives are statements of what you will do to achieve each goal. Objectives need to be specific, measurable, achievable, relevant, and timebound (SMART). They answer questions such as:

- What is expected to change or happen?
- What/how much change is expected?
- Where will the change occur?
- When will the change occur?

Activities to Meet Objectives

After goals and objectives have been developed, program planners need to decide on the most appropriate activities to help achieve them. One or more activities may be planned for each objective. Research has shown that, in health promotion, several activities rather than a single activity are more likely to affect the target population.⁴⁶

Planning and Cultural Competence

Cultural factors need to be considered when planning a school employee wellness program. Racial, ethnic, cultural, and linguistic diversity are increasing and changing the nation's workforce as well as its school populations. Addressing the health concerns and needs of diverse populations requires cultural competency. Many definitions exist for "cultural competency," including the following from the American Medical Association: "The knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their own. It involves an awareness and acceptance of cultural differences; self-awareness; knowledge of patient's culture; and adaptation of skills."⁴⁷ Being able to provide for employees of all cultures demonstrates that every employee is respected and valued.

In addition to language barriers, critical factors to consider when developing a culturally competent plan include an understanding of the following:

- Beliefs, values, traditions, and practices of various cultures;
- Culturally defined, health-related needs of individuals, families, and communities;
- Culturally based belief systems about health, healing, and the causes of disease; and
- Culturally based attitudes toward seeking help from health care providers.⁴⁸

Questions to assess the cultural competence of an employee wellness program include the following:

- Do policies and choices of the wellness staff reflect the interests of the diverse populations served?
- What do I need to know about the cultures of those with whom I am working?

- What attitudes or beliefs do I have that can negatively influence perceptions of or interactions with individuals who are ethnically, racially, or economically different from me?
- Are my assessment tools and interventions culturally appropriate?
- How can we use staff development opportunities to educate other school staff about approaches to respecting cultural differences?

Other tips for culturally competent planning include the following:

- Create a multicultural calendar that respects important dates of various cultures. *Chase’s Calendar of Events: The Day to Day Directory of Special Days, Weeks, and Months*, available from bookstores and online, is a popular tool.
- Do not schedule meetings or other important events on the major holidays of any religious group.
- Make sure that school nutrition programs offer options for employees and students with dietary restrictions, including cultural restrictions.
- Avoid singling out employees of a particular race or ethnicity to address diversity issues on everyone else’s behalf.
- Develop a roster of interpreters to assist with communication.
- Ensure that your workplace complies with accessibility requirements of the Americans with Disabilities Act.

Step 7: Implement the Plan

“Baby steps are what you have to take. You’d like to see 100 people but only 10 show up. Be patient and unafraid to try new things. What is right for one is not right for the other.”

— Sherrie Yarbro, School Health Coordinator, Tipton County Schools, TN

Initial employee wellness program efforts commonly target awareness raising and engaging school employees in activities that address key health concerns. It might take a while for people to show up at events or decide that they want to engage in better health habits. Consider starting with a simple initiative that costs little or nothing, is easy to implement, provides visibility, and promises immediate success for the school employee wellness program. Examples include a month-long walking program, a presentation on the relationship of nutrition and fitness to stress, or a staff development day that features a health-related session or to which a motivational speaker is invited. This section covers activities to consider when launching an employee wellness program.

Offer Health Screenings

Districts, often in collaboration with local health care providers such as community hospitals and local health departments, schedule screenings for a broad array of conditions – such as cardiovascular disease, diabetes, glaucoma, sickle cell anemia, prostate cancer, breast cancer, skin cancer, and oral cancer – and basic health measures such as blood pressure, cholesterol, substance use, height, weight, body fat, bone density, hearing, and vision. For healthy screenings, it is important to provide a setting that ensures privacy. Participants should be assured that all personal information will be kept confidential and will not be made available to anyone without their permission. Screenings can be offered on a stand-alone basis or they may be part of a larger event such as a health fair.

Screening makes participants aware of health risks, identifies those who need help, provides a basis for targeting follow-up interventions, and might motivate individuals to take action. Follow-up, depending on the need or condition, might require referral to the employee’s health care provider, or it might involve developing interventions such as weight management programs, asthma support groups, stress management measures, smoking cessation opportunities, or an employee assistance program.

Take a Team to a Wellness Conference

A number of states organize annual employee wellness conferences. Employee wellness committees that attend are often motivated to engage in positive health behaviors, facilitate team-building, support action planning, and provide opportunities for networking. Districts have found that attendance

at these conferences is an ideal way to establish the foundation for a school employee wellness program as part of a coordinated school health approach. Participants return to their campuses enthusiastically committed to sharing what they have learned with their colleagues.⁴⁹

Introduce Only One or Two Activities

Start with a simple activity that is easy to implement and that provides school- or district-wide visibility at little or no cost. Use posters, newsletters, payroll stuffers, e-mail and website postings, announcements at union and employee meetings, and individual contact as strategies to raise awareness. Plan a kickoff event with special activities that entice people to notice school employee wellness efforts. An endorsement by the superintendent or other key administrator is a powerful strategy for promoting participation.

