

**THE STATUS AND PERCEIVED NEED OF WELLNESS AND
EMPLOYEE ASSISTANCE PROGRAMS IN THE PUBLIC SCHOOL SYSTEMS
IN VIRGINIA**

by

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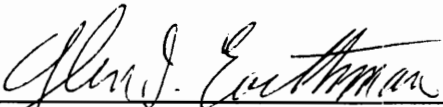
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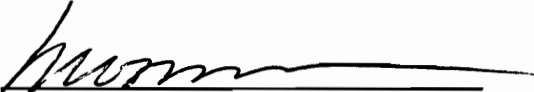
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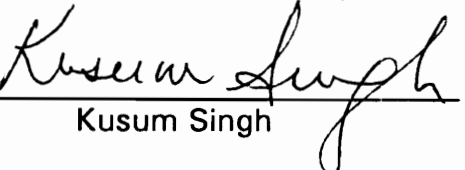
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(ABSTRACT)

This study was conducted to describe the status and perceived need of wellness and employee assistance programs in the public school systems in Virginia. There were 132 superintendents asked to respond to a mailed survey; 124 responded, for a return rate of 93.93%. The school systems having these programs were grouped by wealth, according to the composite index of the school system, and size, according to the number of teaching positions in the school system.

The results of the analysis indicated that there are a variety of wellness programs throughout the state. Wellness and employee assistance programs occur in large and small school systems with teaching staffs ranging from 43 to 8,124. The composite index of school systems having one of these programs ranged from .2016 to 1.000. There was a significant perceived need of these programs as indicated by the positive responses to an open-ended question. Of the 124 school systems responding, 47, or 37.90%, had wellness programs, and 38, or 30.64%, had employee assistance programs.

The U.S. Department of Health and Human Services Objective 20.15

states that by the year 2000, 75% of the workplaces with 50 employees or more should offer a health promotion program. This study established the baseline necessary to measure the growth of these programs in Virginia and will assist personnel directors by providing information about the types of programs that now exist throughout the state.

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DEDICATION

To the memory of my mother, Mrs. Beulah B. Baccus Chory, who always told me that I could do anything I set my mind to do

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CHAPTER 1

THE PROBLEM

Introduction

Health-care for employees constitutes the greatest expense of an organization. In 1990 companies offering full health-care benefits saw an increase of as much as 21% in costs. The Dana Company, a Fortune 500 company which employs 45,000 people worldwide, discovered that since 1985 their health-care cost had risen 63% in the United States. If that rate of increase continues, the total health-care bill for this company will be over \$600 million by the year 2000 (Yoder, 1992). The increase in health-care affects everyone. For example, the Economic Strategy Institute in Washington reported that in the last decade the expense of employee health-care for automotive workers in the United States has cost the American car buyer about \$505 per vehicle purchased. Currently Japan's health-care cost is \$1,250 per person as compared to \$2,700 in the United States, and this gap has tripled in the past decade (Associated Press, 1992). The near-paralyzing cost of health insurance in the United States is linked to an inefficient and inequitable health-care system that has been a long standing burden to businesses. The current health-care system is concerned with curing patients after they are sick instead of preventing them from becoming sick. The wave of the future is preventative health-care. This approach is more cost effective for businesses.

The growth of health-care provided by industry came after the Second World War. Organized labor was able to negotiate a continuous expansion of medical benefits which included health insurance (Alexander, 1988). This placed the burden of health-care for employees on the employer. Personnel and human resource managers today deal primarily with four areas of health: physical illness, emotional illness, alcoholism, and drug abuse (Mathis & Jackson, 1988). Each of these areas can be improved by making life-style alterations such as better diet and regular exercise.

The U. S. Department of Health and Human Services has identified life-style as the most important modifiable factor influencing health and illness today. Changes in the life-style values of the American public have occurred over the last twenty years. America has experienced a fitness boom that brought a new wave of concern into our personal life-styles. In 1965, none of the 10 best sellers dealt with the subject of diet or fitness, but in 1984, four out of the top 10 books were diet or fitness related (Barsky, 1988). Health programs are beginning to focus on life-style change programs as well as on the treatment of illness. The American Medical Association reported:

Any future advances made in improving the nation's health will not result from spectacular bio-medical breakthroughs. Rather, advances will result from personally initiated actions that are directly influenced by the person's health-related activities, values, belief, and knowledge.

(cited in *Wellness at the School Worksite*, 1985, p.6)

Future advances in a person's physical well-being will come from a change in attitude of Americans toward their own health. The workplace has been found to be a particularly accessible and appropriate place to reach people about improving their health (Conrad, 1988). The importance of workplace programs has also been recognized by school personnel. Hohman (1985) found that health and job stress were a high priority (64%) in the professional development need of principals, second only to instructional effectiveness (74%).

One area of the American life-style that has gained a great deal of attention is stress. Some stress is a necessary condition of life, but medical experts have been able to identify high-level stress as a major source of physical problems, such as hypertension (high blood pressure) or increased cholesterol levels. These conditions often lead to heart attack. Until stress was understood, many companies thought that if employees could not handle stress they were not tough enough for the job (Mathis & Jackson, 1988). These individuals were forced to either internalize their stress or resign their stressful jobs.

Stress not only exists in the leaders of large corporations, but is also found in school administrators (Landes, 1979; Swent, 1978) and other school and public employees (Holland, 1991; Tupes, 1985). Administrators, for instance, attributed more than 70% of their life stress to their job. The four highest contributors of this stress were perceived by administrators to be related to the management of activities and their time. Another high source of stress was resolving conflicts and complying with rules and policies of the school system (Swent, 1978).

School administrators, like any business leaders, must learn to deal with both their own stress and that of their employees. The level of stress has been found to have a direct correlation to the occurrence of heart disease, which increases the medical expense of employers. Successful companies depend on healthy workers at all levels of employment. Thus, in order to keep employees healthy, employers must recognize the increasing importance of stress reduction techniques. The reduction of stress has been shown to occur as a direct result of exercising, using stress reduction techniques, and improving eating habits (Holland, 1991; Terres, 1983; Wynia-Takei, 1989).

In the past 20 years there has been a decline in heart disease, which can be attributed to the overall change of the American public's life-style. During this time more than 87% of the adult population in America has attempted to make at least one healthful change in their lives. In the past ten years, there has been a marked increase in the nature of health promotion and disease prevention programs at the worksite (Barsky, 1988). Hollander and Lengermann (1988) stated that worksite health promotion programs, also known as wellness programs, in Fortune 500 corporations are a good measure of the state of the art of programs in work settings. These companies have large numbers of employees, an interest in cost savings, and expertise to invest in innovative ideas. Managers of these companies have been attracted to health promotion programs because of their potential for lowering health costs and improving the company's ability to deal with nonhealth concerns such as absenteeism, morale, and productivity. These programs have potential advantages for employers,

employees, and society, such as reduced health insurance and sick leave costs and improved quality of life. These factors have induced many corporate managers to provide health promotion programs, yet very few of these programs have been evaluated regularly (Hollander & Lengermann, 1988).

Armstrong (1986) suggested that major corporations in the United States have increasingly emphasized wellness programs. He predicted that the interest in disease prevention programs will soon reach school systems across the country. School systems are some of the largest employers in the country, and many are now instituting wellness programs. In 1989-90, the number of teaching positions in Virginia was approximately 66,000 (*Superintendent's Annual Report*, 1989-90). Improving the health of such a substantial part of the workforce in Virginia would affect health-care costs and make better use of the tax dollar. Hunter, Berg, LaVoie & Blanks (1987) have verified the effect of multiple health risk factors on employee sick leave. They predicted that population-specific prediction equations could be formulated to project sick leave and health-care costs. Such findings could provide information for developing strategies to target specific health risks in a selected work force population and decrease these risks by providing health-related activities for that specific population.

Corporations have offered a wide range of measures to contain health costs and to meet their immediate goal, a healthier employee. Among these measures are wellness programs. The long-range goal of wellness programs at the worksite is to cut health-care costs by instituting preventive measures. The immediate goal is to improve morale and productivity by

promoting wellness through healthful activities made available to employees. In addition to wellness programs, employee assistance programs have emerged in the workplace. These programs are job-based plans which provide professional assistance to help troubled employees. The number of employee assistance programs skyrocketed between 1974 and 1981 (Sonnenstuhl & Trice, 1986). Studies reported by Roman (1982), and Trice and Beyer (1984), found that employee assistance programs were adopted because employers found them to make good business sense and demonstrate a company's social responsibility (cited in Sonnenstuhl & Trice, 1986).

Wellness and employee assistance programs, once adopted, should be evaluated to determine if the programs are fiscally responsible. At least one study, Winslow et al., 1966, did not support the economic benefit of these programs (cited in Sonnenstuhl & Trice, 1986). Sonnenstuhl & Trice (1986), however, found that cost benefit analysis of employee assistance programs has shown the programs to be economically beneficial.

Overwhelmingly, the strategy for the 1990's has become the redesigning of the health-care plan. This redesigning includes the increase in cost sharing through higher co-payments, the increase in deductibles, and the initiation of preventative measures, such as wellness and employee assistance programs (Alexander, 1988).

The government has become involved in the national trend toward a more healthy population by attempting to increase public awareness of personal health and fitness. This involvement is demonstrated in many of the governmental initiatives which include the following: The National Health

Information and Health Promotion Act of 1976, the 1978 report of the HEW Departmental Task Force on Prevention, the 1980 Public Health Service report on Promoting Health and Preventing Disease, and the 1988 Drug Free Workplace Act (Hollander & Lengermann, 1988).

Health promotion activities have grown from the perspective that people need something to help them change their health behaviors (Kronenfeld, Jackson, Davis, & Blair, 1988). Employees spend one third of their day at the workplace; thus, this environment is well-suited for organized interventions to promote positive health behaviors. A 1987 study, *Health Risk and Behavior: The Impact on Medical Costs*, found that for every dollar invested in a wellness program, three dollars were saved. When a company's employees, its most important asset, begin taking better care of themselves, the company profits (Garzona, 1989).

Hollander and Lengermann (1988) stressed that more systematic research is needed to provide answers as to what types of health promotion programs are being implemented in work settings and to what extent.

Wellness and employee assistance programs are relatively new.

Shellenberger (1990) supported this by citing a 1989 issue of the *American Journal of Public Health*; more than 50% of the worksite health promotion activities have been in place for fewer than five years. Reis (1987) found that employee assistance programs in Ohio had been in place for three years or less.

There are many types of wellness programs. Vastine (1984) found the physical fitness aspect of a wellness program was the largest single focus, currently representing 49% of the wellness program offerings. The study

also predicted that wellness programs, in all but the spiritual dimension, would continue to grow.

Mock (1986) found in school systems that of the six variables studied to indicate the presence of employee assistance programs, only two variables were significant: the superintendent's perception of the benefits of employee assistance programs and the superintendent's perception of the popularity of employee assistance programs in other organizations in the community. Thus, for a school system to have an employee assistance program initiated, there must be a key supporter of the program within the district.

Health of the employee and the cost of benefits are certainly important aspects of any personnel director's job. The question remains, do Virginia employers perceive wellness programs to be sufficiently important to inaugurate and maintain on-site programs for employees in the areas of wellness and employee assistance?

Statement of the Problem

The specific problems that were studied in this research were the following:

What is the current status and perceived need for wellness programs (WP) and employee assistance programs (EAP) in the public schools of Virginia as determined by superintendents or others who coordinate the program for their school system?

Significance of the Study

While many studies are available to discuss the benefits of workplace health promotion activities (Koonce, 1986; Mills, 1989; Thomas, 1983), little information is available concerning the nature, extent, and support of these programs (Forouzesh & Ratzker, 1984/1985). The Virginia State Department of Education supports wellness activities by sponsoring a Blue Ridge wellness camp each summer at Bridgewater College. The concept behind the camp is that participating employees will return to their school systems after the summer camp experience and initiate wellness activities; however, no follow-up records are kept to determine which school systems conduct wellness program activities. A project plan and final written report are the only requirements of the program. These reports are not compiled for summary data information which could be made available to others in Virginia.

It had been reported that school systems are able to negotiate a reduction in the cost of employee health insurance because they sponsor a wellness program (Riedel, 1987). Summary information was not available regarding how many school systems had been able to negotiate this benefit, but that issue was addressed in this study.

In conclusion, there are few studies on the current status or the perceived effectiveness, benefits, and need for wellness and employee assistance programs. This study was designed to help fill that gap.

Purpose of the Study

The purpose of this study was to gather current information regarding the status of and perceived need for wellness and employee assistance programs in the public school systems in Virginia. The information accumulated may assist school systems in making decisions regarding costs, benefits, and methods of evaluation used for wellness and employee assistance programs in Virginia.

