

AN ANALYSIS OF CURRENT WELLNESS TRENDS  
ON UNITED STATES PUBLIC COMMUNITY  
COLLEGE CAMPUSES

by

Barbara J. Fuller

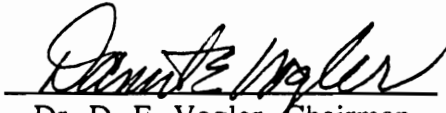
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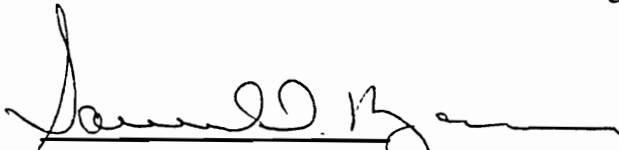
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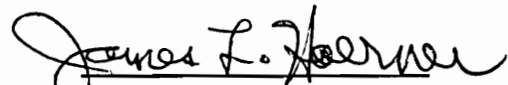
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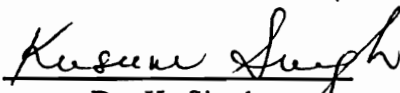
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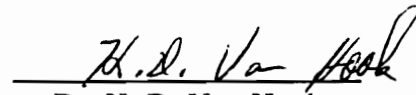
APPROVED:

  
Dr. D. E. Vogler, Chairman

  
Dr. S. D. Morgan

  
Dr. J. L. Hoerner

  
Dr. K. Singh

  
Dr. H. D. Van Hook

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Committee Chairman: D. E. Vogler  
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(ABSTRACT)

This study analyzed the characteristics of United States public community college wellness programs to determine the relationship of institutional size or line item budgeting on (a) staffing, (b) departmental affiliation, (c) programming, and (d) facilities. Data were collected via mail surveys from 156 public community colleges within the United States. The population consisted of United States public community colleges with wellness programs. Two purposeful samples were utilized: a conference based sample consisting of those institutions which were represented at the 1993 Sixth Annual Community College Wellness Conference and a director identified based sample of community colleges which had been identified by state directors as having a wellness program.

The review of literature examined (a) definitions of wellness, (b) goals/objectives of wellness programs, (c) components of wellness programs, (d) corporate wellness programs and, (e) wellness programs in educational settings. Methodological procedures included development of a 46 item survey instrument which consisted of 43 forced choice items, and three open-ended questions.

Data did not support line item budgeting significantly relating to staffing, departmental affiliation, or programming, however, there was a significant relationship concerning facilities. Data also revealed there was no

significant relationship between institution size and staffing, departmental affiliation, programming, or facilities. Final analysis includes a descriptive profile of community college wellness programs which should be useful to decision makers and advisory boards who are involved in planning and evaluation.

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# **CHAPTER 1**

## **INTRODUCTION**

Emphasis on good health and wellness in education dates back to Plato when maintaining strong and beautiful bodies insured healthy minds (Sheenan, 1988). Wellness, as coined by Dunn (1961), is defined as "an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable within the functioning environment". Wellness is a lifestyle which encompasses the balance between mind, body, and spirit. It is more than merely freedom from illness.

During the past 15 years, there has been an increasing interest in organized health promotion programs in the workplace. As corporate executives realize fostering healthy lifestyles among workers increases productivity by improving morale and reducing absenteeism, educators are realizing the wellness approach is highly compatible with the mission of higher education. As educational institutions commit to wellness, appropriate implementation strategies need to be adapted which will result in comprehensive wellness programs. Advisory boards and governing bodies need to define goals and objectives, solicit monetary and human resources, as well as establish facilities. To date, decision makers and advisory boards have had difficulty in finding descriptive research data to assist with planning and evaluation (Sivik, et al., 1992).

### **Statement of the Problem**

The American public is constantly looking for ways to look better, feel better, and generally live longer. Corporate America is looking for healthy,

robust employees who will be productive and increase profits for the corporation. Interest in personal fitness and health care in the work environment makes the wellness approach highly compatible with the mission of higher education (Elsenrath, 1984). McMillan (1986) reported that approximately 20% of colleges and universities had health promotion programs. While research reveals trends in programming, funding, staffing, and departmental affiliation, scant data are available which reveal the trends specific to community colleges. Thus, the procedural problem for this study was to analyze the characteristics of United States public community college wellness programs to determine the relationship of institutional size or line item budgeting on (a) staffing, (b) departmental affiliation, (c) programming, and (d) facilities.

### **Purpose Statement**

The general purpose of this study was to develop a descriptive profile of wellness trends on United States public community college campuses. The ancillary purposes of the study were to:

1. Synthesize the extant literature.
2. Identify trends among community college wellness programs.
3. Identify components associated with wellness programs on United States public community college campuses.
4. Determine the relationship of institutional size or line item budgeting of community college wellness programs on staffing, facilities, departmental affiliation, and programming.

5. Develop a descriptive profile of the characteristics of United States public community college wellness programs.

### **Research Questions**

Four major questions were addressed in order to fulfill the purpose of this study. The literature provided a basis for general questions which helped form the research. The study addressed other ancillary questions which encouraged further inquiry concerning the major questions. The major research questions and ancillary questions follow.

1. What is known about wellness and how is it applied in educational settings?
  - a. What is meant by the term wellness?
  - b. How is wellness promoted in educational settings?
  - c. Who coordinates wellness programs on college campuses?
  - d. How are wellness programs funded?
2. What are the components associated with wellness programs?
  - a. Who are the wellness leaders for the individual programs?
  - b. Who participates in the wellness programs?
  - c. What facilities are available for the wellness activities?
3. What are the demographic characteristics of community colleges which have wellness programs?
4. What differences exist among United States public community colleges based on demographic data?
  - a. Size of institution
  - b. Type of service area (rural, urban)

- c.     Budgeting
- d.     Staffing
- e.     Departmental affiliation
- f.     Programming
- g.     Facilities

### **Conceptual Framework**

The primary anchor for this study was based upon the concept of wellness being the result of preventive health care measures as advocated by (Sivik, et al., 1992); (Watts, et al., 1992); (Hettler, 1980); (Dunn, 1961). Wellness is a term that has been growing in popularity for the past three decades, even though the concept of prevention has been present for centuries. *Mens sana in corpore sano*, a sound mind in a sound body, has been a byword of liberal education and Jesuit education since its beginning (Leafgren, 1986, p. 33). This Latin phrase, however is rooted in Greek philosophy, which believed a truly healthy person possessed a keen intellect, well-developed will, and a disciplined body. Wellness advocates say we are involved in a wellness renaissance.

Within this renaissance, worksite health promotion and wellness education programs have become prevalent in business and industry (Reed et al., 1986); (Chen, 1988, 1990); (Fielding & Piserchia, 1989); (Gebhardt & Crump, 1990); (Green & Kreuter, 1990). A variety of behaviorally oriented interventions characterize wellness programs including nutrition education, exercise, weight control, smoking cessation, and stress management. Steinhardt and Rudman (1988), reported regular involvement in these types of wellness activities resulted in lower levels of cholesterol, decrease in heart

disease, reduction in health care costs, reductions in total body weight, decreased back injuries, and less absenteeism.

As corporate programs have touted these benefits of wellness programs Rudman & Steinhardt, (1988) college and university health and wellness programs have evolved. Campus programs have been developed to enhance faculty and staff health status, using basically the same educational and behavioral modification strategies which have been adopted by business and industry (Seaward & Snelling, 1990).

According to Watts, et al. (1992), college and university employee worksite health promotion and wellness education programs use a "cafeteria style" approach, while Watts recommends a carefully structured comprehensive program. In a comprehensive program, participants are involved in all interventions of the program which philosophically changes their health behaviors. This philosophical change involves the "whole person". Human wholeness and wellness are exemplified by becoming the best one can be, trying to maintain a balance between six dimensions of wellness: occupational, social, emotional, physical, spiritual, and intellectual. Comprehensive wellness programs include components which address each of these areas.

Comprehensiveness not only encompasses programming, but is inclusive of participants. Growing emphasis is on providing wellness services for the entire educational community which includes the faculty and staff. Sivik et al., (1992) researched trends in wellness on college and university campuses and found a majority of wellness activities were available for faculty and staff. Attempts have been made to evaluate the status of faculty and staff health promotion programs on university campuses (Parsons, 1987). Parson

concluded, the diversity of the community impacts the organization of the wellness programs. If this be the case, community college wellness programs will vary by their very nature of serving a diverse community.