“Early interventions need to be simple and accessible. Everybody needs somebody to get them started. They want you to come to their building and start with something that doesn’t take a lot of time.”

— Sherrie Yarbro, School Health Coordinator, Tipton County Schools, TN

Initial activities can be based on survey findings. Because stress is high on many school employees’ list of health concerns, you might want to start with stress management. Other popular start-up activities include distributing pedometers to promote walking (10,000 steps a day), organizing walking teams or clubs, offering assistance with smoking cessation or weight management, distributing water bottles, and providing healthy snacks. Activities might also include first aid, safety, or CPR training; medical self-help information; healthy nutrition recipe clubs; promotion of seat-belt use; or immunizations. The options are limited only by your imagination.

“Staff liked the immediacy of the pedometers. Walking provided social support for the teachers before, after, and during school and the kids participated, too. I was unprepared for the positive reception this intervention received – how excited and receptive they were. There was very high interest in the pedometers. Pedometers were a big motivator.”

— Robin Atwood, University of Texas at Austin

Offer Health-Related Sessions As Part of Staff Development

Featuring wellness at staff development days demonstrates systemwide support for school employee wellness. The program can include motivational speakers, health assessments accompanied by resources to prevent or address health risks, or opportunities to engage in health-promoting behaviors such as physical activity and healthy eating. A staff wellness day at Ridgewood Public Schools in New Jersey focused on stress management and physical fitness. Health and physical educators provided stress management techniques, step aerobics, and physical assessments, including muscular strength and endurance, cardiovascular endurance, physical activity, and nutrition inventory. The physical assessments helped participants establish a baseline for a resting heart rate, identify appropriate personal exercise programs, and “walk” through various exercise programs.

“Staff said that it was the best professional development day they had ever had and that it would help them in their personal as well as professional lives.”

— Garland Allen, Director of Wellness,
Ridgewood Public Schools, NJ

In Rock Hill, South Carolina, a school district incorporated discussion of emotional and health issues into monthly staff development for new teachers. In addition to examining topics such as academic standards, long-range planning, and innovative teaching strategies, new employees were introduced to the importance of wellness topics such as stress relief, walking and physical activity, adequate hydration, and helping themselves and students cope with loss.

Establish a Yearly Cycle of Activities Based on a Monthly Theme

A yearly activities cycle might be based on events that occur in the course of the school year such as returning to school, exam week, preparing for holidays, and getting ready for summer, or they might revolve around national health observances. National health observances, along with links to resources for promoting them, are available on the Healthfinder website (www.healthfinder.gov/library/nbo/). Examples of national health observances can be found in the Useful Tools for School Employee Wellness Programs section of this guide.

Organize a Health Fair

Organizing a health fair can be labor intensive. On the other hand, it can be an opportunity to engage students and address a number of program goals such as the following:

- Raising awareness and educating participants through literature distribution and talking with employees at booths;
- Testing health-promoting practices with employees who might use them;

- Screening for health risk factors and surveying for health program interests or readiness; and
- Involving community resources, which increases community visibility and builds a base for continued support and partnership.

However, one of the pitfalls of using a health fair to start school employee wellness activities is that some districts regard it as an end in itself rather than as an element of an overall program.

CDC developed *The Guide to Community Preventive Services*, which summarizes what is known about the effectiveness, economic efficiency, and feasibility of interventions to promote community health and prevent disease. One of the many topics in the guide is worksite health promotion, including tobacco use, nutrition, physical activity, and assessment of health risk. The reviews in the guide provide recommendations on worksite-specific policies and activities that can help employers choose among those health-promotion program components that have proven effective in changing the behavior and improving the health of employees. Individuals implementing school employee wellness activities will find the community guide very useful. It can be found online at www.thecommunityguide.org.

Step 8: Evaluate and Adapt the Program

Evaluation can help to identify needed changes, find out how well objectives are being met, determine the effects of the program, and identify ways to improve the program. Planners should decide who will conduct the evaluation and work with the evaluator to develop an evaluation plan. To ensure an objective and unbiased evaluation, the evaluator should be someone who is not involved in program planning or in implementing program activities.

Evaluation starts when the program is established, with needs assessments and surveys that provide a baseline for measuring progress. This type of evaluation is called “formative evaluation.”

To improve the process of implementing a school employee wellness program, data about program implementation strategies and participant response must be gathered. Questions to evaluate the program’s process might include the following:

- Does the program offer health education tailored to employees' needs and interests that focuses on skill development and lifestyle behavior change along with information dissemination and awareness building?
- Are the social and physical environments supportive, including the district's expectations about healthy behaviors and implementation of policies that promote health and reduce the risk of disease?
- Is the school employee wellness program integrated into the district structure?
- Are programs such as employee assistance programs and programs that help employees balance work and family in place?
- Are screening programs offered? If so, are they linked to risk-reduction activities or medical care to ensure follow-up and appropriate treatment as necessary?
- Does the school employee wellness program offer follow-up interventions to support individual behavior change?
- Are education and resources offered to help employees become better consumers of health care?
- Is an evaluation and improvement process in place to help enhance the program's effectiveness and efficiency?