Research Questions

The research questions addressed were the following:

1. How many Virginia public school systems provide wellness and employee assistance programs for their employees?
2. What are the demographics of those Virginia public school systems that provide wellness and employee assistance programs?
3. Do the Virginia public school systems perceive a need for wellness and employee assistance programs?
4. Have the wellness or employee assistance programs already in place been reduced in the public school systems in Virginia?
5. Have any of the Virginia public school systems which have instituted wellness programs or employee assistance programs made any health-related policy changes since the initiation of these programs?
6. Have any Virginia public school systems received grants to

- establish a wellness program in their school system?
7. What types of wellness and employee assistance programs are offered by school systems and what factors helped to determine the nature of these programs?
 8. What organizational support, i.e., money, time and personnel, is available for wellness programs?
 9. What benefits have been derived by the system from the implementation of a wellness program?
 10. Are the same wellness/employee assistance program services offered to all employees?
 11. Are programs evaluated periodically, and if so, what types of evaluations are used to assess the wellness and employee assistance programs in Virginia public schools?

Limitations of the Study

The limitations of this research study were the following:

1. This study was limited to the state of Virginia.
2. School systems' response to the survey was on a voluntary basis.
3. Wellness and employee assistance programs can be a budget item easily cut during this time of budget crisis and therefore could have skewed the results of this survey.
4. The responses to the survey were assumed to be the true attitude of the respondents.
5. Self-reported program offering information may not have been

reported accurately.

Definition of Key Terms

Employee Assistance Program (EAP) - a job-based program which operates within a work organization to provide professional assistance for the purposes of helping troubled employees. Employees are either given alternatives to resolve their troubles or are given access to counseling in order to deal effectively with personal, family, and work-related problems which could potentially affect their job performances (Sonnenstuhl & Trice, 1986).

Wellness - "Wellness is a level of physical fitness and physical-emotional harmony that affords maximum resistance to disease and supports a sustained joy of living" (cited in Hetherington & Loganbill, 1985, p. 32).

Wellness Program Levels

(Based on definitions from The American Heart Association, *Heart at Work: Program Coordinator's Guide, 1984*)

- A. **Low-Level Implementation** - This level promotes health education. This includes awareness programs which utilize a visual media (i.e., posters) and literature distribution such as paycheck inserts.
- B. **Medium-Level Implementation** - This level adds health screenings that would include referral and/or follow-up. School personnel, volunteers, or other outside resources

may be used.

- C. High-Level Implementation** - This level includes both of the previous levels and intervention programs designed to change employees' behavior in a healthy direction, thus reducing associated health risks. This includes doctor referrals, patient follow-ups, education by professionals, and employee assistance programs encompassing the physical, mental, and spiritual aspects of a wellness.

Summary and Overview of the Study

In Chapter 1, a brief history of the concept of wellness was reviewed. The purpose of this study and a statement of the problem was described. The research questions to be answered by this study were identified, and definitions of key terms used in the study were given. These terms were employee assistance program, wellness, and levels of wellness programs. Chapter 2 includes a review of the current literature on wellness and employee assistance programs. Chapter 3 describes the methodology used in devising the data collection instrument, the administration of the survey, and the methods used to organize and analyze the data. Chapter 4 describes the data and the conclusions drawn based on the survey data received. Chapter 5 includes a summary of the findings of this study, conclusions which have been drawn from the data, and recommendations for future study.

CHAPTER 2

REVIEW OF LITERATURE

Introduction

The review of literature in Chapter 2 will examine previous research dealing with employee health and stress in the workplace and will be related to the advent, growth, and future trends of wellness and employee assistance programs. This chapter is divided into four sections. The first section is a brief review of company health programs and current health issues and their affect on employees in the workplace. The second section describes the evolution of the employee assistance program and the present level of these programs in the public school systems in Virginia. The third section reviews the relatively new concept of wellness programs and how these programs have evolved into an important element in the total health program of today's employees. The final section presents current trends in these programs.

Health and Stress in the Workplace

Health has been defined as "well being; freedom from sickness; sound condition" (Thorndike & Barnhart, 1983, p. 510) and stress as "tension, pressure, or strain which affects the mind and body: blood pressure increases under stress " (Thorndike & Barnhart, 1983, p. 1091). The

evidence of stress can be seen everywhere, from the thirty-five-year-old executive who dies of a sudden heart attack to the sixteen-year-old who commits suicide. One indicator of stress is high blood pressure. Over 17 million U. S. workers suffer from high blood pressure which results in a 20 billion dollar loss in wages and productivity each year. Employees who use substances such as alcohol and drugs to help reduce stress often develop other problems, i.e., alcoholism and drug addiction (Mathis & Jackson, 1988).

Today stress and its effect on health is receiving more attention in the medical community. Medical experts are beginning to better understand stress and the effects of continued stress on individuals when experienced over a long period of time. Dr. Don Powell of the American Institute for Preventive Medicine noted that the number one New Year's resolution for 1992 should be stress management. Stress plays a major role in the two leading killers, heart disease and cancer, and is the cause of over two-thirds of all office visits to doctors (Powell, 1992).

Not all stress is negative, however. There is evidence that people need a certain amount of stimulation and that monotony can bring on some of the same problems as stress from overwork. What is usually meant by the term stress is excessive stress or distress. The body's reaction to stress is the same as its reaction to danger. The body triggers certain chemicals in a fight-or-flight response that increases the heartbeat and sharpens the reflexes. If a stress state continues, the body begins to deteriorate as common stress symptoms heighten: anxiety, headaches, sweaty palms, frequent urination, deep sighing, and impotence (Mathis & Jackson, 1988).

A survey for the *Wall Street Journal* uncovered several interesting

factors concerning stress. The level of stress in executives of small companies (49%) was much greater than existed in the executives of large companies (19%); younger executives were found to complain of stress more than older executives (Mathis & Jackson, 1988). Stress was also discovered in school administrators. Cusack (1982) found that, in relation to certain stress scales, a high degree of stress exists in school principals and it exists to a greater degree in principals on the secondary level than in principals on the elementary level. Elementary principals did indicate they experienced a high-level of personal stress (Larson, 1977; Peterson, 1977). The administrative stress categories included by Cusack were the following: Administrative Constraints, Administrative Responsibilities, Interpersonal Relations, Interpersonal Conflict, and Role Expectations. Tupes (1985) also found the sex of respondents to be a significant predictor of perceived stress levels. The administrative study conducted by Baugh (1976), indicated that female administrators had a greater degree of stress than male administrators as indicated by their recommendations for reducing stress. Male administrators had a higher level of stress in relation to position complexity. The greatest levels of stress appeared to be in the 31-40 year old administrator group (Tupes, 1985). The study of assistant principals whose duties excluded discipline had significantly higher anxiety and boredom scores than their principals (Purvis, 1975). Teachers also experience stress, and teachers with fewer than five years of experience perceived greater levels of stress and tended to have a lower sense of personal accomplishment than did those with more experience (Mitchell, 1983). Wilson (1988) ranked the major causes of stress for teachers as

student misbehavior, work demands, lack of parental support, low student motivation, inadequate compensation, meaningless job demands, large class size, lack of administrative support, and uncooperative personnel. These findings suggest that stress is found in education as well as in business, and as people grow older they may learn to better handle stress.

Many company personnel managers and human resource managers have long been concerned with the overall health of employees. Improved health includes controlling stress and controlling the resulting health problems. Companies, as part of the terms of employment, have included occupational health and safety programs, disability and insurance packages, and employee assistance programs. Companies have determined that sound health programs should focus on prevention as well as on the treatment of illnesses in order to decrease health-care claims. Employer health-care costs are increasing at the rate of between 25 and 100% per year. The United States spent more than \$320 billion for health-care in 1982, and employers bore half of this burden (Health Insurance Association of America, 1985). This rising cost has a direct effect upon employers. For example, General Motors pays more money to Blue Cross than it does to U.S. Steel. The increased cost of health-care accounts for nearly 11% of our Gross National Product and it is still spiralling upward (Conrad, 1988). This cost has an effect upon everyone. In order for companies to continue providing health-care coverage, alternatives must be found to lower the costs.

There are many factors that influence health and health-care programs. The most obvious is the increase in life expectancy. In 1900 life

expectancy in the United States was 47 years; today it has increased to 75 years. Treatment for the costly serious diseases of an older population has increased from 5-10% in 1928 to approximately 50-55% today. We have exchanged the life-threatening illnesses that arise early in life for chronic and disabling ones that occur later in life. This has put an increasing drain on our health-care system (Barsky, 1988).

Hunter, Berg, LaVoie & Blanke (1987) verified the effect of multiple health risk factors on employee sick leave. The health risk factors used in this study were relative fitness level, exercise habits, life stress, job satisfaction, job status, and tenure. The researchers concluded that population-specific prediction equations could be formulated to predict sick leave and health-care costs using health risk factors. Hess (1982) tried to develop an instrument that could predict an employee's use of accident and health insurance by establishing a correlation between wellness behaviors and a person's use of health and accident insurance. He was unsuccessful, but he did predict that a better instrument could be successful in predicting this information.

The Coopers and Lybrand study found that private companies are paying as much as 25% of their total payroll for health-care. This percentage did not include coverage of items such as absenteeism, disability, turnover, decreased productivity, or replacement and recruiting of new employees. Each year over 500 million workdays are lost because of disability or illness. This medical expense is a significant drain on the financial resources of any company (Health Insurance Association of America, 1985).

America is a sedentary society and certainly needs to change that

behavior. Most Americans know that exercise can benefit the heart and circulatory system, yet few people exercise regularly. One benefit derived from exercise is not realized until the participant actually exercises, and that is the feeling of vitality which keeps many people in an exercise program (Ultsch, 1983). Ultsch emphasized that education is needed to teach the minimal amount of exercise required to achieve a cardiovascular benefit. The National Education Association has supported the concept of improving employees' health at the worksite by publishing *Wellness at the School Worksite* (1985). Staff members who participate in a wellness program can become models for wellness and exhibit the benefits of such a program to other employees (Chilton, 1983).

A sound commitment of employee participation in fitness programs has demonstrated positive health benefits in other areas, for example, lower levels of tension, depression, anger, and mood disturbance (Holland, 1991). Clarke (1983) found that even a change in body weight had an effect on one's life. Marshall (1983) researched the relationship between vigorous exercise, moderate exercise, and levels of anxiety. It was discovered that exercise did not have to be vigorous to lower one's anxiety level; the act of participating proved most important. Stress can be altered in other ways. Individuals can be taught how to transform stressful events into less stressful events by altering their attitudes, behavior, feelings, and thought patterns. When individuals acquire the skill to manage stress, they gain a sense of power over their lives and improve their feelings of optimism (Terres, 1983; Wynia-Takei, 1989).

Employee Assistance Programs (EAP)

Since the end of the nineteenth century, work organizations have offered employees assistance in areas such as social betterment, personnel counseling, occupational mental health, and industrial alcoholism. This practice initiated the trend of management concerns for productivity intertwined with humanitarian values; companies believe that by helping employees with their troubles productivity will be increased (Sonnenstuhl & Trice, 1986). Employee assistance programs are designed to be supportive and to keep the whole person healthy (Peccia & Coleman, 1991). As early as the 1800's many companies were providing workers with social welfare services. These services included inexpensive housing, company-sponsored unions, sanitary working conditions, insurance, and pension plans. Facilities were also provided for banking, recreation, medical care, and education. This high-level of services decreased measurably in the early 1900's for several reasons. Employees no longer wanted the corporation managing their affairs; the Depression left companies with few extra dollars with which to provide these company benefits, and the Wagner Act of 1936 outlawed company-sponsored unions. However, the pension plans and services, such as health examinations, survived this era.

In 1923 Elton Mayo conducted an experiment at the Hawthorne Western Electric Company. Mayo found that workers could slow down production and restrict output when they did not want to cooperate with their employers. Mayo reasoned that if employers showed a concern for workers this would increase their morale and thus increase productivity. Western Electric

developed a personnel counseling program called *control through listening* (Sonnenstuhl & Trice, 1986). This program trained some of the workers to be counselors and to walk through the shop and talk informally with employees about work and personal issues. Those in need of further counseling were invited to the counselor's office to talk through their problems. This program was widely emulated throughout the forties and fifties.

Prior to World War II there were few psychiatrists, psychologists, and psychiatric social workers employed in industry to provide services for employees. The war drained the labor pool, and industries were forced to employ inexperienced workers who needed to be integrated into the workforce. In order to help these inexperienced workers, the government funded hundreds of mental health and social service programs. Lott (cited in Sonnenstuhl & Trice, 1986) reported that employees were treated with a kind of emotional first-aid that resulted in little on-the-job improvement. However, the human relations theory of listening to workers remained a core ingredient in management philosophy and resulted in some companies calling their personnel departments *human resources management* (Sonnenstuhl & Trice, 1986).

As mental health programs improved in the workplace, these programs took two approaches. The first emphasized treatment for the emotionally troubled employee. The second focused on the prevention of emotional problems in employees. Preventive treatments included teaching healthy behaviors and designing healthier work environments. Since the conclusion of World War II, when psychiatrists began working in industry, these

approaches have become a part of the work industry's mental health program (Sonnenstuhl & Trice, 1986).