The third anchor for this study rests in the implied mission of the community college which is to improve the quality of life. This mission, in essence, extends to the entire educational community. One of the goals of wellness programs is to assist individuals in maximizing their potential thus improving their quality of life. With impending budget cuts and fewer federal dollars, educational institutions should maximize the potential of their faculty and staff. If they follow the lead of corporate America, they will act upon the concept of "people are an organization's most valuable long-term resource (Deming, 1986). Wellness programs fit well the mission of education.

### **A s s u m p t i o n s**

Three basic assumptions provided a starting point for this study. The first assumption was that wellness programs, by their very nature are preventive measures for good health as evidenced by business & industry, and warrant further inquiry in educational settings. The second assumption was that there is an interest in wellness on community college campuses as reflected by the representation at the 1993 Sixth Annual National Community College Wellness Conference. The third assumption was that wellness programs are appropriate means to assist faculty/staff in enhancing their quality of life.



### **Delimitations**

This study could have extended to include all educational settings which have wellness programs. However, the study sought to sample only United States public community colleges. This was done to maintain a manageable as well as meaningful study to the researcher.

### **Limitations**

The research questions and definitions set the parameters with which this study was concerned and the following limitations also set parameters.

1. Because this study was conducted among community colleges, the results should not be generalized to other educational settings.
2. Because the study was descriptive, a survey instrument was designed to elicit responses which would factually and accurately describe the characteristics of community college wellness programs. The instrument possesses inherent face validity because items were generated from the literature, and the instrument was pilot tested with experts in the field of wellness. Nonetheless, the instrument nor the responses were analyzed for validity or reliability.
3. Lastly, the samples drawn were purposeful samples. While an attempt was made to collect data from all public community colleges with wellness programs, this was not possible. Thus, generalization beyond those responding must be made with caution.

### **Definitions**

The following definitions refer to terms as they were used in this study and set parameters for the study:

1. Full time equivalency student - a student who is taking 15 credits per term (Toward the Year 2000 Report, 1988).
2. Public community college - a two-year institution offering a variety of programs, awarding the associate degree and other occupational certificates to their students and a variety of other services to the communities in which they are located (Cohen & Brawer, 1982).
3. Community College Size - based upon full time equivalency students, the following classification categories will determine institution size.
  - I. Small community college, 1 - 2000 FTE's
  - II. Medium community college, 2001 - 5300 FTE's
  - III. Large community college, 5301+
4. Rural service area - for the purpose of this study referred to the designated region served by the college which encompasses towns of less than 10,000 in population.
5. Urban service area - for the purpose of this study referred to the designated region served by the college which encompasses towns/cities in excess of 10,000 in population.
6. Wellness - a widely used term to describe a participative process through which the individual becomes aware of and makes choices toward a more successful or healthy experience which lead to the improvement in the quality of life (Floerchinger, 1990).

7. Wellness program - a formalized approach to preventive health that can positively affect employee lifestyle and reduce health-care costs (Martini, 1991).
8. Wellness program components - activities which address needs of the various dimensions of wellness - emotional, social, physical, spiritual, occupational, and intellectual (Hettler, 1980).
9. Wellness program coordinator - operationally defined for this study as an individual who directs or coordinates the activities of a wellness program.
10. Wellness trends - For the purpose of this study events or happenings which lend themselves to, or make others aware of a healthier lifestyle.

### **Need for the Study**

The old adage, "an ounce of prevention is worth a pound of cure" is being touted more and more as health care costs continue to rise. In 1984, health care costs constituted 11% of the GNP and was mainly paid for by industry (Stewart, 1986, p. 56). Today, the costs are still rising. Myers (1991), reported financial loss due to specific health problems, such as alcoholism, costs industry \$15 billion annually and premature employee death costs American industry \$19.4 billion a year. What can society do to change this? If one acknowledges where the majority of the expenses originate with conditions such as heart attacks, poor nutrition, backaches, alcoholism, smoking and drugs, one realizes people generally suffer and die from lifestyle-related chronic degenerative diseases. These diseases account for

nearly 70% of all deaths (Stewart, 1986). The picture gets even more bleak. In a New England Journal of Medicine editorial, Hettler (1984) reported that 85% of all problems faced by Americans are self-limited. This means that 85% of the problems humans encounter, there is nothing physicians can do to alter the outcome.

One measure for promoting healthier lifestyles is through wellness programs. These are conducted at business/industry worksites, agencies, and in educational settings. Among the evaluation results of wellness programs are, improved employee health, a decrease in employee health care costs, and reduction in employee absenteeism.

Even though wellness programs have existed on college and university campuses since the 1960's (North, 1988), scant data are available concerning wellness trends on community college campuses. It is known there has been enough interest generated that the National Wellness Conference for Community Colleges was established in 1988. The creation of the Community College Wellness Conference was a spin-off of the National Wellness Conference held at Steven's Point Wisconsin, now in its 21st year. According to a 1993 participant and member of the steering committee, the community college representation has grown steadily and exhibits geographic diversity.

As a result of this conference, it is known, wellness programs exist on community college campuses, programs are in place, there are funding sources. However, there is scant descriptive data which address any of the research questions which this study proposed to answer such as: Who coordinates the wellness programs? What percentage of the faculty/staff are participating in wellness programs? What are the funding sources for the wellness programs? What programs are being conducted? Where are the

wellness activities being conducted? There is a need to have descriptive data available for institutional planning and evaluation.

### **Organization of the Study**

Chapter Two contains a literature review which defines the term wellness, explains the origin of the concept of wellness, identifies the "gurus" of wellness, describes corporate success with wellness programs, identifies supporting research concerning wellness programs in educational settings.

Chapter Three presents the instrumentation and design of the research. This is a descriptive study designed to develop a profile of community college wellness programs. The survey instrument was field tested to eliminate ambiguous or biased items and to improve format. Dillman's (1978) mail and telephone survey guidelines was used during the data collection process. Survey items and college demographic data are described.

Chapter Four contains the data analysis along with appropriate figures and demographics.

Chapter Five reports the findings of the study which will include a descriptive profile of community college wellness programs.

## **CHAPTER 2**

### **REVIEW OF THE LITERATURE**

#### **Introduction**

The literature related to the concepts of health promotion, disease prevention, and wellness are certainly not novel. The ancient Chinese texts discussed the ways of life to maintain good health. In classical Greek mythology the gods of medicine and healing believed good health was the result of living wisely. It is told that God Aesculapius had two daughters named Panacea and Hygeia. Panacea thrust her efforts into medication of the sick, while Hygeia promoted preserving health by wise living. The concepts of wellness today are very similar to the promotional efforts of Hygeia - wellness being a result of a healthy lifestyle. Wellness as it relates to education dates back to Plato, when the goal in maintaining strong and beautiful bodies was to insure healthy minds (Sheehan, 1988). The synthesis of the literature will review five major orientations: (a) definitions of wellness, (b) goals/objectives of wellness programs, (c) components of wellness programs, (d) corporate wellness programs, and (e) wellness programs in educational settings.

#### **Definitions of Wellness**

Wellness might be defined as freedom from illness. However, from the review of the literature, the definition reaches into the depths of the mind, body, and the spirit. The common elements and the unique elements of the various authors' definitions, were extracted to provide the basis for this study and offer a better understanding of the term wellness.

Dunn (1961) coined the term wellness and defined it as "an integrated method of functioning which is oriented towards maximizing the potential of which the individual is capable, within the environment where he is functioning" (p. 4). Many of Dunn's concepts and ideas provide the foundation for the wellness movement today. The wellness models have changed some since Dunn's work in the 60's, but the underlying theme is that of creating a optimally functioning being by integrating the mind, body, and spirit. He believed individual lifestyles facilitate human excellence, high energy levels, and optimal functioning.

Ardell (1979) defined wellness as a positive approach to health that concerns five basic dimensions of living: fitness, stress management, responsibility, nutrition, and environmental sensitivity. The following are key assumptions to Ardell's wellness definition:

1. Individuals are unique and must develop a healthful lifestyle that fulfills their own personal needs and priorities.
2. The idea of wellness implies a positive attitude and approach toward all areas of living.
3. Wellness requires a coordinated or integrated lifestyle that affects all areas of living.

These assumptions are basic themes which run throughout wellness literature.

Hettler (1984) as co-founder of the National Wellness institute at Steven's Point Wisconsin, referred to wellness as the "active process through which individuals become aware of and make choices toward a more successful existence" (p. 13). Hettler believed wellness promotion efforts enhance the academic and programming functions of a university. The wellness model developed at Steven's Point was comprehensive and addressed development of

the whole person through the integration of six dimensions of one's life: (a) intellectual; (b) emotional; (c) physical; (d) social; (e) occupational; and (f) spiritual. The definitions of the six dimensions will be discussed later in the chapter under goals/objectives. The Lifestyle Assessment Questionnaire which Hettler and the National Wellness Institute promotes, assesses 11 areas which encompass the six dimensions. This instrument encourages individuals to consider behaviors or choices which may lead to higher levels of wellness.