A tool called "How Is Our School Employee Wellness Program Doing?" is included in the next section of the guide; it can help assess the process of implementing a school employee wellness program.

Outcome evaluation measures a program's impact. Questions that focus on the impact or outcome of the program could include the following:

- How much has tobacco use decreased?
- Have health risks such as high cholesterol and excess weight decreased?
- Has employee absenteeism due to illness or injury (separate from absenteeism due to jury duty or family emergencies) decreased?

- What evidence is there of documented lifestyle changes?
- Has there been a cost benefit or positive economic effect (e.g., reduced health care costs, reduced spending for substitute teachers, fewer workers' compensation claims)? What is the difference between the cost of the program and the outcome of the program in dollars? What is the cost-to-benefit ratio of the program?
- Were employees' health needs met?

Employees who change behaviors reduce health risks and have fewer health care needs. Program evaluations can look at behaviors like tobacco use, healthy eating, and physical activity as measures of program effectiveness. Improvements in body composition, blood pressure, blood cholesterol, and blood glucose are just a few of the risk measures that can improve as a result of your school employee wellness program.

Perhaps the single outcome that can build support for or call into question employee wellness programs is financial impact. In an environment of tight budgets, any school employee program that can show a positive return on investment will likely be long-lived. Evaluating the financial impact of a school employee wellness program may provide the information administrators need to justify wellness efforts.

The best financial outcomes data should be presented in a manner that compares the total costs of the program with the total financial benefits of the program. This is called a cost-to-benefit ratio. Financial benefits are the amount of money saved from reduced health care costs and absenteeism.

Evaluation is not an end in itself. The findings can help to identify what works and what needs to be changed. The school employee wellness leader should work with the school employee wellness committee, the district school health council, and the administration to interpret data and make modifications. This will ensure that the program continues to meet the needs of the population it is intended to serve and that it becomes more fully integrated into institutional functioning.

Step 9: Sustain the Program

“I present a state of the wellness program report to the school board annually. It just blows them away. If they consistently see a successful program, they will continue to support it . . . And every 4-6 weeks I write an article and call the reporter for the local newspaper. He puts it in under his byline. I invite the local TV stations to come out and see what we are doing. They love it and the administrators love it because the community sees them in a good light.”

— Sherry Franks, Coordinated School Health Program, Washington County Schools, TN

Maintaining the support of administrative leadership and the school board is crucial for the continued development and sustenance of a school employee wellness program. The following ideas may help sustain the school employee wellness program and maintain the support of the administration:

- **Invite administrators to attend school employee wellness committee meetings.** Solicit their opinions and feedback, and encourage them to participate in school employee wellness activities. They are subject to the same health risks as other employees; moreover, their participation sets an example and demonstrates the district’s commitment to the program.
- **Develop clear procedures for communication.** Determine how administrators prefer to receive information and provide feedback. Make sure your administration is aware of potential problems, and solicit administrative input to solve problems.
- **Through appropriate channels, request an opportunity to meet with the school board at least once a year.** At the meeting, be prepared to demonstrate how an investment in school employee wellness is money well spent and money saved. Provide data about the link between school employee wellness activities and your district’s

goal of preparing students to become educated, productive citizens. Summarize process evaluation data about school employee participation in program activities and anecdotal evidence of successes that substantiate the appropriateness of and need for the program. If time permits, invite employees to present testimonials about how they have benefited from the program. Comply with guidelines about oral and written communications to school board members, especially time limits and brevity. (NOTE: Most school districts have protocols that employees should follow to communicate with the school board.)

- **Make recommendations to the school board.** Be prepared to demonstrate how recommendations are consistent with your district’s mission, goals, and policies. Report on the actions you have taken in response to feedback from policymakers.
- **Revise or update policies as the program evolves.** Be prepared to work with your administration to suggest policy changes. Provide the board with information about the benefits of the recommended policy changes, the links between the policy recommendations and current district policy, and examples of policies from other districts.
- **Evaluate the program regularly and keep policymakers informed.** Provide information on employee participation in fitness activities, decreases in health risks such as tobacco use and cholesterol levels, decreases in employee absenteeism due to injury and illness, cost benefits that can be documented, and similar outcomes. Make sure policymakers understand the objectives of the school employee wellness program and progress toward those objectives.
- **Develop a visual record of the program.** Maintain a binder with items such as photographs, awards, and statements of appreciation and recognition. Keep it in a visible place where it is likely to be seen. Post promotional bulletin board displays in high-traffic areas. Keep your district’s media liaison or public relations officer informed of events, new data, and achievements.