With the end of World War II, many of the major companies shut down their mental health programs; therefore, only a few businesses retained a human resources management department. In 1962 Mumm and Spiegel surveyed over 1,000 companies and found that only 37 had advanced personnel programs. Ferguson and Fersing in 1965 called management's disregard for employees' emotional problems a gross neglect on the part of the employers. They urged companies to adopt mental health programs (Sonnenstuhl & Trice, 1986).

Trice and Schonbrunn (1981) noted that the programs for industrial alcoholism also began during World War II (cited in Sonnenstuhl & Trice, 1986). Problem drinkers were confronted with the prospect of losing their jobs because of unsatisfactory work performance. They were offered programs for rehabilitation. Later this concept became known as the strategy of constructive confrontation.

After World War II, the Yale Center for Alcohol Studies promoted in businesses programs for alcohol rehabilitation. In 1966, Lewis Presnall supported the development of broad-based programs to assist not only alcoholics, but also other troubled employees. He also advocated the training of supervisors to implement the strategy of constructive confrontation. By 1970, industrial rehabilitation programs were considered an integral part of the identification and treatment of alcoholics. In 1971, the federal government established the National Institute of Alcohol Abuse and Alcoholism (NIAAA) and included an occupational branch to market

treatment programs to business and labor. The NIAAA coined the term employee assistance program (EAP) so that it would have a separate identity from the National Council on Alcoholism. It was believed that alcoholism was the most prevalent personal problem experienced by employees and that the workplace was the best place to identify, motivate, and provide help for the treatment of alcoholics. The NIAAA funded two occupational program consultants (OPC) in each state. Many of these consultants were psychologists and social workers trained in mental health. Thus, the OPCs really became two groups, an alcoholism treatment group and a mental health group. These groups differed in their emphasis when working with employees. The alcoholism constituency wanted to emphasize the importance of treating alcoholism and the use of the constructive confrontation strategy for motivating alcoholics. The mental health constituency emphasized the importance of treating all personal problems equally. They stressed the necessity for troubled employees to seek help from the EAP on their own initiative. Employers liked the mental health group's emphasis because they believed that these counseling services would relieve supervisors of having to manage difficult workers (Sonnenstuhl & Trice, 1986).

The number of employee assistance programs skyrocketed between 1974 and 1981. These programs increased from a mere 350 to an estimated 5,000 (Sonnenstuhl & Trice, 1986). Studies reported by Roman (1982) and Trice and Beyer (1984) found that programs are adopted because employers believe that helping employees to solve their personal problems is a good business practice and it demonstrates a company's social responsibility

(cited in Sonnenstuhl & Trice, 1986).

Cost-benefit analyses have both supported and refuted the economic benefit of employee assistance programs, but companies still believe in them (Sonnenstuhl & Trice, 1986). The existence of EAPs can be based on various practices such as fair employment laws, labor contracts, and the federal Drug Free Workplace Act of 1988. The business world had taken on a new concept, rehabilitation, recognizing it should be the first step in helping an employee with a problem (Sonnenstuhl & Trice, 1986).

Beyer and Trice (1978) found that top management support for EAPs may be crucial to policy adoption, but it is not sufficient for program implementation (cited in Sonnenstuhl & Trice, 1986). Managers and facilitators must support the program by becoming familiar with and helping to implement the program strategies. An EAP will not be well supported unless it is favored by more than top management (cited in Sonnenstuhl & Trice, 1986). This holds true in school systems. Mock (1987) discovered that the perception of the superintendent and the community toward EAPs were the only two variables that could be used to predict the presence of an EAP in a school system.

During the last decade, the fiber of our society has changed. The number of alcoholics, drug abusers, divorced couples, and single parents has risen dramatically since the 1970's. Additionally, American productivity has declined, and health insurance claims have increased by 11.2% per year. Employers have seen that changes in employees' personal lives affected job performance (Masi, 1984). Sauer (1987) found that one out of six teachers in a large suburban school district experienced divorce, separation or

annulment. These teachers were less able to cope with classroom management and discipline, classroom instruction, and pupil-teacher relationships. These changes in society, according to Dr. John Helzer, have resulted in approximately one in seven Americans age eighteen or older having met the Diagnostic and Statistical Manual criteria for alcohol abuse or dependence (Masi, 1984). Alcoholism has become one of America's most serious public health problems, and only recently has special attention been focused on its largest single population, the working alcoholic. It was not until the late 1950's that alcoholism was recognized in professional magazines as an occupational health problem. In 1956 the American Medical Association (AMA) defined alcoholism as a disease worthy of rehabilitation and treatment, thereby reducing its stigma as a moral weakness (Masi, 1984). All of these factors contribute to the need for employee assistance programs in the workplace.

Problems in American society have become more complex and have continued to spill over into the work setting. The three greatest areas which affect our society today are severe mental distress, alcoholism, and drug dependence. The following statistics support this (Egdahl & Walsh, 1980):

- *25% of the population suffers from some form of depression, anxiety, or other forms of emotional distress.

- *10-15% of the population is in need of some type of mental health treatment.

- *10 million people have alcohol-related problems, and only 1 million of those reported actually receive treatment.

*The estimated annual cost of alcohol-related problems is \$42.75 billion.

*12% of the total expense of health-care is for the treatment of the mentally ill. The annual cost is \$17 billion.

*The annual estimated cost to companies of drug abuse by employees is \$8.4 - \$12.2 billion.

*During a three-year study of absenteeism at the Weirton Steel Company, 61% of those examined demonstrated that psychiatric illness was the principal reason for absenteeism. The majority of the absences was due to poor adaptation to life and development of psychosomatic symptoms.

*80-90% of all industrial accidents are related to personal problems.

*15-30% of the work force is seriously handicapped by emotional problems.

*Equitable Life Assurance Society found that for every dollar expended for treatment by the Emotional Health Program, there was \$5.52 return in increased productivity.

Walter Wriston stated in his address to the Conference on Employee Mental Wellness, that cost containment should be an ongoing concern to the private sector. He predicted that if medical costs continue to climb at the present rate the government will step in and impose cost controls that will erode incentives for doctors to provide a quality medical service. Wriston went on to say that when business managers experience a rise in absenteeism and an increase in coronary complications, the problem

becomes not only a human problem, but also a challenge to the business community. Establishing mental health services to restore employees to full productivity should be a primary concern of all companies. The Kaiser study demonstrated that the employee assistance program at the Kennecott Company decreased absenteeism by half and contributed to a 55% reduction in hospital, surgical, and medical costs (Egdahl & Walsh, 1980).

Barack (1986) surveyed 108 school districts in the United States regarding employee assistance programs. The study demonstrated a need for medical programs to help employees and an increasing interest in initiating employee assistance programs in schools. In order for an employee assistance program to exist in a school system, it must be supported from its inception by a key player in the school system, for example, the superintendent (Mock, 1987). Rochowicz (1990) found three ways in which schools can initiate employee assistance programs: an external contract with a health-care provider (85.7%); in-house assessment programs and the use of a referral (55.6%); or the school system itself may provide some of the services (44.4%). The average annual cost to maintain these programs is \$11.04 per employee, and most of that is paid by the school district (Rochowicz, 1990). This minimal cost to a school system is worthwhile because it produces healthier employees. Hacker (1986) showed that the employee assistance program improved work performance and lowered the absentee rate of employees following the completion of an EAP. After examining 341 referrals and grouping them by type of job, type of referral, type of problem, and type of treatment, Hacker found that the mean score on the employee's evaluation improved and the number of

absences was reduced.

Employee Assistance Programs have proven to be very beneficial to businesses by providing an emotional first-aid for workers who are trying to cope in our complex society. Workers have been helped by this program to become healthier and more productive employees.

Wellness Programs (WP)

Bloomfield & Kory (1978) define wellness as "a level of physical fitness and physical-emotional harmony that affords maximum resistance to disease and supports a sustained joy of living" (Cited in Mullen, 1983, p.17). Lawson (1985) defined wellness as optimal health and fitness. This definition included improving the physical, emotional, mental, and spiritual self through life-style choices which would maximize the quality of life or well-being of the individual. The concept of wellness deals with taking a more active approach to improving one's health. The medical profession supports the contention that good health depends upon a wide range of life-style habits. The choices one makes affect one's every day health (Wellness Optimal Health and Longevity, *Time-Life Books*, 1989). The first appearance of the term wellness is attributed to H. L. Dunn, the Chief of the National Office of Vital Statistics, U. S. Public Health Service, in the 1950's. Dunn saw health as a state of well-being and wellness as the direction toward a higher level of optimal functioning of an individual (Mullen, 1983). The term wellness has become an integral part of our vocabulary in the 1990's.

In a proceedings report of Virginia's First Prevention Institute held at the College of William & Mary in July of 1988, Dr. Joseph Galano spoke of the need for education as a means of preventing disease and a tool for positive change. He emphasized three goals of education in the area of health:

1. Prevention - an increase in cognitive awareness could prevent harmful activities from taking place.
2. Protection - there should be an increase in available knowledge so a transition can occur from harmful activities to healthful activities.
3. Promotion - the increased information made available should help modify behavior and enhance well-being.

Dr. Galano also noted that seven important educational steps needed to be communicated to the public to increase the health of the population by:

1. changing beliefs and attitudes regarding health,
2. adapting positive personal behavior,
3. making the health content in education more appropriate,
4. presenting health information in a novel manner for better retention,
5. targeting specific issues and providing alternative attitude structures,
6. producing high quality educational materials, and
7. considering the emotional aspects of the targeted population.

Health and life-style education must take place in schools. Breslow and Belloc saw that a number of health habits significantly affect one's health and life expectancy (cited in Mullen, 1988) and can affect persons who already have a health risk problem (Rold, 1988). The changes in attitude and

life-style of participants in a wellness program do have a long term effect on their health (Thomas, 1983). The level of participation is maintained even after completion of the program (Honderd,1985). Koonce (1986) found that three months following the conclusion of a wellness program, 47.3% of the participants in one group were still involved in wellness and fitness activities.

In the initial planning stages of a wellness program it is important to determine the primary types of programs needed and the current health concept of employees because both will positively or negatively influence the individual's health-promoting behavior (Bagwell, 1988). Several elements are instrumental to the success of a wellness program. They include involving employees in planning the program, offering a variety of activities, emphasizing choices for participants, and adapting an everyone-benefits philosophy for the program (Shellenberger, 1990).

The popularity of wellness programs is increasing. These programs range from simple exercise programs to extensive cardiovascular health programs. Administrators have supported the concept that an employee's job performance is enhanced through wellness programs because these programs promote an improved self-concept, a better attitude toward health and work, and a higher morale in the workplace. Wellness programs appear to improve an employee's overall health as has been validated by improvements in the composite scores from health screenings and the containment of health-care costs (Peccia & Coleman, 1991). Data also has confirmed a decrease in sick leave and absenteeism by employees (Peccia & Coleman, 1991; Townsend, 1984), though not all studies have supported this

finding (Brigham, 1987). Wellness programs at the school worksite also can serve as a model for youth and act as a preventive measure for students in avoiding development of poor fitness levels which tend to accompany an increase in health-care expenses later in life (Rold, 1988).

Funding of wellness programs is most often supported by the employees in the form of fees or by employees' fees and local funds from the employer. In most programs all employees are allowed to participate (Townsend, 1984). Rold (1988) drew two interesting conclusions regarding wellness programs and cost: first, that most effective wellness programs focus on the personal well-being of the participant and not on the cost savings; and second, that most programs use subjective evaluation procedures to justify the program's existence and not a cost analysis.

When Mills (1989) reviewed evaluations of a wellness program, there were seven recurring themes which emphasized the program as a motivator and reinforcer for participation in wellness activities. The themes were the following:

1. The term wellness was defined in a variety of ways by the participants.
2. Participants demonstrated a *Positive Addiction Pattern* to participation in the program which helped them to continue.
3. Participants made personal life changes in areas such as attitude, knowledge, and behavior, after participation in the program.
4. The quality of their personal lives and teaching effectiveness increased after participation in the program.
5. A *filtering down* effect was occurring in students who had teachers

that participated in the program.

6. The time and nature of their teaching assignments determined how much they modeled and integrated wellness into their activities and teaching.
7. Most participants would not suggest major changes in the current program.

Townsend (1984) studied the attitudes of Texas public school personnel administrators toward wellness programs and tried to determine if differences existed concerning these attitudes. Areas researched were the methods of funding, effectiveness in job performance, influence on operating expenses, and the number of programs in place. Townsend found that the majority of public school personnel administrators favored these programs, but only 17 districts had wellness programs in place. Administrators in these 17 districts indicated that job performance was enhanced, and district operating expenses decreased as a result of the wellness programs.