Elsenrath (1984) stated "wellness is a complex, multidimensional process that includes components of physical health, psychological health, and social support, all of which contribute to the development and maintenance of an individual's self-responsibility for wellness, personal accountability for lifestyle, and behavior choices" (p. 30). He contended that an individual is dynamic, never static, and wellness relies on growing and changing physically, emotionally, intellectually, socially, and environmentally. Stiles (1984) referred to wellness as the merging of the mind, body, and spirit with an emphasis on a balanced lifestyle as both a process and a goal.

Greenberg (1985) distinguished between health and wellness. He viewed health as consisting of social, mental, emotional, spiritual, and physical components. He also viewed health as being free from illness. Wellness was the integration of the social, mental, emotional, spiritual, and physical components, and high level wellness results when all the components are in balance. Wellness emphasizes a zest and enthusiasm for life. It incorporates the whole person for the totality of their life span. When an individual improves one area of their life it enhances the functioning in all other areas (p. 404). Leafgren (1986) defined wellness as being in balance: the mind,



body, and spirit synchronized with one another and the environment.

Archer, Probert, & Gage (1987) defined wellness as "the process and state of quest for maximum human functioning that involves the body, mind, and spirit" (p. 311).

Floerchinger (1990) reported wellness is a widely used term to describe a participative process through which an individual becomes aware of and makes choices toward a more successful or healthy existence. This process serves as a decision making basis after the individual asks questions which encompass the six dimensions of wellness according to Hettler's (1980) model.

Travis (Ryan & Travis, 1991) felt that wellness is an individual's right and privilege regardless of their state of health. The "well" being is not necessarily the strong, the brave, the successful, the young, or even the illness-free person (p. 5). An individual can be pursuing wellness and be physically disabled, old, in pain, or imperfect. He felt that the wellness paradigm calls for options, individuality, and choices which one freely makes. The process of wellness is based on self responsibility and love. An individual can reach high level wellness through awareness, education, and growth.

Michaelson (1993) preferred not to emphasize the word wellness when talking about worksite health promotion. He felt that wellness and health promotion need to be redefined. He preferred using the language that business/industry understand, substituting *successful self management* or *continuous improvement*. His approach to wellness was to help individuals improve their lives, not just their health. When lives are improved, performance is improved.

## Summary

Common elements throughout these definitions focused on wellness being multidimensional Ardell, (1979); Hettler, (1984); Elsenrath, (1984); Greenberg, (1985); Floerchinger, (1990). Another common element was that of self-responsibility Ardell, (1979); Travis, (1991); Elsenrath, (1984); Floerchinger, (1990). Optimal functioning or higher level wellness was a common theme in the definitions Dunn, (1961); Hettler, (1984); Archer, Probe, & Gage., (1987); Greenberg, (1985). The final theme which was identified was that an individual becomes aware of, and makes choices toward a healthier existence Hettler, (1984); Elsenrath, (1984); Floerchinger, (1990); Travis, (1991).

Unique elements were derived from the definition provided by Ryan & Travis (1991). They believed that wellness was a process based on self responsibility and love. When individuals love themselves, they take care of themselves. Another unique element came from Michaelson (1993) who preferred to redefine wellness, substituting the term *successful self management*.

## Operational Definition

An operational definition was drawn through the process of synthesizing and analyzing the common and unique elements in the cited definitions. For the purpose of this study wellness will be referred to as a widely used term to describe a participative process through which the individual becomes aware of and makes choices toward a more successful or healthy experience which lead to the improvement in the quality of life (Floerchinger, 1990).

## **Goals/Objectives of Wellness Programs**

Personal lifestyle has been determined the single largest contributing factor in determining how long and how well people live (Leafgren, 1986 p. 34). Given a choice, people would prefer good health, however, lifestyle contributes directly to becoming sick or having accidents. Poor eating habits, lack of exercise, inability to deal with stressful situations, excessive use of alcohol and drugs contribute to unhealthy existence. Habits such as these provide the potential for personal disaster, therefore the main goal of wellness is to assist individuals in becoming aware of what it means to live a healthy lifestyle, helping them become committed to living healthful lifestyles so they will positively influence others to this goal (Leafgren, 1986, p. 35). According to Patton et al., (1986), the goals of wellness programming are to improve all parts of human health to the point where a person can live life to the fullest. Hettler, (1972); Leafgren, (1972); Patton, (1986), refer to maximizing individual effectiveness in the following areas: (a) emotional development which is a measure of the degree to which an individual is aware and accepting of self, yet is able to realistically appraise the areas in which growth and change are necessary; (b) intellectual development refers to the degree to which an individual uses available resources to expand the knowledge base and uses the mind in creative activities; (c) physical development which encompasses the degree to which an individual has good nutritional habits, a regular pattern of physical activity and does not engage in behaviors which are harmful to body or mind; (d) occupational or career development, is a measure of the degree to which an individual is enriched by school or job related activities and is focused regarding career, occupation, and life choices; (e) social development refers to the degree to which an individual contributes to the common welfare

of his/her family and community, recognizing the interdependence with others and the environment; and (f) spiritual development is a measure of the degree to which an individual has the ability to discover purpose and meaning in a relationship to creator and creation (Leafgren, 1986, p. 35).

Program objectives may be unique to each institution, however from the literature review, several commonalities were found. A key program objective was to communicate wellness concepts and their contribution to a positive lifestyle Leafgren, (1986); Sarvela, et al., (1990). A second program objective was to encourage the assessment of each individual's current state of wellness Breslow, et al., (1990); Leafgren, (1986). A third objective was to develop responsibility for one's own wellness Ardell, (1979); Love, et al., (1982); Elsenrath, (1984); Travis, (1991). The fourth objective was to educate individuals through program activities as to the action which can be taken to improve their levels of well being Leafgren, (1986); Sarvela, et al., (1990). The fifth objective was to motivate individuals to make the necessary lifestyle changes in order to increase their levels of well being. The sixth objective was to assess behavioral changes in individuals that have led to improved well-being. The seventh objective was to create support groups which encourage healthy behaviors Leafgren, (1986); Sarvela, et al., (1990). The eighth objective was to create an environment that encourages wellness (O'Donnell, 1989). Each of these goals/objectives are addressed through various components of a wellness program.

### **Program Components**

Wellness program components vary based upon the goals and objectives which are specific to the institution, business, or industry. However,

commonalties were found. Hyde & Guthrie (1993) reported that their wellness projects fell under three basic headings: assessment, awareness, and activities. Assessment may include health screenings, wellness appraisals, medical examinations, fitness tests, and nutritional analysis. Awareness may involve seminars, posters, brochures, wellness newsletters, and a variety of classes. Activities may include wellness fairs, fitness activities such as aerobics, volleyball, walk runs, walking clubs, and wellness challenges.

### **Wellness Programs in the Corporate Sector**

Employers have had a vested interest in health education and training of their employees since the 1920's (Scheimer, 1925). These health education and training activities generally trained associates to avoid high risk situations and how to deal with emergency situations. First aid and CPR programs initially dominated the training. A 1981 survey of health promotion and disease prevention in a random sample of California worksites, disclosed accident prevention was offered by four-fifths of employers and CPR by two-thirds (Fielding & Breslow, 1983).

Rapid growth of additional types of health promotion and disease prevention programs have been stimulated by several factors: (a) recognition that most common deadly diseases can be reduced by attention to lifestyle; (b) demonstration of the efficacy of both drug and non drug treatment for high blood pressure; (c) development of behavioral change; and (d) mounting employer costs providing health benefits to employees (Fielding, 1984).

Health promotion within corporations usually involves (a) providing exercise facilities and hiring an exercise physiologist to operate them, (b)

addressing specific health problems, (c) assessing the overall health status of the workforce and developing programs around these needs, and (d) investing in comprehensive health promotion programs. A national survey disclosed two-thirds of worksites with over 50 employees were involved in one or more of nine areas of health promotion (Fielding & Piserchia, 1989).