CONCLUSION

The economic, social, and personal benefits of promoting health in the workplace are clear. Health promotion in schools holds the promise of an even greater impact than health promotion at other worksites. As one of the nation's largest employers, school districts reach more than 6.7 million adults. Through these adults, they have the potential to affect the academic achievement and well-being of the more than 54.7 million students⁵⁰ who pass through the school doors every day. A school employee wellness program, as an integral and equal component of a coordinated school health program, can be key to maintaining a healthy, optimistic environment where students and employees thrive. Although implementing a school employee wellness program can be complex and demanding, those who have pursued its development found that the rewards far outweighed the challenges.

“Time consuming as it has been, it is rewarding to see the improvement in employees’ fitness and morale. It is a win-win program. If you believe in the process, go for it.”

*— Michelle Burke, School Health Coordinator,
Hudson Falls Central School District, NY*



SCHOOL EMPLOYEE WELLNESS
A Guide for Protecting the Assets
of Our Nation's Schools

USEFUL TOOLS FOR SCHOOL EMPLOYEE WELLNESS PROGRAMS



This chapter contains helpful tools for use in planning, implementing, and evaluating a school employee wellness program, including the following:

- A sample letter of invitation to join the school employee wellness committee
- An employee wellness interest survey
- An employee health-promotion interest survey
- A school employee wellness program checklist
- A sample mission statement for a school employee wellness program
- Examples of national health observances

SAMPLE LETTER OF INVITATION

Dear Colleague,

Teachers and staff are schools' most valuable assets. Because the (name of district) values its teachers and staff and recognizes that they need to be healthy to do their job well, we are organizing a school employee wellness committee. We invite you to join us at an organizational meeting on (date and time) at (place). The role of the committee will be to represent school employees to ensure that school employee wellness activities address the interests and needs of the district's employees. As a member of the committee, you will be asked to meet regularly to plan, develop, and review activities; advocate for wellness activities; and share the concerns of the people you represent.

I will be in touch with you to discuss any questions you might have.

I hope you will join us in this important undertaking.

(Signed)

Authorized Signature

EMPLOYEE WELLNESS INTEREST SURVEY

Please complete the survey below to help us plan health and wellness activities for you. You don't have to put your name on the form unless you would like us to contact you. If you have any questions, please contact (name and contact information). Thank you for your assistance.

— Your school employee wellness team

Please indicate your current level of interest.

Possible Health and Wellness Activities	Would attend	Might attend	No interest
Alcohol/drug abuse			
Living with arthritis			
Managing asthma			
Back care			
Cancer prevention			
Living with cancer			
Managing diabetes			
Balancing work and family			
Financial management			
First aid/CPR			
Fitness testing			
Developing a personal fitness plan			
Aerobics			
Managing blood pressure			
Improving balance, flexibility, muscle endurance			
Line dancing			
Team sports			
Walking			
Preventing heart disease and stroke			
Immunization and infectious diseases			
Men's health issues			
Mental health – depression, dealing with grief and loss			
Field trips to markets to explore healthy foods			
Cooking class and meal planning			
Occupational health and safety			

Possible Health and Wellness Activities	Would attend	Might attend	No interest
Planning for retirement			
Prenatal care			
Strength training			
Managing Stress			
Supporting aging family members			
Tobacco/smoking cessation			
Using the health care system wisely/self-care			
Violence prevention in the workplace			
Weight control			
Women’s health issues			
Tai chi			
Yoga			
Other (describe)			
Other (describe)			

Questions or comments:

Name (optional)

If you would like to assist with organizing or offering health promotion activities, please provide contact information.

E-mail:

Phone:

Adapted from WEA Trust’s, http://trustswl.com/documents/misc/employee_int_survey.doc. Retrieved on February 14, 2004.

EMPLOYEE HEALTH-PROMOTION INTEREST SURVEY

To help us plan health and wellness activities, please complete the following survey about your current health habits and your interest in health-promoting activities. You don't have to put your name on the form unless you would like us to contact you. If you have any questions, please contact (name and contact information). Thank you for your assistance.

— Your school employee wellness committee

Interest in Health-Promoting Activities

Which of the following best describes your interest in health-promotion activities? Please check only one.

- I do not feel the need for help with my lifestyle or health.
- I have been thinking about changing some of my health behaviors.
- I am planning on making behavior change in the next 30 days.
- I have made some behavior changes but I still have trouble following through.
- I have had a healthy lifestyle for years.

Personal Health Habits

	Already do	Would like to do	No Interest
I exercise vigorously at least 20 minutes three or more times each week.			
I exercise moderately for 30 minutes three or more times each week.			
I do not smoke cigarettes.			
I avoid eating too much fat.			
I avoid eating too much sugar.			
I eat plenty of foods containing fibers such as whole grains, cereals, fruits, and vegetables.			
I eat breakfast regularly.			
I rarely feel stressed.			
I have my blood pressure checked annually.			
I regularly wear a seat belt when I am in a motor vehicle.			
I consume no more than two drinks containing alcohol each day.			
I drink 6-8 glasses of water every day.			
I get 8 hours of sleep most nights.			
I consult a medical self-care resource when I do not feel well.			

Adapted from *Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small. (Fall 2001). Partnership for Prevention. Washington, DC.*

HOW IS OUR SCHOOL EMPLOYEE WELLNESS PROGRAM DOING?