Trends

Wellness programs and employee assistance programs are on the rise. Employers and employees have a concern for the cost of medical insurance, personal health, level of fitness, degree of stress, and nutritional needs (Barker, 1987). Gutt (1985) used a needs assessment questionnaire, a course evaluation, and a survey of business and health professionals in the geographic area of Western New York to determine the following trends of

these programs:

1. Businesses and industries having more than 500 employees perceived wellness education programs as desirable, and many of these companies had programs.
2. Health education programs tended to concentrate on one area of wellness, generally the one with the most obvious financial effects.
3. Businesses and industries viewed the mini-course as an appropriate method to present a concentrated aspect of wellness information.
4. Several components and expected benefits of wellness courses were the same as those promoted in the national guidelines for health education.
5. Participants expressed interest in assessing their present life-styles and health habits as well as learning ways to improve their health behaviors through use of in-house support groups.
6. Health professionals felt the worksite is an appropriate setting for health education related to the concept of wellness.

Hettler's definition of wellness included the following areas: physical fitness, nutrition awareness, emotional well being, social benefits, intellectual growth, occupational-vocational and spiritual health (cited in Vastine, 1984). Vastine (1984) found that 49% of the wellness programs offered concentrated in only two areas, physical fitness and nutrition awareness, and none were offered in the spiritual dimension. Lawson (1985) and Barker (1987) found that the majority of wellness programs concentrated in three areas: physical fitness, nutritional awareness, and weight control. Vastine also projected in the next five years wellness

programming in all areas except the spiritual are expected to grow.

Table 2.1 presents the findings of a national study (Rochowicz, 1990) on the status of wellness and employee assistance programs in public schools. The cost of these programs averaged \$54.10 per person annually. This cost is relatively low as compared to the many benefits gained from these programs. Yet, Rochowicz found of the public school systems surveyed only 12.8% had wellness programs and 8.2% had employee assistance programs. The results of this 1990 study will be used to show how Virginia public schools compare to what Rochowicz found to be the national average.

Rochowicz surveyed school systems regarding their attitudes toward future employee assistance program and wellness program implementation. The results indicated that by 1995, 50% of all districts will have a wellness program and 40% will have an employee assistance program. Koonce's study (1986) supported the establishment of a worksite wellness program as a sound management practice. Townsend concluded the following about worksite wellness programs in public schools:

1. The popularity of public school wellness programs is increasing.
2. Wellness programs varied but appeared to meet the needs and financial constraints of each district.
3. Personnel administrators indicated that all employees should be eligible for all programs in the district.
4. Wellness programs appeared to improve employees' health since health insurance costs, sick leave, and absenteeism decreased.
5. Morale, self-concept, and attitude of participants improved.

6. Funding should not be a deterrent to a school system for establishing a wellness program.
7. Most systems were supportive of wellness programs.
8. The school systems that had wellness programs found that the overall job performance of school personnel improved and district operating costs decreased.

The government has become involved in the national trend toward a more healthy population. The U. S. Department of Health and Human Services Book, Promoting Health/Preventing Disease: Year 2000 Objectives for the Nation, Objective 20.15 states:

Increase to at least 75% the proportion of workplaces with 50 or more employees that offer a health promotion program in which 20% or more of employees participate regularly and of which 50% include activities for family members and/or retirees. (p. 23)

Virginia has also joined this trend. The new 1992 Virginia guidelines for improving students' health include some very health-conscious policies. These guidelines include the implementation of policies that require school buildings to be smoke-free or require smoking to be limited to designated areas. School systems are asked to have a Health Advisory Council in place by December 1992. Schools are also asked to eliminate junk food from school menus and cafeteria vending machines and make available from these machines nutritious, healthy food (Thiel, 1992).

School systems should foster health and wellness behaviors among employees by providing more time and space for the employees to practice positive wellness behaviors (Thomas, 1983). Successful companies depend

on healthy workers. If employees are given the proper foundation, they will accept the responsibility for self-growth and self-education to progress toward a more healthy being (Guy, 1986). There is a positive relationship between age and years of education and wellness orientation (Barker, 1987; Britzman, 1987; Scott, 1985). For these reasons, an educational setting should be more conducive to the establishment of and participation in a wellness program than a blue-collar factory setting where many employees have no formal college education.

Summary

In Chapter 2 a review of the literature revealed that only a limited number of studies have been completed to determine the existence and level of wellness and employee assistance programs. The available literature indicates a great need for wellness programs for the workforce in order to improve the health of employees and decrease the expense of health-care. The literature supports the contention that wellness programs exist in public school systems.

Teachers, assistant principals, and principals experience stress. Stress reduction behaviors can be taught to personnel, and when used, will decrease the level of stress in an individual. Reduction of stress greatly improves the health of an individual. Improved health increases job performance, morale, and self-concept, and therefore decreases the use of sick leave and health-care claims.

Our society is changing dramatically, and these changes can increase

stress in employees and increase the number of health-related problems in the population. The need to help employees handle their stress and personal problems through wellness programs and employee assistance programs is a reality schools no longer can avoid. The cost of providing these programs has been determined to be low; school systems cannot afford to overlook this benefit.

The studies cited emphasize the importance of wellness programs and predict an increase in the number of programs to be implemented in the future. Rochowicz predicts that by 1995 50% of all school districts will have wellness programs in place and 40% will have operative employee assistance programs. There is a need to determine where Virginia stands in the wellness revolution.

The methodology used in this study will be presented in Chapter 3. Included will be a description of the variables, the population surveyed, and the construction of the survey instrument. Data collection and the conclusions drawn from the analysis of the survey results will be discussed in Chapter 4 and related to other research found in the literature.

CHAPTER 3

METHODOLOGY

Introduction

The available literature and limited research in the area of wellness programs and employee assistance programs was reviewed in Chapter 2. Chapter 3 outlines the methods and procedures used to gather and analyze the data obtained regarding the status and perceived need for wellness and employee assistance programs in the public school systems in Virginia. The population, selection, and construction of the survey instrument, data collection, and analysis procedures will be explained and discussed.

Population and Sample

The population used for this study was 132 superintendents of the public school systems in Virginia as listed in the *1990 Virginia Educational Directory*. All school systems which responded were included in Part I of this study, *Wellness and Employee Assistance Programs in Public School Systems in Virginia*. School systems which were identified as having employee assistance programs and/or wellness programs were asked to respond to the second and third part of the survey: Part II - *Level of Wellness and Employee Assistance Programs* and Part III - *Benefits and Evaluation of the Wellness and Employee Assistance Program*. School

systems that had these programs were identified as such when a representative of that system completed and returned the mailed survey.

Data Gathering Instrument

Very little research has been conducted in the area of wellness programs and employee assistance programs in the public school systems of the United States. Hence, a standardized instrument for measuring the level of wellness and employee assistance programs had not been developed. There had been no state surveys in Virginia to determine the number of programs in place or the levels of these programs across Virginia; therefore, a descriptive research design was chosen using an original survey instrument.

The survey instrument was developed to elicit relevant information regarding the existence of and level of wellness and employee assistance programs in Virginia. Each research question resulted in one or more survey items. The final survey instrument contained 23 questions and answers that included dichotomous, multiple response, and short answers.

According to Dillman (1978), there are several important factors that should be considered in the construction of a survey. These factors include the size of the survey, the front cover of the survey, the color of paper, and the importance of individualizing each letter and mailing it in a personalized envelope. Inclusion of these elements resulted in a nine-page survey printed in booklet form on creme paper. The front page of the booklet displayed a picture of Virginia with runners used to signify the

importance of exercise and its relationship to one's health and well being.

Instrumentation and Validation

The items in the survey were developed based upon information desired, information found in the literature, and areas recommended by a panel of experts after two screenings of the proposed survey. These experts were chosen because of their expertise in the area of wellness and employee assistance programs in the private sector or on the college level, or because they had completed research in these areas. After two evaluations the survey instrument was updated, printed in booklet form, and readied for mailing.

Section I of the survey determined if the school division has a wellness or employee assistance program or if it perceives a need for either of these programs. The respondent was asked to rank the reasons listed which prevented or caused difficulty in the development and implementation of one or both of these programs. Section II was designed to measure the level of the wellness and employee assistance programs available to the employees. This was included so that each school division could be categorized as having a low, medium, or high-level of wellness activities according to adapted definitions from the American Heart Association. This section was also designed to ascertain the amount of financial support, time appropriated, number of personnel involved, and frequency of evaluations in the school system sponsored program. It also revealed if any wellness programs had been cut. Another issue addressed in this section

was the determination of how many school systems actually receive reductions in health insurance premiums for employees as a result of having a wellness program. Section III reflected the benefits to the employee/employer of having these programs in place. This was determined by the health-related changes perceived by the respondent in the school system as well as from the feedback derived from participants in the various programs. In an open-ended question, the survey respondent was asked to relate any feedback received from participants in wellness/employee assistance programs. The survey respondent was also asked if the implementation of either of these programs could be related to a decrease in the absentee rate or health-care claim rate of employees.

Panel Review

Following the initial development of the survey instrument, it was sent to three area wellness coordinators to determine if any vital information had been omitted. This small pilot study of the survey aided in modification of the instrument to include grants as part of the funding used to support wellness programs. The survey was then formally piloted when it was sent to a panel of eleven experts in the field of wellness across the United States (See Appendix A). The individuals selected for this process are people who currently are involved in the area of wellness in the private sector or on the college level or who have published articles concerning the benefits of wellness programs. The panel members were sent an evaluation instrument (See Appendix B) with the survey and a cover letter (See

Appendix C) asking them to recommend the addition or deletion of any information on the survey. Nine panel members responded. The instrument was revised a second time to incorporate the suggestions made by this group. Following these two evaluations and revisions of the survey, the final instrument (See Appendix D) was prepared and mailed to every superintendent in Virginia.

Data Gathering Procedure

The first mailing of the survey to all the superintendents of the public school systems of Virginia took place in April 1992. This mailing to the 132 public school systems in Virginia (See Appendix E) included a cover letter (See Appendix F), a survey, and a return envelope. The superintendents were asked to complete the information regarding the status and/or perceived need of a wellness and/or employee assistance program in their school system or to pass the survey on to the program coordinator for completion.

The first mailing was April 12, 1992. On April 18, a post card was sent to all superintendents to thank them for their participation and to remind them to please return the survey (See Appendix G). Systems which had not returned the survey by the due date of April 30 were sent a second mailing. This second mailing, on May 3, consisted of a revised cover letter (See Appendix H), a survey with a mailing label attached to identify it as a second mailing, and a stamped return envelope. On May 18, two weeks after the second survey was mailed, a follow-up phone call was made to 33

school systems. A second follow-up phone call was made or another reminder post card was sent on May 29 in an attempt to obtain as many completed surveys as possible. A final post card was mailed on June 7 asking for a minimum of the needed survey information. This final post card was sent to 18 school systems which had not previously responded by June 1 (See Appendix I).

Analysis of Data

Data from this survey were used to examine the level of wellness and employee assistance programs in one state, Virginia. The spreadsheet segment of the computer program *Appleworks* was used to analyze school systems which offer wellness and employee assistance programs. The analysis included two other measures, a comparison of the wealth of a district and the size of the district. The wealth of a school district was determined by the 1988-90 Local Composite Index of the Virginia Public School Systems, and the size of the district was determined by the 1989-90 number of teaching positions available in each school system. The composite index is an equalization formula used in Virginia to determine the communities' ability-to-pay for education in the local school district. The composite index in Virginia ranges from .2016 to above 1.0, but all indexes above 1.0 are rounded to 1.0.

Other factors that were described included the level of implementation of wellness and employee assistance programs, the perceived need, and the benefits realized by the participants, as well as methods used in evaluating

these programs. The percentage of programs which exist in the Virginia Public School Systems was compared to the national trend found in the literature and to the goal of the U. S. Department of Health and Human Services that 75% of all workplaces with 50 employees or more will offer a health promotion program by the year 2000.

Summary

The population, data gathering instrument, instrumentation, validation, and panel review of the survey was discussed in Chapter 3. The data collection and analysis procedures were summarized. In Chapter 4, the results and analyses will be presented.

CHAPTER 4

ANALYSIS AND RESULTS

Introduction

The purpose of this study was to describe the status and perceived need of wellness and employee assistance programs in the public school systems in Virginia. This information was gathered through the use of a self-administered mailed survey instrument. Information had previously been garnered on a national level (Rochowicz, 1990), which included a few school systems from Virginia, but never before has the status of all of the programs in Virginia been described. Status includes the existence of a program, the program's magnitude, number of years in existence, personnel involvement, cost, and perceived benefits from the program.

Survey Response

The survey was initially mailed on April 12, 1992, to 132 superintendents of the public school systems in Virginia. The total number of responses was 124, which is a 93.93% response rate. The greatest return rate occurred during the second week in which 41 responses were received. Table 4.1 presents a summary of the survey response rate by frequency and percentage.