Employers cite a variety of reasons for incorporating health promotion and wellness activities. A common reason is the desire to improve employee health. Primary objectives include: (a) reducing illness; (b) reducing health insurance premiums; (c) lowering blood pressure and cholesterol levels; (d) decreasing heart disease; (e) decreasing reported back injuries; and (f) reduction in absenteeism Breslow, et al., (1990); Rudman & Steinhart, (1988); Patton, et al., (1986). Secondary objectives include: (a) improved morale of workers; (b) improved company image; (c) reduced inflation; (d) reduced turnover of disgruntled employees; (e) greater ability for employees to cope with stressful situations; (f) increased employer recruitment potential; and (g) improved employee interactions Breslow, et al., (1990); Rudman & Steinhart, (1988); Patton, et al., (1986). Nearly three out of four human resource managers reported that despite recession, wellness programs will be the most important fringe benefit for their employees in 1993 (Workplace Health, June 1993, p. 15).

### **Descriptions of Selected Corporations With Wellness Programs**

In order to provide a comprehensive picture of wellness programs, some of the corporations selected have been considered "pioneers" in workplace wellness (Conrad, 1987). Documented research has been noted,

however much of the data are descriptive because of the nature of this study, which was to describe accurately and factually the trends in wellness. A matrix at the end of this section will serve as a summary and provide common aspects of the following corporate wellness programs.

#### CONOCO (Continental Oil Company) - Houston, Texas

This company has approximately 2,000 employees, primarily white middle class, with world headquarters in Houston, Texas. Membership in their health and fitness program is free, with the facility being open six days a week. Employees may use the facility outside of standard work hours or during work hours with the approval of their supervisor. CONOCO has indoor facilities, outdoor facilities, and health care programs which are available to each employee. Indoor facilities include exercise equipment and exercise class area. Equipment includes motorized treadmills, stationary bikes, rowing machines, cross country ski machine, stair steppers, and free weights. The exercise class room is called the "energy shop". Aerobic dance, low back exercise classes, and calisthenics are offered. The outdoor facilities include a walk-jog path which surrounds the 62 acre complex. Health promotion classes are offered such as nutrition awareness, smoking cessation, stress management, weight control, and low back care.

An employee survey questionnaire of the impact of health and fitness programs on work culture, suggests that on-site health and fitness centers have a positive effect on work culture. A significant majority of employees have a positive attitude toward the health and fitness center with 85% of all employees noting that it was a positive sign on the part of management. Employees reported greater job satisfaction and job commitment when

compared to those companies which did not have wellness programs (Rudman & Steinhardt, 1988).

#### Johnson & Johnson - New Brunswick, New Jersey

The Johnson & Johnson company has demonstrated health care cost savings, increased fitness, and reduced coronary risk factors among their employees through its wellness program (Wilbur, 1983). A study was conducted from 1979 - 1983 involving 11,000 employees divided into three groups based upon length of time in the wellness program, 18 months, 18 - 30 months, as compared to not being enrolled in the program. Trend analyses indicated that \$43 and \$42 per capita for inpatient costs were significantly lower than the \$76 for the non program group. An average savings of \$245,079 per year was obtained by having a program.

Johnson & Johnson employs 3500 people in seven companies each of which are decentralized, operating within the corporation. Approximately 75% of the 3500 employees voluntarily completed a Lifestyle Questionnaire and a series of health screenings. A random sample of the non volunteers were identified and requested to complete the health screen. A comparison between both groups showed that company emphasis on fitness and wellness had a positive effect. There was a significant increase in both groups for regular exercise, 7% and 19% respectively. There also was a significant reduction in coronary heart disease and systolic blood pressure in the health promotion companies (Blair, Piserchia, et al., 1986)

The wellness program delivered to this corporation is called Live for Life. It supplies consulting expertise, program components, various services, and promotional materials. Activities and programs are conducted by



volunteer employee leaders. These leaders assist each of the companies in establishing their wellness programs which may include facilities development, food service within the company or establishment of health related policy such as no-smoking.

The programs include screenings, nutrition, weight independent, blood pressure control, and stress management. A fitness program is provided on site or at a local organization such as the YMCA.

#### Campbell Soup Company - Camden, New Jersey

One of the most comprehensive wellness programs is offered by the Campbell Soup Company. Campbell's medical department initiated the first wellness program in 1968. Screening for high blood pressure has been given top priority. Employees keep a log of their blood pressure readings as they visit the medical center. Other components of their wellness program includes a variety of medical screenings, diet & weight reduction, counseling, smoking cessation, and exercise. Approximately \$100 per participant has been spent by the company on the in-house diagnostic services. Highly visible campaigns have been used to promote health and wellness through Campbell's Institute for Health and Fitness. A newsletter is published by the institute which reports the latest in nutrition, psychology, and fitness. The institute is dedicated to the belief that regular exercise, sound nutrition, and other sensible lifestyle habits can enhance the quality of life and the vigor of the employees (Patton, et al., 1986).

A questionnaire was administered to members of the Campbell Institute of Health and Fitness and non members. As with other studies concerning on-site fitness centers, it was found that on-site fitness centers may have a

positive effect on worker's attitudes about the company and their jobs because they symbolized a worker-oriented company Bernacki & Braun, (1984); Durbeck et al., (1982).

#### Tenneco - Houston, Texas

Tenneco offers comprehensive health/fitness programs to 3700 employees. It maintains a multi-million dollar employee fitness center which includes a five lap per mile indoor jogging track, four racquetball courts, weight training equipment with separate areas for men and women, saunas, and computerized record system for exercise. The company has its own cafeteria which caters to highly nutritious foods and labels the calories in each food. In-house medical staff provide screenings, assessments, and prescribe exercise programs as well as supervision. Seminars and classes are conducted on topics such as fitness, nutrition, weight control, and smoking cessation. Braun et al., (1986) completed a study for Tenneco in which health care costs for exercisers and non exercisers were investigated by comparing absenteeism due to illness for the two groups in terms of total sick hours and money paid by Tenneco health care providers. Although the non hospital cost differences were significantly higher for non exercisers, overall health care costs for both groups was not significant, but were 48.2% lower. This approximates a 45.7% reduction in health care costs by Browne et al., (1984).

Rudman (1987) used a self-assessment questionnaire to assess worker satisfaction and the effect of exercise on job productivity. The instrument was administered to members (N=236) and non members (N=229) of the fitness center. Regression analysis controlling for age, sex, race, income, education, occupation, marital status, job tenure, and location revealed that membership

in the fitness center had no effect on employee attitudes toward the company. However, as income and education increased, the workers had a more positive attitude toward their job and the company.

#### Kimberly- Clark- Neenah, Wisconsin

This company delivers health/fitness programs through the company's medical department. The medical department has developed a Health Management Program which includes the components of assessment, intervention, and education. Assessment involves physical exams, health appraisals, and stress tests. The intervention and education programs include on site exercise, nutrition counseling, smoking cessation, blood pressure control and weight control. Facilities include a \$2.5 million dollar fitness center which contains a jogging track, swimming pool, exercise room with weight training equipment, lockers, and showers. The staff consists of 25 full and part time personnel who are medical, exercise, and swimming specialists. A newsletter is published and brochures are used to communicate information on fitness tips, classes, and health issues. The company covers an annual cost of \$260 per employee.

#### Xerox - Leesburg, Virginia

Xerox has two approaches to wellness. Self-help educational materials called the Health Management Program which was developed to increase the awareness level of health and exercise principles, teaching employees to administer their own fitness tests, and assist them in designing their own activities and programs. These self-help materials were needed because the company employs 40,000 people and would be virtually impossible to conduct

personal instruction for this number. The Fitbook manual is provided for employees who want to know more about cardiovascular fitness, aerobic exercise, endurance, flexibility, diet/nutrition, relaxation techniques, smoking cessation, and substance abuse awareness.

The second approach consists of the Center for Training and Management Development. This center has an extensive physical fitness and recreation complex where employees and their family members may participate. The company feels this has a positive influence on employees and their families by encouraging a lifetime of good health and fitness.

#### Prudential Insurance Company

Prudential Insurance Company instituted a voluntary general fitness wellness program for its white collar associates who had sedentary jobs (Browne, et al., 1984). The program is staffed with fitness coordinators who were trained in physiology and physical education. This program had as its goal to assist in the creation of an environment which assists individuals in sustaining healthier lifestyles and behaviors. Exercise equipment is provided as well as space for workshops, and locker facilities. Healthy foods are encouraged and available at the workplace.

A five year study of individuals who were employed by Prudential for at least one year prior to participation, and one year after entry into the program was conducted by Browne et al., (1984). Results showed a marked improvement in fitness level, as well as a 20% drop in the average number of sick days when compared to their previous year's sick days. Browne et al. (p. 266) noted a 45.7% reduction in major medical costs for the exercisers during a year when the health care costs for the nation rose 13.9%.