The checklist below is designed to help track school employee wellness activities, based on the four stages of systemic change. The items are not necessarily in sequential order, but all relate to the development and institutionalization of a school employee wellness program.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
INITIATION				
The following understand the benefits of school employee wellness and agree that a relationship exists between school employee wellness and the school’s/district’s mission:				
School board members	4	3	2	1
School superintendent	4	3	2	1
School principal(s)	4	3	2	1
School employees	4	3	2	1
The following understand what a school employee wellness program is:				
School board members	4	3	2	1
School superintendent	4	3	2	1
School principal(s)	4	3	2	1
School employees	4	3	2	1
Bargaining units/unions understand and support school employee wellness efforts.	4	3	2	1
ADOPTION				
The administration has approved the establishment of a school employee wellness committee.	4	3	2	1
The district has identified a school employee wellness leader.	4	3	2	1
A job description for the school employee wellness leader clearly establishes roles, responsibilities, and accountability.	4	3	2	1
The school employee wellness leader has time, space, and other necessary resources to carry out activities.	4	3	2	1
Membership and responsibilities of a school employee wellness committee are clearly defined.	4	3	2	1
A school employee wellness team has been recruited.	4	3	2	1
The committee has received training and understands its responsibilities.	4	3	2	1
The committee has attended a wellness conference, if one is offered in the state.	4	3	2	1
Building and bargaining unit liaisons/coordinators have been recruited.	4	3	2	1
Building and bargaining unit liaisons/coordinators have been trained.	4	3	2	1

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
The school employee wellness committee has inventoried school employee wellness activities in the district/school.	4	3	2	1
The school employee wellness committee has established a baseline for and tracks health-related costs.	4	3	2	1
Employees are screened for health risks, such as blood pressure and cholesterol.	4	3	2	1
Surveys are conducted to determine:				
Employee health self-assessments	4	3	2	1
Employee health interests	4	3	2	1
Employee readiness	4	3	2	1
Employee feedback	4	3	2	1
The school employee wellness team has a vision.	4	3	2	1
The school employee wellness committee has a plan with realistic goals, clearly defined objectives, designated roles and responsibilities, a timeline, and a budget.	4	3	2	1
IMPLEMENTATION				
The school employee wellness program includes:				
Ongoing activities to promote and reinforce awareness	4	3	2	1
Periodic health screenings	4	3	2	1
Provision for follow-up to screenings	4	3	2	1
Interest surveys	4	3	2	1
Health education	4	3	2	1
Staff development days	4	3	2	1
Stress management	4	3	2	1
Nutritional choices	4	3	2	1
Tobacco cessation programs	4	3	2	1
Opportunities for physical activity	4	3	2	1
An employee assistance program	4	3	2	1
A supportive environment	4	3	2	1
Incentives for participation	4	3	2	1
Resources to promote self-care	4	3	2	1
Provisions for worksite safety	4	3	2	1
Provisions for healthy air quality	4	3	2	1
Other (specify)	4	3	2	1
Other (specify)	4	3	2	1

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly
Other (specify)	4	3	2	1
The school employee wellness program collaborates with community resources, such as the health department and hospitals.	4	3	2	1
The district/school has an emergency preparedness plan.	4	3	2	1
Employees have been trained on emergency procedures.	4	3	2	1
The school employee wellness program is prepared to address the needs of diverse cultures.	4	3	2	1
INSTITUTIONALIZATION				
School policies support and incorporate school employee wellness.	4	3	2	1
The district budget includes a line item that supports school employee wellness.	4	3	2	1
There is provision for transition from one school employee wellness coordinator to the next.	4	3	2	1
The program regularly solicits employee input.	4	3	2	1
Progress toward implementation is evaluated regularly.	4	3	2	1
The program is adapted, based on evaluation findings.	4	3	2	1
New employees are informed about the availability and benefits of school employee wellness activities.	4	3	2	1
The program has survived a change in leadership.	4	3	2	1
Goals are incorporated into the district’s improvement plan.	4	3	2	1

SAMPLE VISION STATEMENT

Health and well-being are essential parts of living and are vital to the work and the mission of the district. The program aims to promote positive change in six areas of health (emotional, financial, intellectual, physical, social, and spiritual) and to establish environments that increase health awareness, promote positive lifestyles, decrease the risk of disease, and enhance the quality of life for district personnel and retirees.

— Washoe County School District, Reno, NV, Wellness Program

EXAMPLES OF NATIONAL HEALTH OBSERVANCES

See <http://www.healthfinder.gov/library/nbo/nbo.asp> for more.