Table 4.1**Survey Return Analysis Frequency and Percent**

Date	Return frequency	Return cumulative frequency	Percent of total return
Week 1 4/13/92	Survey #1 (Mailed 4/12/92) 11	11	08.33%
Week 2 4/20/92	Post Card (Mailed 4/18/92) 41	52	39.39%
Week 3 4/27/92	27	79	59.84%
Week 4 5/4/92	Survey #2 (Mailed 5/3/92) 17	96	72.72%
Week 5 5/11/92	6	102	77.27%
Week 6 5/18/92	Phone Calls (5/18-19/92) 4	106	80.30%
Week 7 5/25/92	Reminder Cards & Survey #3 (Mailed 5/28-29/92) 5	108 ^a	81.81%
Week 8 5/31/92	7	114 ^a	86.36%
Week 9/10 6/7/91	Final Survey Post Card (Mailed 6/8/92) 10	124	93.93%

^aSeveral school systems returned 2 surveys.

Research Question #1

How many Virginia public school systems provide wellness and employee assistance programs for their employees?

The U. S. Department of Health and Human Services stated in Objective 20.15 that by the year 2000 at least 75% of the workplaces with 50 employees or more would offer a health promotion type program. Rochowicz's study (1990) predicted that by 1995, 50% of all school districts will have a wellness program, and 40% will have an employee assistance program. Yet, Rochowicz found only 12.8% of the responding school districts had a wellness program, and 8.2% had an employee assistance program. There are 132 public school systems in Virginia; 37.9% of the 124 school systems responding currently have wellness programs, and 30.6% have employee assistance programs. Table 4.2 presents a summary of the research used for comparison purposes for this study.

Table 4.2

Percentage of Wellness and Employee Assistance Programs in Virginia Compared to a National Study and the U. S. Department of Health's Year 2000 Projection

Programs	U.S. Dept. of Health Objective 20.15	National Study (Rochowicz 1990)	Virginia (1992)	Individual Schools with WPs in Virginia
No WP or EAP		82.5%	47.72%	
WP Only	75%	9.3%	17.74%	12.09%
EAP Only		4.7%	10.48%	
WP & EAP		3.5%	20.16%	
WP Total	75%	12.8%	37.90% ^a	
EAP Total		8.2%	30.64% ^b	

WP - Wellness Programs

EAP - Employee Assistance Programs

^aThis figure represents the total of WP Only + WP & EAP

^bThis figure represents the total of EAP Only + WP & EAP

Note: Percentage of programs based on the 124 responding school systems.

There are 47 public school systems in Virginia with wellness programs and 38 with employee assistance programs. Individual school site-based wellness programs supported by the administration but not sponsored by the school system were indicated in 15 school systems. There were several school systems that replied that neither program is in place, yet these respondents answered Section II and indicated that wellness activities did exist in their school system. The activities listed by these five systems include mammography programs, inservice day programs, distribution of wellness literature, blood pressure screenings, and exercise and first aid classes.

One reason given by school systems for not sponsoring employee assistance programs was that drug abuse treatment programs were available in the community. These divisions reported using a referral procedure which matches employees with various community services.

The recent growth of the employee assistance program can be attributed largely to the Drug-Free Workplace Act of 1988 which requires a workplace receiving federal services of \$25,000 or more to provide a drug-free environment. This act calls for businesses to establish a drug awareness program along with policies and procedures that will be followed regarding violators. If any employee is convicted under a criminal drug statute, this law requires the employee to participate in a drug abuse assistance or rehabilitation program; thus this law has caused some school systems to initiate an employee assistance program or set up a referral system. Two school systems specified this reason on the survey response. Table 4.3 reflects the number of programs present in Virginia.

Table 4.3

Wellness (WP) and Employee Assistance Programs (EAP) in the Public School Systems in Virginia

Programs	Number of Virginia Public School Systems 1992
No WP or EAP	63
WP Only	22
School site WP	15
EAP only	13
WP & EAP	25

School System Sponsored WP Total	47 ^a
School System Sponsored EAP Total	38 ^b

^aThis figure represents the total of WP Only + WP & EAP

^bThis figure represents the total of EAP Only + WP & EAP

Note: Numbers based on the 124 responding school systems.

Virginia is certainly above the national average in the number of wellness and employee assistance programs offered, as determined by Rochowicz's study (1990), but must greatly increase these programs, especially the number of wellness programs, to reach the government's desired goal of 75% by the year 2000. One school system reported that an exemplary program can have additional benefits. Virginia Beach has received grants for its outstanding program, both a \$90,000 Campaign 2000 Grant and a Heart at Work Grant. The American Cancer Society has recognized the Virginia Beach Wellness Program nationally as one of the leaders in cancer prevention.

Barker (1987) found that wellness programs and employee assistance programs are relatively new phenomena in the business world. This has been substantiated in two other studies. Shellenberger (1990) cited that more than 50% of the worksite health promotion activities have been in place for fewer than five years. Reis (1987) found that employee assistance programs in Ohio have been in place for three years or less. The oldest wellness program in Virginia has been in operation for 10 years, and the most established employee assistance program in Virginia is 12 years old. Table 4.4 displays a summary of both programs grouped by the number of years each has been in existence.

Wellness and employee assistance programs are obviously growing in Virginia. The data from Virginia Public School Systems support the research indicating that wellness and employee assistance programs are relatively new concepts and are on the rise in businesses in the United States (Barker, 1987; Rochowicz, 1990; Sonnenstuhl & Trice, 1986).

Table 4.4

Number of Years that Virginia Public School Systems Have Had Wellness and Employee Assistance Programs

Number of Virginia Public School Systems

Years	Wellness Program (WP)	Employee Assistance Program (EAP)
1	3	3
2	11	9
3	8	4
4	5	3
5	9	2
6	5	3
7	1	2
8	0	1
9	1	0
10	1	1
11	0	0
12	0	1
Total Count	44 ^a	29 ^a
Mean	3.88	4.14

^aNot all school systems having programs responded to this question.

Research Question #2

What are the demographics of those Virginia public school systems that provide wellness and employee assistance programs?

There were two areas used for descriptive information in this study. The first was the 1988-90 Virginia Local Composite Index for school systems, as determined by the Virginia Department of Education, to establish the wealth of a school district. The second was the number of teaching positions available in each school system as listed in the 1989-90 Superintendent's Annual Report for Virginia. This was used to evaluate the size of the school district.

The Virginia Public School Systems that have employee assistance programs have a composite index range from .2016 to 1.0; the mean is .4788. The average composite index for schools that have wellness programs, however, is .4397 and the range is also .2016 to 1.0. Data reflected that the wealth of a district is not a direct factor regarding the establishment of either one of these programs. Table 4.5 is a summary of the wellness and employee assistance programs grouped by school system composite index scores.

Table 4.5

The Number of Virginia Public School Systems Having Wellness Programs and/or Employee Assistance Programs Grouped by Composite Index Scores

Number of Virginia Public School Systems

Composite Index (1988-90)	Wellness Programs (WP)	Employee Assistance Program (EAP)
.20 - .29	11	7
.30 - .39	14	12
.40 - .49	11	7
.50 - .59	4	4
.60 - .69	4	3
.70 - .79	0	1
.80 - .89	0	0
.90 - 1.0	3	4
Total	47	38
Mean score for Composite Index	.4397	.4788

The total number of teaching positions, as listed in the 1989-90 *Superintendent's Annual Report for Virginia*, was 66,765.97. The number of teaching positions in school systems that have an employee assistance program varies from 43.30 to 4103.70. School systems that have a wellness program range from 43.00 to 8124.00 teaching positions. Based on the mean and range of teaching positions in these systems, as presented in Table 4.6, these programs are not limited to large school systems.

The total number of teachers, as determined by the number of teaching positions in the school district, who have wellness programs available to them are 32,783.92 and who have employee assistance programs available to them are 34,058.74. This means that approximately 50% of the teachers in Virginia are not offered either of these beneficial health programs.

Table 4.6

The Number of Virginia Public School Systems Having Wellness or Employee Assistance Programs Based on the Number of Teaching Positions

	<u>Number of Virginia Public School Systems</u>	
Teaching Positions (1989-90)	Wellness Programs (WP)	Employee Assistance Programs (EAP)
1 - 149.00	9	7
150.00 - 299.00	11	6
300.00 - 449.00	6	7
450.00 - 599.00	5	4
600.00 - 749.00	3	3
750.00 - 899.00	2	2
900.00 - 1049.00	2	1
1050.00 - 1199.00	1	1
1200 & above	8	7
Total number of programs	47	38
Mean number of teaching positions for systems that have these programs	782.65	896.28

Research Question #3

Do the Virginia public school systems perceive a need for wellness and employee assistance programs?

A majority of the respondents perceived a need for a wellness program and an employee assistance program, 63 and 62 respondents respectively. Lack of funds and needed personnel were the highest ranking obstacles to overcome when initiating a program or preventing a school system from implementing one as shown in Table 4.7. There were 82 respondents who answered this question, but not all answered it as requested.

Table 4.7

Obstacles for School Systems Implementing a Wellness or Employee Assistance Program

Obstacle	Rank order averages of responses
Lack of funds	2.378
Lack of personnel	2.671
Lack of available expertise	4.571
Lack of interest	4.735
Programs in the community	5.383
Considered a "frill"	5.442
Lack of facilities	5.700
Lack of administrative support	5.791
Other	6.654

Note: Each school system respondent was asked to rank the above obstacles listed above 1-9. The above averages indicate the rank order of all of these responses.

Research Question #4

Have the wellness or employee assistance programs already in place been reduced in the public school systems in Virginia?

In Virginia Public Schools Systems there are 47 wellness programs and 38 employee assistance programs. There were five school systems that indicated a budget reduction in 1992-93 for wellness and/or employee assistance programs, and 12 indicated that wellness program offerings had been cut in the last three years. These reductions included such areas as preschool wellness workshops, inservices, health screening tests, stipends, and rewards such as T-shirts and plaques. Even though school systems cut wellness program support, several indicated that individual schools still maintain programs. Volunteer programs or programs completely paid for by the employee were not addressed in this study.

The overall support of these programs can be seen in the employee assistance program school budget figures, as reported by the survey respondents. The mean went from over \$32,000 in 1989 to over \$47,000 in 1991. The wellness program budget mean has been more stable, ranging from \$4,905 in 1989 to \$4,811 in 1991. A summary of the 1989-1991 school system budgets for wellness and employee assistance programs as indicated by survey respondents can be found in Table 4.8.

Table 4.8

Virginia Public School System Wellness (WP) and Employee Assistance Program (EAP) Budgets

Budget dollars	<u>1989</u>		<u>1990</u>		<u>1991</u>	
	WP	EAP	WP	EAP	WP	EAP
Total spending	\$88,299	\$358,455	\$88,887	\$452,070	\$110,661	\$454,105
Maximum spending	\$39,000	\$160,000	\$41,000	\$170,000	\$41,000	\$180,000
Minimum spending	\$200	\$1,000	\$300	\$200	\$300	\$135
Mean	\$4,905	\$32,586	\$4,040	\$26,592	\$4,811	\$47,800

Note: Amounts indicated by survey respondents were added to obtain the total spending dollars for each year. Budget totals for each year were not completed by every respondent.

Research Question #5

Have any of the Virginia public school systems which have instituted wellness programs or employee assistance programs made any health-related policy changes since the initiation of these programs?

Health-related policy changes have occurred in 65.32% of the public school systems in Virginia responding to this survey. A strong stand against smoking has been taken by 29% of the school systems by banning smoking in school buildings. The state health guideline for schools in 1992 will require school systems to designate smoking areas or eliminate smoking from school buildings.

Low fat and special, nutrition-conscious menus are provided in 22.58% of the school systems responding to this question. The state health guideline will also ask schools to eliminate junk food from school menus and cafeteria vending machines and make available nutritious, healthy food in 1992. One school system has currently initiated an anabolic steroid school policy. These changes reflect the health-conscious concerns of our society, however, these changes may or may not be related to the existence of wellness programs in school systems.

Research Question #6

Have any Virginia public school systems received grants to establish a wellness program in their school system?

Seventeen school systems indicated they had received grants for their

wellness program, and several participate in the Blue Ridge Wellness Retreat each year. This is a week-long camp in which all the lectures focus on health issues, and participants are encouraged to exercise and maintain a healthy diet each day to gain points. Each school system team is required to organize a health-related project to implement during the school year and report the results. Patrick County sent its 1991-1992 Blue Ridge School Health Education Action Plan as part of its survey response. This plan consisted of giving pre- and post-school year health screening tests for employees and providing school site activity opportunities during the year. These opportunities included weight control, nutrition, exercise, and smoking cessation classes.

Grants received by some school systems include the Drug Free School Grant, Blue Ridge Grant, Campaign 2000 Grant, and Heart at Work Grant, but only a few school systems have been successful in obtaining these grants.

Research Question #7

What types of wellness and employee assistance programs are offered by Virginia public school systems and what factors helped to determine the nature of these programs?