### Coors Brewery - Golden Colorado

The comprehensive wellness program which Coors offers, evolved from a simple idea of company softball games, jogging tracks, and lectures on nutrition. According to CEO William K. Coors "good health and well-being of Coors employees has been an important aspect of the company from its beginning" (Kertesz, p. 3, 1990). The Coors wellness program includes a variety of activities such as health hazard appraisal, medical screenings for individuals in fitness programs, cholesterol screenings, treadmill screenings, blood pressure, cancer, and mammograms. The program also includes stress management, nutrition education, coronary risk identification, behavior modification, parenting skills, prenatal programs, cardiac and orthopedic rehabilitation, and backcare.

Coors was among the employers nationwide identified by the National Association of Manufacturers that was taking action in an attempt to control health care costs. In 1988 a study conducted by Coors showed that health insurance costs for participants in wellness programs which Coors offered were 13% less than non participant's costs (Kertesz, p. 3, 1990). A unique aspect of this company's program is that they include family members in the screenings as well as the activities. This has led to significant savings. In 1988 the Coor's wellness programs saved the company \$3.2 million dollars.

### **Wellness Programs in Educational Settings**

While corporate America has committed substantial resources and projected savings through health care cost reduction, explicit parallel employee health promotion programs in America's colleges and universities

lag far behind (Parsons, 1987). However, institutions of higher education increasingly feel investment of resources in health enhancement for faculty and staff is of value, and are beginning to make "wellness" their business. Taking cues from corporate America, universities are turning to worksite wellness programs in order to increase productivity, improve morale, decrease absenteeism, as well as life span of faculty and staff members (Parsons, 1987)

The review of literature includes selected educational settings, four year universities, as well as community colleges. Most of what is presented is descriptive due to the purpose of this study which was to develop a descriptive profile of community college wellness programs. Some of the descriptions came from brochures, newsletters, and booklets received by the researcher while conducting the study.

#### **Four Year Colleges and Universities With Wellness Programs**

##### **University of South Carolina**

The University of South Carolina has a comprehensive wellness program for faculty, staff, and students. The purpose of the faculty/staff wellness program emphasizes "improving employee health, knowledge, self responsibility, and the adoption of health promotion behaviors" (Love, et al., 1982). The program promotes five areas of wellness: (a) psychological assessments; (b) one-on-one consultations; (c) group programs; (d) mass media contact; and (e) wellness oriented social events. Research was conducted by (Love, et al., 1982) to determine the effectiveness of the program. Significant changes were observed on a variety of variables. There were positive changes in all subscales of a Quality of Life questionnaire. Faculty and staff reported feeling better and increased vigor, greater knowledge of health concerns, less

tension, and a decrease in anger. There were also significant physical changes: decreases in weight, decrease in percentage of body fat, decrease in blood pressure and serum cholesterol. This program has been so successful that it has been implemented by South Carolina's Blue Cross/Blue Shield.

The student wellness program includes the "Open Door" Health Enrichment Center which is located in the Student Union and is open on a daily basis. This center accommodates approximately 600 students yearly. It contains self-help wellness materials. The students also publish a weekly wellness newsletter and utilize public-service announcements, radio and talk shows to promote wellness. A manual has been published by students and university personnel entitled "Help Yourself: A Guide to Healthier Living".

#### James Madison University

James Madison University has been actively involved in wellness promotion. Their wellness program called "Super person", sponsored by the Division of Student Affairs, features a week of activities directed at faculty and students. It familiarizes participants with the wellness dimensions of mind, body, and spirit. The university also has integrated wellness promotion in resident hall programming and staff training. The programming consists of a variety of wellness topics. Resident hall staff members participate in an annual outing in a primitive setting where they become in tune with nature. They set goals through team building while becoming physically adept to the outdoors. Proper nutrition is also emphasized while participating in the retreat. Other staff development includes stress management, burnout workshops, and spiritual/philosophical wellness retreats. The University also

offers a Holistic Health Seminar, where the six dimensions of wellness are incorporated.

#### University of Wisconsin - Steven's Point

According to Warner (1984) the University of Wisconsin at Steven's Point has one of the most comprehensive and influential wellness promotion programs in higher education. Their program started in 1972 and emphasized lifestyle improvement. One of the outstanding features of their wellness program was the development and usage of the Lifestyle Assessment Questionnaire. Its purpose was to help individuals examine their lifestyle behaviors, assess their current level of wellness, and identify risks or hazards within their lifestyles. In 1984, 84 colleges and universities were using the LAQ. The LAQ is utilized as a resource guide which enables individuals to seek information which assists them in balancing the six dimensions of wellness. The University of Wisconsin also offers a "Fit Shop", which is a booth containing brochures and pamphlets featuring a variety of wellness promotion literature. The booth also has blood pressure equipment with directions for self administration.

#### Missouri University

The Missouri University employee wellness program is entitled H.E.L.P. (Health Education and Lifestyle Promotion). According to Watts et al., (1992) it is an excellent example of a multidisciplinary approach to health promotion and wellness education which is cost effective, time efficient, and successful. The program is based on a model known as Health for Human Wholeness. This model addresses the six dimensions of wellness. Program components consist



of physical activity, nutrition education, stress awareness, and stress management. Assessments and screenings are done within the university's Health and Physical Education Human Performance Laboratory. Following this, each employee receives a personalized "prescription" for health, tailored to their needs, interests, and capabilities. Two vital aspects of the H.E.L.P. program are the noontime wellness lifestyle course, and involvement of the Missouri University graduate students. This ends up being a lunch and learn session with the doctoral students and health education majors acting as facilitators.

The faculty and staff participants pay an annual fee of \$200 which they consider to be reasonable. The only funding required for operation of the program was \$5,000 to pay partial graduate assistant stipends for three students. Money was also donated by private health care systems. Missouri University credits the success of their program to key health related professionals on the MU campus. The administration, faculty, and staff have all played vital roles.

#### Eastern Washington University

In the fall of 1987, Eastern Washington University through their physical education department, began its wellness center called the "Body Shop", which incorporated time controlled circuit training with endurance machines. Pre and post assessments were performed on the participants and data was kept. The Body Shop focused not only on physical fitness but improvement of other lifestyle variables. Since 1987, 10,000 people have been served ranging in age from twelve to eighty-three. Cardinal (p. 7, 1990)

reported EWU as leading the way among colleges and universities in the United States in terms of fitness services provided to students, faculty, and staff.

Another outstanding feature of the Body Shop program was a self-supporting financial plan with a loan being obtained from the central administration. After two years of operation, the original debt of \$150,000 was retired. The program according to Cardinal (1990), presently generates \$65,000 per year, which is earmarked for health, fitness, and wellness opportunities for EWU faculty, staff, students, and community. Success is accredited to EWU's response to the needs of the public, offering programs and services which emphasize preventive health, physical fitness, and wellness. Other success was noted due to the flexibility of the program, self-help rather than institutional help, decentralization, being pro-active, providing multiple options, and action learning.

#### St. Cloud University - Minnesota

St. Cloud University promotes wellness through a program called Lifestyle Awareness Program (LAP). According to Warner (1984) this program was established in 1978 with its membership continuing to grow and services expanded. The goal of this program is to help students, faculty, and staff achieve optimal health and wellness through positive lifestyle choices. Some of the program components are: (a) Comprehensive Personal Health Profile; (b) Lifestyle Analysis and Consultation; (c) Aerobic Dance; (d) Resource Director and Referral; and (e) Life Stress Scale Consultation. Trained student staff called Health Advocates have been accredited with promoting wellness on their university campus.

### Michigan State University

After reviewing the exercise compliance literature Stoffelmayr, et al., (1992) decided to design a wellness program which would result in greater adherence. Stoffelmayr (p. 157) revealed only 50% adherence to organized fitness programs after 6 months. The program conducted by Michigan State University is a worksite program. The components of their wellness program are physical fitness, weight management, nutrition, smoking cessation, and stress management. Recruitment for the wellness program involved a health fair followed by introductory meetings explaining health-behavior modification.

The program leaders consisted of three graduate students in the exercise physiology program who were supervised by exercise physiologists and psychologists. The program emphasized behavior management and health education. The exercise adherence program consisted of 15, one hour group meetings over six months. They provided information which promoted self control. Behavioral contingencies supported the self control element. Contracts were drawn up between the university and the participants. Children, spouses, and exercise partners help meet the requirements of exercising four times weekly. A response-cost financial contingency was utilized. If the contract was broken, the initial amount of \$40 which the participant had deposited, was lost. University members were divided into teams, with the winning team receiving prize money of \$150. The winning team was one which, had the highest percentage of adherence to the program. The success of the program according to Stoffelmayr, et al., (1992) was the

exercise prescription, weekly one hour meetings, program leaders, the worksite, and the deposit contracts.