September

National Cholesterol Education Month
National Food Safety Education Month

October

Healthy Lung Month
Health Literacy Month
National School Lunch Week
National Depression Screening Month
Breast Cancer Awareness Month

November

American Diabetes Month
Lung Cancer Awareness Month

December

National Hand Washing Awareness Week

January

Cervical Cancer Awareness Month
Healthy Weight Week

February

American Heart Month
Wise Health Consumer Month

March

National Nutrition Month
Workplace Eye Health and Safety Month

April

Alcohol Awareness Month
Cancer Control Month
Foot Health Awareness Month

May

National Employee Health and Fitness Day
Asthma and Allergy Awareness Month
Better Sleep Month
Clean Air Month
Healthy Vision Month
Mental Health Month
National High Blood Pressure Education Month
Skin Cancer Awareness Month



SCHOOL EMPLOYEE WELLNESS

A Guide for Protecting the Assets of Our Nation's Schools

APPENDIX



RESOURCES FOR SCHOOL EMPLOYEE WELLNESS PROGRAMS

Funding Sources

CDC's Division of Adolescent and School Health maintains the Healthy Youth Funding (HY-FUND) Database, a continually updated database that offers timely, easily accessible information about federal, foundation, and state-specific funding opportunities for developing and improving a school health program (<http://apps.nccd.cdc.gov/HYFund/>).

These sites link to additional funding opportunities, give hints for contacting prospective funding sources, and provide assistance with proposal writing.

- <http://www.healthinschools.org/grants>
- <http://www.schoolgrants.org>
- <http://www.fundsnetservices.com/main.htm>
- <http://www.fdncenter.org>
- <http://www.grants.gov>

Publications

Worksite Health Promotion

Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small presents the rationale for health promotion; links to the Healthy People 2010 objectives; tips for planning, implementing and evaluating a program; and an extensive list of health-promotion resources. It is available from the Partnership for Prevention, 1233 20th Street, NW, Suite 200, Washington, DC 20036-2362. Phone: (202) 833-0009. It can be downloaded at www.prevent.org.

The Guide to Community Prevention Services summarizes what is known about the effectiveness, economic efficiency, and feasibility of intervention to promote community health and prevent disease. One topic the guide addresses is promotion of worksite health. The reviews provide recommendations on worksite-specific policies and activities that can help employers choose among those health-promotion program components that have proven effective in changing the behavior and improving the health of employees. It is available from CDC at www.thecommunityguide.org/worksite/.

Coordinated School Health Programs, Including School Employee Wellness

Making the Connection: Health and Student Achievement. This PowerPoint presentation—developed by the Association of State and Territorial Health Officials (ASTHO) and the Society of State Directors of Health, Physical Education and Recreation (SSDHPER)—summarizes much of the research about the relationship between student achievement and health factors, including school employee wellness. It can be downloaded from SSDHPER's website at www.thesociety.org or from ASTHO's website at www.astho.org/?template=adolescent_school_health.html.

The School Health Index for Physical Activity, Healthy Eating and a Tobacco-Free Lifestyle: A Self-Assessment and Planning Tool is designed to help schools identify the strengths and weaknesses of their health-promotion policies and programs; develop an action plan for improving student health; and involve teachers, parents, students, and the community in improving school policies and programs. It is available at www.cdc.gov/healthyyouth/SHI or it can be ordered by calling 1-800-CDC-INFO.

Fit, Healthy, and Ready to Learn: A School Health Policy Guide is designed to help schools develop, communicate, and implement policies. The guide contains research findings, excerpts from actual policies, and resource listings related to physical activity, healthy eating, preventing tobacco use, and preventing skin cancer. Download sample policies from www.nasbe.org/healthyschools/fithealthy.html or contact Safe and Healthy Schools Projects, National Association of State Boards of Education, 277 South Washington Street, Suite 100, Alexandria, VA 22314. Phone: (703) 684-4000. Fax: (703) 836-2313. E-mail: healthy@nasbe.org.

Health Is Academic: A Guide to Coordinated School Health Programs describes the links between health and learning, details the roles of the eight components of a coordinated school health program (including school-site health promotion for staff), and gives action steps for schools, districts, state education and health agencies, national education and health organizations, parents, and community organizations and members. It is available from Teachers College Press. Phone: (800) 575-6566.

Talking About Health Is Academic: Six Workshop Modules for Promoting a Coordinated Approach to School Health Programs. This toolkit contains narrative script, overheads, and handouts for presentations to support implementation of coordinated school health programs and their components. It is available from Teachers College Press. Phone: (800) 575-6566.

Step by Step to Health-Promoting Schools: A Guide to Implementing Coordinated School Health Programs in Local Schools and Districts (1998) and *Step by Step to Coordinated School Health: Program Planning Guide* (Revised 2005) examine factors that affect implementation of coordinated school health programs and provide guidelines, figures, worksheets, and checklists to track the process. Both documents are available from ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830. Phone: (800) 321-4407. www.etr.org.

Stories from the Field: Lessons Learned About Building Coordinated School Health Programs, published by CDC, describes how nine communities have developed coordinated school health programs to improve the health status of students and staff to boost student achievement. The role of staff health promotion is highlighted at several sites. It is available from www.cdc.gov/healthyyouth. Phone: (800) CDC-INFO.