School systems determined the content of their wellness program by using a variety of methods. Methods utilized and the number of systems surveyed were as follows:

1. survey--14
2. insurance companies, consultants, and hospitals--7

3. specialized staff members--6
4. committees--3
5. needs assessment--3
6. trends found in the current literature--2
7. building principal--1
8. superintendent--1

Systems using specialized staff members to determine the content of their wellness programs employ program directors, personnel directors, health educators, and school nurses. The needs assessment method bases its program on the results of health screening tests.

The type of wellness programs can vary from a simple information dissemination program to a high-level intervention program. Most Virginia school systems that implement a wellness program did so on all three levels. This can be seen by the number of school systems sponsoring these programs remaining so close at each level; a low-level implementation was found in 52 school systems, a medium-level was found in 51 school systems, and a high-level was found in 53 school systems.

Vastine (1984) found that 49% of the wellness programs in the U. S. were in the area of fitness and nutrition. In Virginia, 70% of the wellness programs address exercise, and 47% are nutrition related programs. A summary of all of the wellness programs is provided in Table 4.9.

Table 4.9

Types of Existing Wellness Programs in Virginia Public Schools

Types of wellness programs	Number of each program found in school systems
<u>A. Health/safety awareness</u>	
Health/safety awareness posters	35
Distribution of health risk brochures (For ex. Signs of Cancer, Causes of High Blood Pressure)	38
Wellness related literature (For ex. Wellness Flyers, Wellness Publications)	39
Workshops	36
Inservice days	30
Number of school systems with low-level programs	52
<u>B. Health Screenings</u>	
Mammography	19
Cholesterol test	41
Blood sugar level test	27
Percent body fat	26
Blood pressure	44
Weight	35
Number of school systems with medium-level programs	51

(table continues)

Types of wellness programs	Number of each program found in school systems
<u>C. Life-style Change Programs</u>	
Smoking Cessation Classes	17
Nutrition Classes or A Special Program	22
Exercise Classes (Aerobics, Jazzercise, etc.)	33
Stress Management Classes	30
Back Care Classes	8
Weight Reduction Classes	18
CPR	39
First Aid	30
Number of school systems with high-level programs	53

The level of program implementation has been divided into low, medium, and high. Low-level implementation indicates an awareness program which includes the distribution of health and safety literature. A medium-level program includes health screenings and follow-up activities. A high-level program includes both of the previous levels plus intervention programs. The average number of programs offered at each level were 3.5 for the five low-level programs cited, 4.0 for the six medium-level programs given, and 3.6 for the eight high-level programs named. For a list of the programs offered at each level refer to Table 4.9

The three employee assistance program selections given in this survey were alcohol abuse, drug abuse, and psychological services. Other programs mentioned were counseling services for grief, marital conflict, sexual dysfunctions, finances, and family problems.

Most school systems offered all three types of programs, which can be seen by the small variation in the number of school systems that offer each type of program; 23, 25, and 20. Most school systems offer an average of two programs. A summary of the number of school systems that offer each of these programs can be found in Table 4.10.

Table 4.10

**Types of Existing Employee Assistance Programs in Virginia
Public Schools**

Type of program	Number of school systems offering these programs
Alcohol abuse program	23
Drug abuse program	25
Psychological services	20
Other	4

Average number of programs offered by school systems	2.0
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Note: Not all school systems that indicated having an EAP answered this question.

Research Question #8

What organizational support, i.e., money, time, and personnel, is available for wellness programs?

In 1991 over \$564,000 was spent by the responding school systems on wellness and employee assistance programs in Virginia as seen in Table 4.8. This figure does not include volunteer programs, salaries, work hours spent on organizing activities, or publication dollars. Thirteen school systems sent publications that were printed by their school system to advertise the various programs offered. All of these costs seem well worth the effort as indicated by all the positive comments school systems receive regarding the programs. One school system indicated that over 500 positive comments have been received. For example, several employees indicated that early cancer detection through mammography screenings had saved their lives.

Most wellness activities occur during the week or on inservice days, 35 and 33 respectively. Nineteen school systems reported wellness activities as part of the contractual day, while fourteen have activities, such as exercise groups, before the contractual day. Four systems hold programs on Saturday.

There is little indication that systems with wellness programs provide specialized personnel whose sole responsibility is to manage these programs. Only half of the systems responding have a program coordinator. The program coordinators range from a full-time wellness coordinator to a director who has many other job responsibilities, such as personnel

specialist or director of instruction. The school system personnel used most often to support the program are program coordinators (26) or school nurses (23). The next leading group is composed of outside agents under contract (16) and health educators (13). A few physicians support wellness activities (9).

Employees are encouraged to engage in wellness activities during the school day. These activities include buddy walks and point earning activities. School division personnel are assigned to oversee these programs. The number of school systems having activities during the contractual day is evidence of support for wellness programs by these systems and/or schools.

Research Question #9

What benefits have been derived by the system from the implementation of a wellness program?

Many school systems stated that policy changes had been initiated to benefit their employees; however, these changes may not be related to the presence of a wellness program in the school system. These changes included a steroid policy, designated smoking areas, and the elimination of smoking at any school function. The benefits derived from these programs were described as not only intrinsic rewards of personal fitness and life-style changes, but also extrinsic rewards to individuals as well. Among these extrinsic awards were recreation facility memberships,

release time, and wellness leave days that could be earned. Employees in Virginia can compete for the Governor's Physical Fitness Award, and school systems sponsor activities that require a certain level of participation to earn T-shirts, plaques, and other prizes.

There are eight school systems that receive a reduction in the cost of medical premiums due to the activities offered by the school system. This survey did not address the question of why more school systems do not use the presence of a wellness program in their school system to their advantage regarding the cost of medical premiums.

There were only eight school systems that attributed a change in the absentee rate of employees to the implementation of a wellness or employee assistance program. There were six school systems that contributed a change in the health-care claim rate of employees to the wellness or employee assistance program. The largest group, 34 school systems, indicated that there had been no such pattern observed in the absentee rate of employees since the implementation of either one of these programs. The second largest group, 29 school systems, reported that no pattern had emerged in the health care claim rate of employees since the implementation of a wellness or employee assistance program. Still, the comments concerning these programs were very positive and the employees who took part clearly regard them as beneficial.

Research Question #10

Are the same wellness/employee assistance program services offered to all employees?

Only one school system in Virginia offers programs to the superintendent that are not offered to all employees. All of the wellness programs are open to all employees of the school system (47). A few systems include retirees (2), family members (16), and school board members (1).

Research Question #11

Are programs evaluated periodically, and if so, what types of evaluations are used to assess the wellness and employee assistance programs in Virginia public schools?

There were 33 public school systems that indicated they do evaluate their wellness and employee assistance programs. Methods of evaluation include quarterly reports, needs assessments, number of participants, program surveys, and personal monitoring of the program. Annual evaluation programs were found to be in place in 20 school systems, while semester and per activity evaluations were used in five and eight school systems respectively. There were eight school systems that have not established a specific time for evaluating their programs. The remaining school systems did not respond to this question.

Summary

The results and a description of the data obtained from the mailed self-administered survey were given in Chapter 4. The level and types of programs available, perceived need, descriptive information, program support, budget, and evaluation methods used were also reviewed.

Chapter 5 contains a summary of the study along with conclusions, discussion of the results, and recommendations for future research.

CHAPTER 5

SUMMARY, CONCLUSION, DISCUSSION, AND RECOMMENDATIONS FOR FUTURE RESEARCH

Introduction

Chapter 5 contains a summary of this study in which conclusions are drawn from an analysis of the data, the findings are discussed, and recommendations for future research are given concerning these types of programs.

Summary

The purpose of this study was to describe the status and perceived need of wellness and employee assistance programs in the public school systems of Virginia. The number of teaching positions available in each school system was used to determine the size of the district, and the composite index was used to determine the wealth of the district.

A survey instrument was developed to collect the data. It was mailed to the 132 public school superintendents in Virginia. The information received on the survey was evaluated to determine the level and perceived need of these programs in the school systems in Virginia and to answer the 11 research questions in this study.

The survey results revealed that 37.9% of the school systems in Virginia

responding to the survey have a wellness program and 30.6% have an employee assistance program. These numbers are much lower than the 50.0% and 50.8% perceived need of wellness and employee assistance programs as indicated by the survey responses. If the perceived need of these programs is any indication of future growth in this area, Virginia will be well on its way to implementing the federal government's objective of 75% of the workplaces with 50 employees or more offering a health promotion program by the year 2000.

The components used for indicating large, wealthy school districts had no bearing on the presence of a wellness or employee assistance program. Districts with a composite index as low as .2016 had a wellness program and an employee assistance program. This was also true for small school systems, as determined by the number of teaching positions available in the district. School systems with as few as 43.30 teaching positions had a wellness program available to the staff, and systems with 43.00 teaching positions were found to have an employee assistance program. This demonstrates that both of these programs are supported on many demographic levels in the public school systems of Virginia.

The average amount of money spent on wellness programs in 1991, as reported by survey respondents, was \$4,811. This number was much lower than the 1991 average employee assistance program budget of \$47,800. This may be due to the fact that many wellness programs are operated on a volunteer basis or are paid for completely by the employees. Some school systems that cut their programs let individual schools continue using their own staff support. Only five indicated a budget reduction in 1992-93 for

wellness and/or employee assistance programs, and twelve indicated that wellness program offerings had been cut in the last three years. This indicates that even in these hard economic times few school systems have opted to cut either of these popular programs.

A limited amount of time and support personnel have been dedicated to either of these programs. Usually the management of the program is one of the many duties performed by a personnel director, health educator, school nurse, or staff member. Most programs do, however, occur on weekdays or on inservice days during contractual time.

Health-related changes were reported by 65.32% of the school systems by the implementation of no smoking policies, designated smoking areas, or changes in school board policies. It is important to note that only school systems that have wellness or employee assistance programs answered this section. The response rate on this item could have been much higher if school systems not having wellness or employee assistance programs had been asked to answer this question. This number also will be inflated in 1992 by the state health guidelines that will mandate certain health-related regulations for every school system.

There are 17 Virginia Public School Systems that have received a grant for wellness programs in their school system. This amounted to only 13.70% of the responding school districts. If the federal government expects 75% of the businesses with 50 or more employees to have a wellness program by the year 2000, then programs must be supported with a greater amount of grant money than is currently available to school systems.

A majority of the school systems used a survey method to determine the types of wellness programs that should be offered. These programs varied from a low-level, information-only type program, to a high-level program with health screenings and life-style change classes. Although there are a wide variety of programs, school systems offer cholesterol screenings more often than exercise programs, 41 and 33 school systems respectively.

Wellness programs are based on the needs of the school employees and their needs are determined by surveys, staff planning committees, health screenings, and trends found in the current literature. Once initiated, every school system except one offered all programs to every employee. Wellness programs received overwhelmingly positive reports from participants. It would be difficult for a school board or administration to cut a program as popular among employees as the wellness program. Along with the employee assistance program, it is one of the few programs available to employees for their own improvement. The end result is a healthier employee, and that is important to everyone: the teacher, the school, and the community.

Conclusions

The main thrust of this study was to determine the status and perceived need of wellness and employee assistance programs in the public school systems in Virginia. Based on the findings of this study, it can be concluded that wellness and employee assistance programs are perceived to be needed in Virginia by key players in the school system. The number of school

systems having these programs has risen dramatically in the last decade and will continue to grow. These programs are not limited to large, wealthy school districts, but can be found all over the state.

Mayo found in 1923, if employers showed a personal concern for workers, this would increase their morale and thus increase productivity. These types of programs are one of the few positive things a school system can do to show personal concern for employees. School administrators like the programs as do employees. It is a win, win situation.

Discussion

There has been little research in the area of wellness programs and employee assistance programs in public school systems. The literature suggests that stress, personal and drug-related problems, and problems in the community currently are affecting our schools. Health insurance rates are skyrocketing, and the current literature shows a correlation between increased physical and emotional well being and decreases in health insurance claims. Therefore, it is to the advantage of both the employee and the school system to increase the employee's level of wellness. Job demands are growing, stress levels in society and in the home are increasing, and there is little time left for the teacher to engage in wellness activities. Perhaps this is one reason for the popularity of wellness activities during the contractual day. The implementation of these programs in the workplace has been a direct result of these changes in society as evidenced by the newness of and strong support for these

programs. Wellness and employee assistance programs in Virginia Public School Systems have existed for fewer than 12 years, and more than 50% of the survey respondents perceived a need for these programs.

The literature indicated that the level of these programs would be very low, 12.8% for wellness programs and 8.2% for employee assistance programs, yet Virginia is well above the percentages found in Rochowicz's study (1990). The greatest single obstacle for these programs was shown to be budget constraints, but this was obviously overcome by one third of the school districts. This number would greatly increase if the state department monetarily supported wellness and employee assistance programs.