### University of Texas - Arlington

As a result of a survey extended by UT's Employee Organization, there was an indication of discontent among the employees. There were increasing work loads, limited funds, merit increase freezes, and employees indicating a need for help with burnout. This information raised the question: In times of limited resources what actions can an institution take to enhance the vitality of employees and the institution itself? According to Moxley (1992) an employee wellness program may be one of the solutions. The UT wellness program was approved and implemented in the 1988-89 academic year. The goals of the program were to provide the staff with a program which would be viewed as an employee benefit, and to demonstrate the administration's concern for the staff's welfare. More specific and measurable program objectives were to improve the physical well-being of the staff, reduce stress, increase productivity, improve staff morale, increase staff interaction, improve job satisfaction, expand staff knowledge of health and wellness topics, reduce sick leave, and decrease turnover. A staff member served as the coordinator.

Fitness options included low impact aerobics, lap and free style swimming, bicycling, walking, weight training, racquetball, and open play. Participants also received a health magazine and other wellness related literature. Educational programs related to wellness topics were offered at lunch. Incentives for participation were 1.5 hours weekly release time for fitness activities and very reasonable or no expense for participation.

All participants had to participate in a pre-test and post-test survey to determine job satisfaction. The wellness participants (N=50) had to be a full time Student Affairs employees. There were 176 control group members. Results of the post-test showed that the goals and objectives stated previously had been met through the Student Affairs wellness program.

### University System of New Hampshire

The ELF (Exercise for Lifelong Fitness) program at the University System of New Hampshire began in the Spring of 1982. It started as a pilot program at Keene State College and the System's administrative offices. The program included a health education component and exercise component. What started as a limited worksite health promotion has evolved to encompass all the campuses of the University System with a waiting list established to accommodate the interests of all the employees.

According to Puglisi (1989) a program of this type must have support from the administration as well as someone to pull resources together. When the ELF program began, there was very limited funding, however services provided by a federal grant were used. After federal sources were used, the Graduate School of Nursing at the University was approached to see if there was an interest in graduate student nurses assisting with the program in a practicum for educational credit. This arrangement has worked quite beneficially.

The ELF program includes health risk appraisals, weight control program, proper nutrition, CPR, AIDS education, cancer education, stress management, exercise (walking program), smoking cessation, health screenings such as mammography's, blood pressure, and cholesterol.

Documented results of action taken as a result of the screenings have proven how valuable worksite wellness programs are. The cost of implementing a program at any institution of higher education is minimal (Puglisi, 1989) if the various departments work together. Health and Physical Education can provide assistance with many of the physical activities, Allied Health can assist with various screenings, Foods and Nutritional Science students can monitor diets, conduct nutritional assessments, and many other areas of expertise can be tapped within the university setting. Although figures on cost effectiveness have not been analyzed, it is evident with the number of faculty and staff members participating in the various programs that lifestyle changes have been undertaken (Puglisi, 1989). According to Puglisi (1989) every successful faculty/staff wellness program is under girded by three prominent forces: (a) a highly supportive university president; (b) a broad-based advisory committee of influential campus personalities/experts and; (3) a full-time director of faculty/staff wellness promotion.

#### Kennesaw College - Marietta, Georgia

Eleanor Hopper (1988), Director of Wellness and Lifelong Learning, listed five important steps in establishing a wellness program: (a) gaining administrative support; (b) enlisting campus and community support for advisory boards; (c) determining the nature and direction of the program; (d) securing space for a wellness center; and (e) identifying financing sources/strategies. The success of Kennesaw's wellness program has evolved from integrating students, faculty/staff, and the community in wellness activities. A variety of activities include but are not limited to, health fairs,

lunch bag seminars, and a variety of lifestyle intervention activities. Student leadership from a variety of disciplines assist with the program. An annual wellness calendar serves as a marketing tool, as well as a monthly campus newsletter. The program is modified based upon evaluations of the needs of the participants.

### **Community Colleges With Wellness Programs**

#### **Austin Community College - Austin, Texas**

Venditti (1987) described the "how to" of establishing a wellness program on a shoestring budget. After selecting a wellness committee, an eight-part plan was followed which includes: (a) defining the purpose of the wellness program; (b) establishing short and long-term goals and objectives; (c) deciding on target population; (d) developing and maintaining administrative support; (e) conducting an assessment of interests and needs; (f) identifying methods of publicity; (g) acquiring financial support, facilities, human resources; (h) executing the program; and (i) evaluating its results on an ongoing basis. The budget for this program was \$700.00 for the year with the target audience being faculty, staff, and administrators. This group was administered an interest inventory to determine how their time was being spent and what activities they would be interested in participating in. The kick-off activity was a Fall Fitness Fair which promoted the idea, that employees who pay attention to their physical condition are apt to be happier, absent from work less frequently, and more productive. After this successful event, the President endorsed a release time policy which provided college employees up to an hour and a half each week to participate in the authorized activities of the wellness program. Authorized wellness activities included

stress management workshops, parenting, assertiveness training, CPR, time management, smoking cessation, loneliness, nutrition, swimming, aerobic dancing, jogging, canoeing, and biking. Community volunteers donated their time to direct or present these activities.

One half the \$700.00 budget was spent on incentive awards for the participants. Incentives included t-shirts, certificates, and dinner with the college president at a local restaurant. One third of the shoestring budget was spent on publicity for the activities. Brochures, flyers, and video tapes of the activities encourage participation and support. According to Venditti (1987) the time will come to lobby for a paid leadership position to coordinate the expanding wellness programs.

#### Scottsdale Community College - Arizona

The Scottsdale Community College wellness activities feature a Health and Wellness Newsletter which is published by their Drug Education and Prevention Committee. This college also has a weekly lecture series called "Well Awareness" which is sponsored by their wellness committee Adult Re-Entry Services (AWARE). These lectures are free and open to the public. Some of the topics which have been presented are: Good Humor is Good Medicine, Life Scripting: Write Your Own Life Script; Fitness for Life: Help Your Body Last a Lifetime; Friendships: The Key to Wellness; Empowerment: How to Raise Your Self-Esteem; 10 Herbs Essential to Your Health; and Music for Well-Being.



### Dallas County Community College District - Texas

The Dallas County Community College District encompasses seven community colleges, a District Service Center and the El Centro District Office. Each of these sites has a wellness director. Each wellness program is unique to the individual campus, however the following guidelines are consistent throughout the district. The DCCCD Wellness Program is available free of charge to all full-time employees and retirees. Part-time and limited full time employees and spouses are allowed to participate in wellness testing, provided they pay for costs, however they are not eligible to take release time for participation in the wellness program. The DCCCD Wellness Program includes a complete blood analysis including cholesterol and lipid profile. Fitness assessments are available through physical education and continuing education classes. Classes are offered which include computerized assessments at the beginning and ending of each course. Employees may take these free of charge on a space available basis. Some of these classes which include physical assessments are physical fitness, walking for fitness, intermediate aerobics, weight training, aerobic dance, and conditioning. Other wellness related classes available are golf, country and western dancing, drawing, CPR, tennis, karate, ceramics, smoking cessation, bowling, racquetball, printmaking, and yoga. Participants are required to complete a blood analysis and coronary risk profile yearly. Employee participants are entitled to take a total of 1 1/2 hours of work time each week to participate in wellness activities on or off campus provided they match 1 1/2 hours of personal time each week. This time has to be documented and cleared with the immediate supervisor.

Employees may choose to use other facilities such as local fitness centers, or YMCA's. (Taken from a 1992-93 DCCCD Wellness Program Guideline Brochure).

### Prestonsburg Community College - Kentucky

Prestonsburg Community College has a Fitness/Wellness Center on their campus. Floyd (1993), reported it serves as a national model and is part of the Regional Center for Health Education and Wellness. One of the slogans which is used at the center is "An Investment In Your Future", with the following statements:

Prestonsburg Community College makes wise investments everyday - investments in technology, materials, and most importantly, people. The Wellness Center is just one of our investments in the people who make us successful - our employees, students, and our community (Taken from Wellness Center Brochure, Prestonsburg Community College).

All PCC employees and students are encouraged to become active members of the Wellness Center. In order to become a member, individuals must register, fill out a health history questionnaire, sign an informed consent form, and participate in required screenings such as blood pressure. The Wellness Center publishes a monthly newsletter and is equipped with the latest in exercise and workout equipment. The Wellness Center philosophy touts that wellness is not just a physical thing, education is very important, therefore seminars are conducted regularly. Seminar topics include, nutrition, weight management, smoking cessation, and stress management. The Wellness Center is open Monday - Friday - 8:00 AM - 8:00 PM; and Saturdays 9:00 AM - 1:00 PM.