Changing the Scene: Improving the School Nutrition Environment, developed by the U.S. Department of Agriculture, is a toolkit that addresses the entire school nutrition environment, including pleasant eating experiences, quality school meals, other healthy food options, nutrition education, and marketing the issue to the public. The kit includes a variety of tools for use at the local level to raise awareness and address school environment issues that influence eating and physical activity practices. Ordering information is available at <http://www.fns.usda.gov/tn/Resources/changing.html>.

REFERENCES

- 1 U.S. Department of Education, National Center for Education Statistics. *Digest of education statistics tables and figures*. Washington, DC: U.S. Department of Education, 2005. Website: http://nces.ed.gov/programs/digest/d05/tables/dt05_001.asp. Retrieved June 14, 2006.
- 2 Whitmer RW, Pelletier KR, Anderson DR, Baase CM, Frost CJ. A wake-up call for corporate America. *Journal of Occupational and Environmental Medicine* 2003;45(9):916-925.
- 3 Partnership for Prevention. *Healthy workforce 2010: An essential health promotion sourcebook for employers, large and small*. Washington, DC: Partnership for Prevention, 2001.
- 4 Tager MJ. Creating wellness in your schools. *The School Administrator* 1983;40(9):24-26.
- 5 Centers for Disease Control and Prevention, Division of Adolescent and School Health. *United States 2005 Youth Risk Behavior Survey (YRBSS) results*. June 2006. <http://www.cdc.gov/HealthyYouth/yrbs/pdf/mortality/USA.pdf>. Retrieved February 8, 2007.
- 6 Saleem HT. *New law moves insurance plans closer to total mental health parity*. Washington, DC: U.S. Department of Labor, Bureau of Labor Statistics, 2003. Website: <http://www.bls.gov/opub/cwc/cm20030909ar01p1.htm#7>. Retrieved January 24, 2004.
- 7 Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. *Social and economic consequences of workplace injury and illness*. Atlanta, GA: Centers for Disease Control and Prevention, 1999.
- 8 U.S. Department of Health and Human Services, Centers for Medicaid and Medicare Services. *National health expenditure data*. http://www.cms.bhs.gov/NationalHealthExpendData/02_NationalHealthAccountsHistorical.asp#TopOfPage. Retrieved February 13, 2004.
- 9 National Coalition on Health Care. *Health insurance: Facts on the cost of health care*. <http://www.nchc.org/facts/cost.shtml>. Retrieved February 13, 2004.
- 10 The Henry J. Kaiser Family Foundation. *Employee health benefits: 2006 Annual Survey*. September 2006. <http://www.kff.org/insurance/7315/index.cfm>. Retrieved February 13, 2004.
- 11 Partnership for Prevention. *Healthy workforce 2010: An essential health promotion sourcebook for employers, large and small*. Washington, DC: Partnership for Prevention, 2001.
- 12 Anspaugh DJ, Dignan MB, Anspaugh SL. *Developing health promotion programs*. Boston, MA: The McGraw-Hill Companies, 2000.
- 13 Whitmer RW, Pelletier KR, Anderson DR, Baase CM, Frost CJ. A wake-up call for corporate America. *Journal of Occupational and Environmental Medicine* 2003;45(9):916-925.
- 14 O'Donnell MP. Employer's financial perspective on workplace health promotion. In: O'Donnell MP, ed. *Health promotion in the workplace*, 3rd edition. Albany, NY: Delmar, 2002.
- 15 Whitmer RW, Pelletier KR, Anderson DR, Baase CM, Frost CJ. A wake-up call for corporate America. *Journal of Occupational and Environmental Medicine* 2003;45(9):916-925.
- 16 Ballard DJ, Kingery PM, Pruitt BE. School worksite health promotion: An interdependent process. *Journal of Health Education* 1991;22(2):11-15.
- 17 Iverson DC, Kolbe LJ. Evolution of the national disease prevention and health promotion strategy: Establishing a role for the schools. *Journal of School Health* 1983;53(5):294-302.
- 18 Girvan JT, Cottrell R. The impact of the Seaside health education conference on middle school health programs in Oregon. *Health Education* October/November 1987; 78-82.
- 19 Farber BA. *Crisis in education: Stress and burnout in the American teacher*. San Francisco, CA: Jossey-Bass, 1991.