It also can be noted that a review of the literature indicated that the start of the wellness and employee assistance programs was in the Fortune 500 companies and only just beginning to filter down to smaller companies. This would indicate that these programs should be found in large, wealthy school systems, but this was not the case.

Health insurance rates were found to be reduced in eight school systems because of the implementation of a system sponsored wellness program. This number can most likely be increased if other school systems use this research information to their benefit.

Recommendations for Future Research

This study has revealed the lack of research in the area of wellness and employee assistance programs. The wave of the future lies in employees

and employers working together to improve the overall health and well-being of employees. Recommendations for future research include the following:

1. Examine other states to determine the status of wellness and employee assistance programs. The current research can be used as a barometer for other state studies.
2. Determine what health-related policy changes have occurred in all school systems studied. This study overlooked this area. A school system may make health-related policy changes without maintaining a wellness or employee assistance program. Personnel managers need to know what policies are being implemented to help make employees more healthy, therefore using less sick leave.
3. Address the motivational factors necessary for school systems to initiate wellness and employee assistance programs. Are these programs initiated solely for monetary purposes?
4. Determine the cost effectiveness of these programs. This is an area often overlooked by businesses due to the expense of a cost effectiveness study.
5. Investigate the bonding effect that may take place when employees participate in healthy, positive group activities.
6. Determine what outside agencies are available to the school system for these programs. If school systems do not have a wellness program and/or an employee assistance program, perhaps it is because one or both of these programs are available somewhere in the community.
7. Examine how school systems receive a reduced rate on insurance

premiums so other school systems can benefit from this information.

8. Establish the status of wellness programs on a national level. This information must be gathered before the government will be able to measure the success of its objective of a 75% level of implementation of wellness programs in businesses with 50 or more employees by the year 2000.

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APPENDIX A

PANEL OF EXPERTS

The following list is the panel of wellness experts asked to serve on the survey instrument review panel. Panel members were asked to rate each question on a five point rating scale and make any additional comments in the space provided. This evaluation was used to upgrade the quality of the survey questions and to make certain that valuable information was not excluded from the survey.

Babs Carlson
Wellness Coordinator for Old Dominion University Program
681 Churchill Dr.
Virginia Beach, VA 23464
(804) 495-1507

Lori Davies
Director of Council of Community Services
P. O. Box 598
Roanoke, Virginia 24004
(703) 985-0131

Marilyn Edington
Fitness Research Center
(Center has designed worksite wellness programs since 1977)
401 Washtenaw Ave.
Ann Arbor, Michigan 48109-2214
(313) 763-2462 or (313) 662-0258

Charles Hamm - State Department of Education, Retired August 1991
Consultant for starting wellness programs
2341 Fillmore Circle
Richmond, Virginia 23235
(804) 320-3127

Dawn McSaveny
American Heart Association
(Area Wellness Worksite Program Coordinator for Schools)
360 Southport Circle
Virginia Beach, Virginia 23462
(804) 671-8636

Steven Jeddelloh
(Helps staffs develop support groups and clinical training for professionals)
Hazelden Community Prevention & Professional Education
P. O. Box 11
Center City, MN 55012-0011
(800) 822-0080

Glenn L. Koonce
(Dissertation researched the effects of wellness programs on staff members)
Principal of Oscar Smith High School, Chesapeake Public School System
2500 Rodgers Street
Chesapeake, Virginia 23324
(804) 494-7500

Yit A. Lim
Wellness/Fitness Specialist
Life College
1269 Barclay Circle
Marietta, GA 30060
(404) 424-0554 X-458

Brenda Mitchell
Researcher at the Institute for Aerobics Research
Cooper's Institute for Aerobics Research
Dallas, Texas 75230
(214) 701-8001 or (214) 701-6831

Beth Wright
Wellness Coordinator
Chesapeake General Hospital
736 Battlefield Blvd.
Chesapeake, Virginia 23327
(804) 482-6132

APPENDIX B SURVEY EVALUATION INSTRUMENT

EVALUATION OF THE SURVEY INSTRUMENT USED FOR DETERMINING THE STATUS AND PERCEIVED NEED OF WELLNESS AND EMPLOYEE ASSISTANCE PROGRAMS IN THE PUBLIC SCHOOL SYSTEMS OF VIRGINIA

Please rate the clarity of each of the twenty-three questions on the Virginia Public School System Wellness and Employee Assistance Program survey from 1 - 5. (1 = poor question clarity and 5 = very clear question). You are to rate each item by placing an x at the score you choose. If you would like to make a comment concerning any question, please do so in the space provided. For example, if you think the question is poorly worded, place an X at 1 or 2.

Question	Rating	Comment
	Poor Good	
	1 2 3 4 5	
Example 1	___ ___ ___ ___	Question is unclear _____

Please rate each of the survey questions using the following scale:

Question	Rating	Comment
	Poor Good	
	1 2 3 4 5	
1	___ ___ ___ ___	_____
2	___ ___ ___ ___	_____
3	___ ___ ___ ___	_____
4	___ ___ ___ ___	_____
5	___ ___ ___ ___	_____
6	___ ___ ___ ___	_____
7	___ ___ ___ ___	_____
8	___ ___ ___ ___	_____
9	___ ___ ___ ___	_____
10	___ ___ ___ ___	_____
11	___ ___ ___ ___	_____

12	__ __ __ __	_____
13	__ __ __ __	_____
14	__ __ __ __	_____
15	__ __ __ __	_____
16	__ __ __ __	_____
17	__ __ __ __	_____
18	__ __ __ __	_____
19	__ __ __ __	_____
20	__ __ __ __	_____
21	__ __ __ __	_____
22	__ __ __ __	_____
23	__ __ __ __	_____

Are there any areas that have been deleted or overlooked? Yes ___ No ___

If yes, what areas _____

Suggestions for improvement of the survey instrument? _____

Thank you very much for taking the time to critique this survey.

Sincerely yours,

Carol R. Chory
 Doctoral Student
 Virginia Tech University

APPENDIX C

LETTER TO SURVEY PANEL MEMBERS

1726 Delaney Street
Virginia Beach, VA 23464
March 6, 1992

Name

Address

City, State Zip Code

Dear _____:

Thank you for agreeing to serve on my dissertation survey evaluation panel. Enclosed you will find a copy of my survey, an evaluation instrument, and a stamped return envelope. I hope you will feel free to make any comments on the evaluation form concerning areas that have not been addressed in this survey or improvements that should be made.

The survey you will be reviewing will be sent to each of the superintendents in the Public School Systems in Virginia to determine the status and perceived need of wellness and employee assistance programs in the state. I hope to send the surveys out as soon as I receive evaluations from all panel members.

Again, I would like to thank you in advance for the time you took to evaluate my survey and for sharing your expertise. I look forward to hearing from you.

Sincerely,

Carol Chory
Doctoral Student
Virginia Tech University

**APPENDIX D
SURVEY INSTRUMENT**

**SURVEY OF THE STATUS AND PERCEIVED NEED OF WELLNESS AND
EMPLOYEE ASSISTANCE PROGRAMS IN THE PUBLIC SCHOOL SYSTEMS
OF VIRGINIA**

This survey will be used to determine the status and perceived need of wellness and employee assistance programs in the public school systems in Virginia.

For the purpose of this study:

Wellness Program (WP) is defined as a program under the direction of your school system which provides a health benefit to the employee and which might affect his/her job performance. **Employee Assistance**

Program (EAP) is defined as a program under the guidance of your school system which provides professional counseling or referral services for an employee with personal problems which might affect his/her job performance.

SCHOOL DIVISION _____

Person Completing This Survey _____ Job Title _____

Part I. Wellness Program (WP) & Employee Assistance Program (EAP) in Public Schools in Virginia - Would you please indicate the status of your wellness & employee assistance program by circling your answer for each of the following questions:

Q-1. Does your school system presently sponsor a wellness program?

- 1 NO
- 2 YES

(If YES, go to Q-2. If NO, answer A & B)

A. If No, are there any individual schools that sponsor a wellness program?

- 1 NO
- 2 YES

B. If No, do you perceive a need for one?

- 1 NO
- 2 YES

Q-2. Does your school system presently sponsor an employee assistance program?

- 1 NO
- 2 YES

A. If NO, do you perceive a need for one?

- 1 NO
- 2 YES

Q-3. Have you ever applied for a grant for the implementation of a wellness or health promotion related program in your school system?

- 1 NO
- 2 YES

Q-4. Has your school system made any health related policy changes that are not required by law or local ordinance?

(For example, no faculty smoking lounges in schools)

- 1 NO
- 2 YES
- 3 DO NOT KNOW

Q-5 If your school system currently does not have a wellness program or employee assistance program, please rank the reasons that prevent the development and implementation of these programs. If your school system has either of these programs, rank the obstacles you had to overcome to start the program.

Rank the reasons listed below 1 - 9 (1 is highest and 9 is lowest)

- ___ LACK OF FUNDS AVAILABLE FOR A WELLNESS PROGRAM
 - ___ LACK OF PERSONNEL AVAILABLE TO DIRECT THE PROGRAM
 - ___ LACK OF ADMINISTRATIVE SUPPORT OF THE PROGRAM
 - ___ NO AVAILABLE EXPERTISE TO MAINTAIN AND DIRECT A PROGRAM
 - ___ LACK OF AVAILABLE FACILITIES FOR THE PROGRAM
 - ___ WELLNESS PROGRAMS ARE CONSIDERED A "FRILL"
 - ___ WELLNESS PROGRAM OFFERINGS ARE ALREADY IN THE COMMUNITY
 - ___ LACK OF INTEREST FROM POSSIBLE PARTICIPANTS
 - ___ OTHER
-

IF YOUR SCHOOL SYSTEM DOES NOT SPONSOR A WELLNESS OR EMPLOYEE ***ASSISTANCE PROGRAM YOU MAY STOP HERE***** THANK YOU FOR THE TIME YOU TOOK TO COMPLETE THIS SURVEY**

Part II Level of Wellness (WP) & Employee Assistance Programs (EAP) - An important part of this study is to determine the level of WPs & EAPs in the public school systems in Virginia. Please indicate in this section the determinants and levels of WP and EAP activities in your school system by answering each of the following questions or circling the number for **NONE OF THESE** if it is not applicable to your school system.

Q-6. Which of the following wellness program/employee assistance program activities does your school system make available to employees?

A. Health/Safety Awareness

(Circle the number to all that apply)

- 1 HEALTH/SAFETY AWARENESS POSTERS
- 2 DISTRIBUTION OF HEALTH RISK BROCHURES
(FOR EX. - SIGNS OF CANCER, CAUSES OF HIGH BLOOD PRESSURE)
- 3 WELLNESS RELATED LITERATURE
(FOR EX. WELLNESS FLYERS, WELLNESS PUBLICATIONS)
- 4 NONE OF THESE
- 5 WORKSHOPS
- 6 INSERVICE DAYS
- 7 OTHER--PLEASE LIST

B. Health Screenings

(Circle the number to all that apply)

- 1 MAMMOGRAPHY
 - 2 CHOLESTEROL TEST
 - 3 BLOOD SUGAR LEVEL TEST
 - 4 PERCENT BODY FAT
 - 5 BLOOD PRESSURE
 - 6 WEIGHT
 - 7 NONE OF THESE
 - 8 OTHER--PLEASE LIST
-

C. Life-style Change Programs

(Circle the number to all that apply)

- 1 SMOKING CESSATION CLASSES
 - 2 NUTRITION CLASSES OR A SPECIAL PROGRAM
 - 3 EXERCISE CLASSES (AEROBICS, JAZZERCISE, ETC.)
 - 4 STRESS MANAGEMENT CLASSES
 - 5 BACK CARE CLASSES
 - 6 WEIGHT REDUCTION CLASSES
 - 7 CPR
 - 8 FIRST AID
 - 9 NONE OF THESE
 - 10 OTHER--PLEASE LIST
-

D. Employee Assistance Program

(Circle the number to all that apply)

- 1 ALCOHOL ABUSE PROGRAM
 - 2 DRUG ABUSE PROGRAM
 - 3 PSYCHOLOGICAL SERVICES
 - 4 NONE OF THESE
 - 5 OTHER--PLEASE LIST
-

Q-7. How many years has your school system had any of the following programs?

A. Wellness Programs _____

B. Employee Assistance Programs _____

Q-8. How did your school system determine what wellness activities to offer in your wellness program?

Q-9. Does your school system evaluate the wellness or employee assistance program?

- 1 YES
- 2 NO

(IF YES, ANSWER A & B)

A. What methods are used to evaluate the wellness or employee assistance program?

B. Please circle letter to indicate how often the program is evaluated.

- A. PER SEMESTER
- B. ANNUALLY
- C. PER ACTIVITY
- D. NO SET TIME

Q-10. When are wellness activities offered in your school system's wellness program?