### Central Community College - Hastings, Nebraska

The Central Community College Wellness program is designed for staff and students. The philosophy which supports CCC's program is that wellness is an active process through which the individual becomes aware of and makes changes that lead to the improvement and quality of life. (Taken from the 1992-93 Activity Log and Program Information, Wellness Program, Central Community College, Hastings Campus). The emphasis for the program is toward quality issues to enhance the work and student environment. Preventive measures are emphasized with coordination between Wellness, Medical Assisting, Dental Hygienist, and the Dietetic Program for wellness programming. Activities include a fitness center, one-mile walking course, indoor walking area, TGIF (Thank Goodness I'm Fit) incentive program, Lunch and Learns, corporate YMCA memberships, health fairs, nutrition classes, and bicycle tours.

### Northern Virginia Community College, Loudoun Campus

Elliott Dacher, a Reston Internist has created a new Mind/Body curriculum which may serve as a model for community colleges (Mason, 1993). Dacher who has been integrating contemporary medical techniques and ancient mind-body approaches to healing, believes community colleges are a "natural match" for wellness programs. A flyer from Northern Virginia Community College says: "This new way of thinking about health requires that we understand the theory and principles of self-healing, develop our untapped inner resources and capacities, learn about the operations of our

mind and body, and develop the skills and practices that can be applied toward the recovery from illness, prevention of disease, and promotion of health.

The Mind/Body Studies Program is a progressive series of seminars which provide participants with the knowledge, skills, participatory activities, and demonstrations required for self healing. This is a new innovative comprehensive curriculum taught by a team of selected faculty who have medical degrees, psychology degrees, experts in acupuncture, fitness, and healing techniques with music. The program is coordinated through the Division of Continuing Education and is non-credit. Costs for the seminars vary from \$55.00 per day to \$145.00 per day.

The program is divided into five levels. The first level is referred to as the core program and introduces participants to the theory, principles, and practices of the mind/body healing. Level two is called the Two-Pathways Programs, and discusses the concept from illness to wholeness. Level three is called the Complementary Healing Programs, Acupuncture As Health Care. Principles of Chi energy, the law of fire elements, the importance of emotions, and the cycles in nature healing are instructed. The fourth level is referred to as Sound and Healing. This workshop includes theory and research related to voice, sound, and healing. Level five includes Body Awareness and Fitness. This workshop goes beyond the traditional exercise and encompasses concepts of breathing, posture, stress, tension, internal/external mind and body requirements for balance, and includes the concept of touch. (Taken from 1993 Brochure of Northern Virginia Community College, Mind/Body Studies Program).

### Arapahoe Community College - Colorado

Individuals who are interested in starting an exercise program can join the college fitness center by enrolling in a one credit physical education class. After completing an orientation concerning the use of the facility, there is unlimited use of the center for 16 weeks. The center is open Monday - Thursday, 6 AM-8 PM, Friday 6 AM-7 PM, and Saturday 6 AM-1 PM. College employees can join by paying a \$25.00 fee and completing an orientation. The center offers a full range of activities which are free to the student such as open swims, Power Hour Aerobics, Power Splash Water Aerobics, volleyball and basketball. Every week the center sponsors games called W.U.M.P.S. (Wednesday Unwind Your Mind Play Series) in which students, faculty, and staff are encouraged to participate. Arapahoe Community College also has a Student Health and Wellness Center, where students can receive aspirin, throat cultures, and band-aids, in addition to wellness counseling. The Wellness Center also provides screenings such as cholesterol, eye safety/glaucoma, and blood pressure, all of which are provided free or minimal costs. The Feel Better Newsletter is published as a joint effort of the Student Health and Wellness Center, The Fitness Center, and Recreational Services.

### **S u m m a r y**

Whether in a corporate or educational setting, the typical wellness model tends to focus on variations of the dimensions of wellness: emotional, intellectual, occupational, physical, social, and spiritual. The goals of wellness are basically the same in business/industry settings as well as educational settings: to promote active involvement in becoming aware of one's well-

being and applying this information to make choices which lead to a healthier, more productive lifestyle. By incorporating wellness programs benefits which may incur are less absenteeism, increased productivity, fewer insurance claims, and a feeling that an institution or company cares about its employees. While there is scarce research data concerning wellness programs in educational settings, hopefully this research will encourage more community colleges to publish the merits of their programs.

As a means of summarization, the frequencies of selected features of wellness programs in corporate and educational settings is presented in Matrix 1, 2, 3 on the following page.

Elements	Companies							
	Continental Oil	Kimberly Clark	Johnson & Johnson	Xerox	Campbell Soup	Prudential	Tenneco	Coors
<u>Coordinator of Wellness Program</u>								
1. Part-time		X						
2. Full-time		X				X		
<u>Wellness Leaders</u>								
3. Faculty								
4. Staff								
5. Administrator								
6. Students				X				
7. Volunteers								
<u>Participants</u>								
8. Faculty								
9. Staff								
10. Students								
11. Community Members on site								
12. Facilities (Fitness Center)	X	X		X	X	X	X	X

Matrix 1. Frequencies of Selected Elements of Wellness Programs For Corporations

Elements	Companies							
	Continental Oil	Kimberly Clark	Johnson & Johnson	Xerox	Campbell Soup	Prudential	Tenneco	Coors
<b>Programming</b>								
13. Fitness Activities	X	X	X	X		X	X	X
14. Wellness Education Seminar	X	X	X	X	X	X		X
15. Newsletter/Magazine		X	X	X	X			
16. Screenings		X						
17. Incentives	X	X		X			X	X
18. Documented Research on Effectiveness Indicators	X	X						
19. Membership Fee			X		X	X	X	X

Matrix 1. (continued)



Elements	Educational Facilities							
	University of South Carolina	James Madison University	University of Wisconsin	Missouri University	Eastern Washington University	St. Cloud University	Michigan State	University of Texas
<u>Coordinator of Wellness Program</u>								
1. Part-time		X						
2. Full-time		X						
<u>Wellness Leaders</u>								
3. Faculty		X	X	X				X
4. Staff			X	X				X
5. Administrator				X			X	
6. Students		X		X		X	X	X
7. Volunteers								
<u>Participants</u>								
8. Faculty		X	X	X	X	X	X	X
9. Staff	X	X	X	X	X	X	X	X
10. Students	X	X		X	X			
11. Community Members								
12. Facilities (Fitness Center) on site								
Matrix 2. Frequencies of Selected Elements of wellness Programs in Four-year Colleges and Universities								

Matrix 2. Frequencies of Selected Elements of wellness Programs in Four-year Colleges and Universities

Elements	Educational Institutions							
	University of South Carolina	James Madison University	University of Wisconsin	Missouri University	Eastern Washington University	St. Cloud University	Michigan State	University of Texas
<u>Programming</u>								
13. Fitness Activities	X	X	X	X		X	X	X
14. Wellness Education Seminars	X	X		X			X	
15. Newsletter/Magazine	X							X
16. Screenings	X							
17. Incentives			X				X	X
18. Documented Research on Effectiveness Indicators								
19. Membership Fee	X							X

**Matrix 2. (continued).**

Elements	Educational Institutions					
	University of New Hampshire	Kennesaw College				
<u>Coordinator of Wellness Program</u>						
1. Part-time	X					
2. Full-time						
<u>Wellness Leaders</u>						
3. Faculty		X				
4. Staff		X				
5. Administrator		X				
6. Students	X					
7. Volunteers						
<u>Participants</u>						
8. Faculty	X	X				
9. Staff	X	X				
10. Students		X				
11. Community Members		X				
12. Facilities (Fitness Center) on site						

Matrix 2. (continued)

Elements	Educational Facilities						
	University of New Hampshire	Kennesaw College					
<u>Programming</u>							
13. Fitness Activities		X					
14. Wellness Education Seminars	X	X					
15. Newsletter/Magazine		X					
16. Screenings	X						
17. Incentives		X					
18. Documented Research on Effectiveness Indicators	X						
19. Membership Fee							

Matrix 2. (continued)

Elements	Educational Facilities						
	Northern Virginia Community College	Arapahoe Community College	Dallas County Community College District	Austin Community College	Scottsdale Community College	Prestonsburg Community College	Central Community College
<u>Coordinator of Wellness Program</u>			X X				
1. Part-time							
2. Full-time							
<u>Wellness Leaders</u>							
3. Faculty						X	X
4. Staff							
5. Administrator				X			
6. Students							
7. Volunteers							
<u>Participants</u>							
8. Faculty	X	X	X	X		X	X
9. Staff	X	X	X	X		X	X
10. Students							
11. Community Members on site		X	X		X X		
12. Facilities (Fitness Center)		X				X	X

**Matrix 3. Frequencies of Selected Elements of Wellness Programs in Community Colleges**

Elements	Educational Facilities						
	Northern Virginia Community College	Arapahoe Community College	Dallas County Community College District	Austin Community College	Scottsdale Community College	Prestonsburg Community College	Central Community College
<b>Programming</b>							
13. Fitness Activities	X			X		X	X
14. Wellness Education Seminars	X			X		X	X
15. Newsletter/Magazine							
16. Screenings	X	X			X		
17. Incentives							
18. Documented Research on Effectiveness Indicators	X		X	X			
19. Membership Fee				X			
<b>Matrix 3. (continued)</b>							

## **CHAPTER 3**

### **METHODOLOGY**

#### **Introduction**

This descriptive study was designed to analyze the characteristics of community college wellness programs to determine the relationship of two independent variables, line item budgeting or institution size, on four dependent variables, (a) staffing, (b) programming, (c) facilities, and (d) departmental affiliation.