- ²⁰ Maslach C, Jackson SE, Leiter MP. *Maslach burnout inventory manual*, 3rd edition. Palo Alto, CA: Consulting Psychologists Press, 1996.
- ²¹ Vail K. Climate Control: Ten ways to make your schools great places to work and learn. *American School Board Journal* 2005;192(6):16-19.
- ²² Davis TM, Koch S, Ballard DJ. The nature of Seaside-style health education conferences. *Journal of Health Education* 1991;22(2):73-75.
- ²³ Fetro JV, Drolet JC. State conferences for school worksite wellness: A content analysis of conference components. *Journal of Health Education* 1991;22(2):80-84.
- ²⁴ Blair SN, Tritsch L, Kutsch S. Worksite health promotion for school faculty and staff. *Journal of School Health* 1987;57(10):469-473.
- ²⁵ Grunbaum JA, Rutman SJ, Sathrum PR. Faculty and staff health promotion: Results from the School Health Policies and Programs Study 2000. *Journal of School Health* 2001;71(7):335-339.
- ²⁶ Blair SN, Collingwood TR, Reynolds R, Smith M, Hagan RD, Sterling CL. Health promotion for educators: Impact on health behaviors, satisfaction, and general well-being. *American Journal of Public Health* 1984;74(2):147-149.
- ²⁷ Oxreider A. Our school wellness program cut staff absenteeism and might save lives. *American School Board Journal* June 1987; 29.
- ²⁸ Allegrante JP, Michela JL. Impact of a school-based workplace health promotion program on morale of inner-city teachers. *Journal of School Health* 1990;60(1):25-28.
- ²⁹ Blair SN, Collingwood TR, Reynolds R, Smith M, Hagan RD, Sterling CL. Health promotion for educators: Impact on health behaviors, satisfaction, and general well-being. *American Journal of Public Health* 1984;74(2):147-149.
- ³⁰ Blair SN, Smith M, Collingwood TR, Reynolds R, Prentice MC, Sterling CJ. Health promotion for educators: Impact of absenteeism. *Preventive Medicine* 1986;15:166-175.
- ³¹ Allegrante JP, Michela JL. Impact of a school-based workplace health promotion program on morale of inner-city teachers. *Journal of School Health* 1990;60(1):25-28.
- ³² Aldana SG, Merrill RM, Price K, Hardy A, Hager R. Financial impact of a comprehensive workplace health promotion program. *Preventive Medicine* 2005;40:131-137.
- ³³ Partnership for Prevention. *Healthy workforce 2010: An essential health promotion sourcebook for employers, large and small*. Washington, DC: Partnership for Prevention, 2001.
- ³⁴ Bogden J. *Fit, healthy, and ready to learn: A school health policy guide*. Alexandria, VA: National Association of State Boards of Education, 2000.
- ³⁵ Allensworth DD, Kolbe LJ. The comprehensive school health program: Exploring an expanded concept. *Journal of School Health* 1987; 57(10):409-412.
- ³⁶ Marx E, Wooley SF, eds. *Health is academic: A guide to coordinated school health programs*. New York, NY: Teachers College Press, 1998.
- ³⁷ Partnership for Prevention. *Healthy workforce 2010: An essential health promotion sourcebook for employers, large and small*. Washington, DC: Partnership for Prevention, 2001.
- ³⁸ Hyde WH, Guthrie SH. Creating a healthier work environment. *School Business Affairs* January 1993; 40-44.
- ³⁹ O'Donnell MP. Employer's financial perspective on workplace health promotion. In: O'Donnell MP, ed. *Health promotion in the workplace*, 3rd edition. Albany, NY: Delmar, 2002.
- ⁴⁰ Centers for Disease Control and Prevention. *Stories from the field: Lessons learned about building coordinated school health programs*. Washington, DC: Government Printing Office, 2003.
- ⁴¹ Bogden, J. *Fit, healthy, and ready to learn: Part 1, physical activity, healthy eating, and tobacco use prevention*. Alexandria, VA: National Association of State Boards of Education, 2000.

- ⁴² Directors for Health Promotion and Education. *Summary report from the 2004-2005 pilot site progress reports for the DHPE school employee wellness guide*. Washington, DC: Directors for Health Promotion and Education, 2005.
- ⁴³ E-mail from Paul Sathrum, National Education Association, December 19, 2003.
- ⁴⁴ Adapted from Marx E, Northrop D. *Educating for health: A guide to implementing a comprehensive approach to school health education*. Newton, MA: Education Development Center, Inc., 1995.
- ⁴⁵ Grunbaum JA, Rutman SJ, Sathrum PR. Faculty and staff health promotion: Results from the School Health Policies and Programs Study 2000. *Journal of School Health* 2001;71(7):335-339.
- ⁴⁶ Erfurt JC, Foote A, Heirich MA, Gregg W. Improving participation in worksite wellness: Comparing health education classes, a menu approach, and follow-up counseling. *American Journal of Health Promotion* 1990;4(4):270-278.
- ⁴⁷ American Medical Association. *Culturally competent health care for adolescents in Human Resources and Services Administration listing of definitions of cultural competency*. 1994. Website: <http://bhpr.brsa.gov/diversity/cultcomp.htm>. Retrieved January 19, 2004.
- ⁴⁸ National Center for Cultural Competence. Why is there a compelling need for cultural competence? Website: <http://www.athealth.com/Practitioner/particles/compellingneed.html>. Retrieved January 13, 2004.
- ⁴⁹ Centers for Disease Control and Prevention. *Stories from the field: Lessons learned about building coordinated school health programs*. Washington, DC: Department of Health and Human Services, 2003.
- ⁵⁰ U.S. Department of Education, National Center for Education Statistics. *Digest of education statistics tables and figures*. Washington, DC: U.S. Department of Education, 2005. Website: http://nces.ed.gov/programs/digest/d05/tables/dt05_001.asp. Retrieved June 14, 2006.