(Circle the number to all that apply)

- 1 INSERVICES (NON-STUDENT CONTRACTUAL DAY)
 - 2 DURING THE CONTRACTUAL DAY
 - 3 AFTER CONTRACTUAL TIME DURING THE WEEK
 - 4 A WELLNESS DAY ON A SATURDAY
 - 5 BEFORE SCHOOL
 - 6 OTHER--PLEASE LIST
-

Q-11. What personnel are used to support your program(s)?

(Circle the number to all that apply)

- 1 SCHOOL SYSTEM PROGRAM COORDINATOR
 - 2 SCHOOL SYSTEM HEALTH EDUCATOR
 - 3 SCHOOL NURSE
 - 4 OUTSIDE PHYSICIANS
 - 5 CONTRACTED GROUP THAT PROVIDES PROGRAM
 - 6 OTHER--PLEASE LIST
-

Q-12. Do you have a wellness/employee assistance program coordinator?

- 1 NO
 - 2 YES
- A. IF YES, WHAT IS HIS/HER JOB TITLE?
-

Q-13. How much did the school system spend on wellness programs and/or employee assistance programs?

(Please answer both in separate dollar amounts for each year)

	WP	\$	EAP		WP	\$	EAP		WP	\$	EAP
1989-90	_____		_____	1990-91	_____		_____	1991-92	_____		_____

Q-14. Will you cut your wellness/employee assistance program budget in 1992-93?

- 1 NO
- 2 YES

Q-15. Have you had to cut your wellness program offerings in the last three years?

- 1 NO
- 2 YES

A. IF YES, WHAT SPECIFIC PROGRAMS WERE CUT?
(PLEASE LIST)

Q-16. Does your school system receive a reduction in the cost of medical premiums due to the wellness/employee assistance program?

- 1 NO
- 2 YES

Q-17. Which of the following employees are eligible to participate in any of the school system's wellness or employee assistance programs?

(Circle the number to all that apply)

- 1 ADMINISTRATORS
 - 2 TEACHERS
 - 3 PARAPROFESSIONALS
 - 4 SUPPORT PERSONNEL (CUSTODIANS, ETC.)
 - 5 SPOUSES
 - 6 PART TIME EMPLOYEES
 - 7 ALL EMPLOYEES
 - 8 OTHER (PLEASE LIST)
-

Q-18. Does your school system offer programs to administrators that are not offered to all employees?

(For example, physicals that are free to administrators)

- 1 NO
- 2 YES

A. IF YES, PLEASE LIST THESE PROGRAMS

Part III - Benefits and Evaluation of the WP & EAP - It is important to understand why school systems have instituted WPs & EAPs. The next section contains some questions that address the benefits and evaluation methods used for your school system's programs.

Q-19. Has your school system initiated any of the following health-related changes in the past 5 years?

(Circle the number to all that apply)

- 1 DESIGNATED SMOKING AREAS IN SCHOOL BUILDINGS
 - 2 ELIMINATED SMOKING AREAS IN SCHOOL BUILDINGS
 - 3 SPECIAL NUTRITION-CONSCIOUS OFFERINGS ON THE SCHOOL MENUS
 - 4 OTHERS - (PLEASE DESCRIBE)
-

Q-20. Since the implementation of your school system's wellness/employee assistance program has the average absentee rate of employees:

- 1 REMAINED RELATIVELY STABLE
- 2 DECREASED
- 3 INCREASED
- 4 NO PATTERN HAS BEEN OBSERVED

Q-21. Since the implementation of your school system's wellness/employee assistance program has the health care claim rate of employees:

- 1 REMAINED RELATIVELY STABLE
- 2 DECREASED
- 3 INCREASED
- 4 NO PATTERN HAS BEEN OBSERVED

Q-22. What feedback have you received from participants regarding the wellness/employee assistance program?

Q-23. If your school system has any publications advertising the wellness or employee assistance program please enclose a copy.

If there are any areas on the survey in which you feel further comment is necessary, please comment in the space provided. Thank you for your time and assistance in completing this survey.

COMMENTS:

If you would like to have a summary of the results of this study, please include your name and address in the space provided.

Yes I would like a copy of the results of this survey _____

Name _____

Address _____

City _____ Zip _____

If you have any questions please call:

Home (804) 424-7437

Work (804) 474-8400

Please return to: Carol R. Chory
1726 Delaney Street
Virginia Beach, VA 23464

RETURN BY APRIL 30, 1992

APPENDIX E

LIST OF PUBLIC SCHOOL SYSTEMS IN VIRGINIA

County Public School Systems in Virginia

Accomack County Public Schools
Ablemarle County Public Schools
Alleghany Highlands Public Schools
Amelia County Public Schools
Amherst County Public Schools
Appomattox County Public Schools
Arlington County Public Schools
Augusta County Public Schools (Did not respond)
Bath County Public Schools
Bedford County Public Schools
Bland County Public Schools
Botetourt County Public Schools
Brunswick County Public Schools
Buchanan County Public Schools
Buckingham County Public Schools
Campbell County Public Schools
Caroline County Public Schools
Carroll County Public Schools
Charles City Public Schools (Did not respond)
Charlotte County Public Schools
Chesterfield County Public Schools
Clarke County Public Schools
Craig County Public Schools
Culpeper County Public Schools
Cumberland County Public Schools
Dickenson County Public Schools
Dinwiddie County Public Schools
Essex County Public Schools (Did not respond)
Fairfax County Public Schools
Fauquier County Public Schools
Floyd County Public Schools

Fluvanna County Public Schools
Franklin County Public Schools
Frederick County Public Schools
Giles County Public Schools
Gloucester County Public Schools
Goochland County Public Schools
Grayson County Public Schools
Greene County Public Schools
Greensville/Emporia Public Schools
Halifax/South Boston Public Schools
Hanover County Public Schools
Henrico County Public Schools
Henry County Public Schools
Highland County Public Schools
Isle of Wight County Public Schools
James City/Williamsburg Public Schools
King George County Public Schools
King and Queen County Public Schools
King William County Public Schools
Lancaster County Public Schools
Lee County Public Schools
Loudoun County Public Schools
Louisa County Public Schools
Lunenburg County Public Schools
Madison County Public Schools
Mathews County Public Schools
Mecklenburg County Public Schools
Middlesex County Public Schools
Montgomery County Public Schools
Nelson County Public Schools
New Kent County Public Schools
Northampton County Public Schools
Northumberland County Public Schools
Nottoway County Public Schools
Orange County Public Schools
Page County Public Schools

Patrick County Public Schools
Pittsylvania County Public Schools (Did not respond)
Powhatan County Public Schools (Returned after deadline)
Prince Edward County Public Schools
Prince George County Public Schools
Prince William County Public Schools
Pulaski County Public Schools
Rappahannock County Public Schools
Richmond County Public Schools
Roanoke County Public Schools
Rockbridge County Public Schools
Rockingham County Public Schools
Russell County Public Schools
Scott County Public Schools
Shenandoah County Public Schools
Smyth County Public Schools
Southampton County Public Schools
Spotsylvania County Public Schools
Stafford County Public Schools
Surry County Public Schools
Sussex County Public Schools (Did not respond)
Tazewell County Public Schools
Warren County Public Schools
Washington County Public Schools
Westmoreland County Public Schools
Wise County Public Schools
Wythe County Public Schools
York County Public Schools

City Public School Systems in Virginia

Alexandria City Public Schools
Bedford City Public Schools (Included under Bedford County)
Bristol City Public Schools
Buena Vista City Public Schools
Charlottesville City Public Schools
Chesapeake City Public Schools

Colonial Heights City Public Schools
Covington City Public Schools
Danville City Public Schools
Fairfax City Public Schools (Included under Fairfax County)
Falls Church City Public Schools
Franklin City Public Schools
Fredericksburg City Public Schools
Galax City Public Schools
Hampton City Public Schools
Harrisonburg City Public Schools
Hopewell City Public Schools (Did not respond)
Lexington City Public Schools
Lynchburg City Public Schools
Manassas City Public Schools
Manassas Park City Public Schools
Martinsville City Public Schools
Newport News City Public Schools
Norfolk City Public Schools
Norton City Public Schools
Petersburg City Public Schools (Did not respond)
Poquoson City Public Schools
Portsmouth City Public Schools
Radford City Public Schools
Richmond City Public Schools
Roanoke City Public Schools
Salem City Public Schools
Staunton City Public Schools
Suffolk City Public Schools
Virginia Beach City Public Schools
Waynesboro City Public Schools
Winchester City Public Schools

Town Public School Systems in Virginia

Colonial Beach Public Schools
West Point Public Schools

APPENDIX F

FIRST COVER LETTER TO SUPERINTENDENTS

April 12, 1992

Dear Superintendent:

The fitness boom of the last decade has increased the popularity of **wellness and employee assistance programs** in the business world. To what extent have the public school systems of Virginia joined the business community in offering these programs to their employees?

This letter is to request fifteen minutes of your time to complete the enclosed survey to help determine where Virginia Public Schools stand in implementing wellness and employee assistance programs and the perceived need of these programs. This report will be made available to any organization wishing to review the status of these programs in Virginia. It is important to this study that each school system return this survey for an accurate assessment of the programs in the public school systems in the state of Virginia.

Please pass this survey on to your wellness and/or employee assistance program coordinator. If you do not have a system sponsored wellness program or employee assistance program, please complete only the first section of the survey. All parts of the survey should be answered if your school system has either program. I hope you will return this survey in the enclosed stamped, self-addressed envelop within two weeks. If you would like a summary of the results of this study, please indicate this on the last page of the survey document.

Thank you for your cooperation and participation in this study. I hope to have a total profile of the status of these programs in the state of Virginia

when this study is completed. I hope you will want to be a part of this survey information.

Sincerely,

Carol R. Chory
Doctoral Student
Virginia Tech University

Glen I. Earthman
Associate Professor
Virginia Tech University

APPENDIX G

POSTCARD REMINDER TO SUPERINTENDENTS (Mailed one week after the initial mailing of the survey)

Dear Superintendent,

Last week you received a survey regarding **Wellness Programs and Employee Assistance Programs in the Public School Systems in Virginia**. If you have already completed and returned it, please accept my sincere thanks. If not, I hope you will reconsider and return the survey today. Because this survey will be a profile of the programs in Virginia, it is extremely important that yours be included in the study if the results are to accurately represent public schools in Virginia.

If by some chance you did not receive the survey, please call me right now, person-to-person, collect (804-474-8400), and I will mail you another survey today. Thank you for your time.

Sincerely,
Carol R. Chory
Doctoral Student
Virginia Tech University

APPENDIX H

SECOND COVER LETTER TO SUPERINTENDENTS (Mailed three weeks after the initial mailing of the survey)

May 3, 1992

Dear Superintendent:

This is a follow-up letter concerning a **Wellness & Employee Assistance Program Survey** that I recently sent to you. I realize that your time is very valuable, but I would appreciate your taking fifteen minutes to complete the attached survey and return it in the enclosed stamped, self-addressed envelop. Should you wish, this survey might be forwarded to the appropriate Wellness and/or Employee Assistance Program Coordinator for completion.

This research is being completed in order to collect data on the level and perceived need of wellness and employee assistance programs in the state of Virginia. This information will be made available to other school systems. Any help that you might give in getting this survey returned within the week would be greatly appreciated. If the survey has already been returned, thank you and please disregard this letter.

Sincerely,

Carol R. Chory
Doctoral Student
Virginia Tech University

Glen I. Earthman
Associate Professor
Virginia Tech University

APPENDIX I

POST CARD TO NON-RESPONDENTS

May 30, 1992

Dear Superintendent,

I have not yet received one of the two surveys I mailed to you regarding **The Status of Wellness Programs and Employee Assistance Programs In the Public School Systems in Virginia**. Would you please simply complete the following items that are crucial to the completion of my study.

1. Does your district have an **Employee Assistance Program** (program that provides mental health counseling for your employees)? No ___ Yes ___

A. If **NO**, do you perceive a need for one in your school system?
No ___ Yes ___

2. Does your district have a **Wellness Program** (program that provides activities that enhance the health of your employees)? No ___ Yes ___

A. If **NO**, do you perceive a need for one in your school system?
No ___ Yes ___

3. School System _____

Thank you for your help.

Sincerely,

Carol R. Chory
Doctoral Student
Virginia Tech University

VITA

Name: Carol Rae Chory

Date of Birth: April 20, 1951

Address: 1726 Delaney Street
Virginia Beach, VA 23464

Education:

1973	B.S. Health & Physical Education	Longwood College Farmville, VA
1978	M.S. Master of Education	University of North Florida Jacksonville, FL
1988	C.A.S. Education Specialist	The George Washington Univ. Tidewater Center
1992	Ed.D. Educational Administration	Virginia Tech University Blacksburg, VA

Experience:

1973-74 Teacher - Center for Effective Learning, Virginia Beach, VA.

1974-76 Teacher - Princess Anne High School, Virginia Beach, VA.

1978-79 Teacher - Princess Anne High School, Virginia Beach, VA.

1979-Present Student Activities Coordinator - Kempsville High School,
Virginia Beach, VA.


Carol Rae Chory