The study was an extension of Sivik, et al. (1992) assessment of college and university wellness programs. Sivik, et al. (1992) randomly selected colleges and universities which were listed on the 1987 National Wellness Association Membership listing. A comprehensive survey addressed trends in four major areas: (a) departmental affiliation, (b) staffing, (c) facilities, and (d) programming. In this study, the survey instrument incorporated the four major areas which Sivik, et al. (1992) addressed, and also included a modified version of a wellness questionnaire developed by Walton (1989).

This chapter describes the methodological procedures for the study and includes the research questions, the population/sample, the data gathering instrument, the data gathering procedures, and analytic treatment of the data.

#### **Population and Sample**

The survey was targeted at United States public community colleges with wellness programs. A common sample was sought. It was known that a national wellness conference for community colleges existed. Therefore, the common sample consisted of two purposeful samples: a conference based

sample consisting of 78 community colleges which were represented at the 1993 Sixth Annual National Community College Wellness Conference, and a director identified based sample. The director identified based sample consisted of community colleges which had not attended the conference, but were identified by their state directors as having a wellness program.

In an effort to determine the director identified based sample, state directors were faxed two questions: (a) Do the community colleges within your state have wellness programs? (b) If yes, would you please list those community colleges which have wellness programs? In some cases, the state directors indicated they did have wellness programs at their community colleges but did not have knowledge nor records of which ones did. A directory of their colleges was returned for the researcher to randomly select colleges.

Responses were received from forty-four state directors. Twenty-six (50%) indicated they had wellness programs within their community colleges. Eighteen (35%) responded that there were no community colleges with wellness programs. Three directors (5%) indicated there were no community colleges within their state. Five (9%) of the state directors did not respond. From the twenty-six state directors' affirmative responses, the researcher compiled the director identified base sample which comprised 78 community colleges. Thus, the common sample resulted in 156 possible community colleges with wellness programs.

These two samples were statistically analyzed to determine if there were differences. After determining there were statistically no significant differences between the two groups, data were combined into a common



sample and presented as a descriptive profile of public community colleges with wellness programs.

### **Data Gathering Instrument**

Verbal permission, per phone conversation, was obtained to modify and implement Walton's instrument (Walton, 1993, June). The instrument was modified to include data pertaining to the demography of the community college. Data elements including institution size, personnel classifications, and community college setting were added. The instrument provided instructions for its completion, purpose, and objective of the study. See Appendix A. The 46 items requested the community college representatives to respond to four areas of information concerning wellness programs: (a) departmental affiliation which refers to the division or unit of the college responsible for administering the program; (b) staffing, whether the program has volunteers, full-time director, part-time director; (c) facilities, where the facilities are located, and cost for usage; and (d) programming, what types of programs are offered, and who administers them? The survey also had three open-ended questions which provided qualitative data concerning: (a) benefits of wellness programs, (b) critical barriers toward wellness programs, and (c) unique techniques which have worked well with wellness programs.

The 46 item instrument provided for forced choice responses relative to the topic category as well as "open-ended" and "other", left for explanation. The data from the instrument addressed four research questions:

1. What is known about wellness and how is it applied in educational settings?
2. What are the components associated with wellness programs?

3. What are the demographic characteristics of public community colleges which have wellness programs?
4. What differences exist among United States public community colleges based on demographic data such as institution size, type of service area, funding, staffing, departmental affiliation, programming, and facilities?

### **Pilot Test**

A pilot test was conducted to improve the basis and procedures for data collection. The instrument was mailed to selected members of the local planning committee for the 1994 Seventh Annual National Community College Wellness Conference, and to the National Board Members for the Annual Community College Wellness Conference. The members were asked to respond to the survey instrument and provide reactions and suggestions for revision. All the local planning members and selected National Board members were phoned prior to sending the pilot.

The researcher's committee gave input concerning revision of the instrument. They suggested that the researcher revise several items which would force the respondent to give direct approximate dollar amounts for the wellness budgets, approximate percentages of those participating in wellness programs, and request an approximate student FTE count. All of these changes were made to obtain data which could be analyzed as interval level rather than categorical scales. Refer to Appendix A for final copy of survey instrument.

## **Data Gathering Procedures**

By combining the conference based sample and the director identified sample, the survey instrument was mailed to 156 United States public community colleges which possibly had wellness programs. The conference based sample was sent to the attention of the college representative who attended the 1993 Sixth Annual Community College Wellness Conference. The director identified based sample was sent to the attention of the Human Resource Officer at each community college believed to have a wellness program. The researcher followed the general recommendations in accordance to Isaac and Michael (1989) for mailing a survey instrument. A cover letter was sent with the survey explaining the purpose of the research, pertinent definitions which set parameters for the research, and an assurance that neither they nor their institution would be identified with specific data. The initial mailing of 156 surveys resulted in 52 (33.3%) being returned. At the end of the second week, a letter was sent to each of the community college representatives to serve as a reminder for non respondents and a thank you note for respondents. At the end of the fourth week, 78 (50.0%) of the surveys had been returned.

At the beginning of the fifth week, telephone calls were made to the non-respondents. Upon questioning, if they had not received the survey, one was faxed to them. The phone calls and faxes resulted in 22 additional surveys. A second series of phone calls were made the sixth week which resulted in a total of 122 (78.2%) usable surveys. Of these 122, 78 (63.9%) of the community colleges had wellness programs. Forty-three of the conference based sample, and 35 of the director identified based sample had wellness programs.

Follow-up phone calls to select non-respondents resulted in the following reasons for not responding: they had no formal programs as defined by the parameters of the study; they lacked the time necessary to fill out the survey; they were new to their position and could not accurately fill out the survey. The researcher also found there were eight duplicates, meaning there was more than one representative from the same institution. Five of the colleges surveyed were not community colleges and thus eliminated.

Upon completion of the data gathering, the descriptive profile of community colleges with wellness programs, consisted of 78 United States public community colleges.

### **Analytic Treatment**

A series of descriptive measures were used. Frequencies were computed for all 43 variables and reported as percentages. A Chi square test for independence and t-tests were used to determine if there were significant differences between the conference based sample, those community colleges which were represented at the 1993 Sixth Annual Community College Wellness Conference, and the director identified based sample, those community colleges which were identified by state directors as having wellness programs.

Cramer's V (2 X RC) and Phi (2 X 2) were used to determine the relationship of the two independent variables, institutional size and line item budgeting, on four dependent variables (a) departmental affiliation, (b) staffing, (c) programming, and (d) facilities. A Point-biserial correlation was used to determine the relationship of (a) line item budgeting and

programming, (b) institution size and programming, and (c) institution size and facilities.

### **S u m m a r y**

In this study, the investigator prepared and distributed a five page survey instrument to 156 possible respondents. The purpose of the survey was to collect data which would reveal trends in wellness on United States public community college campuses, in order to develop a descriptive profile. The survey was a modification of Walton's (1989) wellness questionnaire in which she sought the status of community college wellness programs.

Michael and Issac's (1989) mail survey guidelines were used during the seven week data collecting process. A total of 122 (78%) usable surveys were returned from the conference based sample and the director identified based sample. Of these 122 returned surveys, 78 (63.9%) had wellness programs.

Mean scores were calculated for selected items and response frequencies computed and reported as percentages. T-tests and Chi square tests for independence were utilized to test differences and Cramer's V and Phi and Point Biserial Correlation were used to determine the relationship of the independent variables to the dependent variables.

## **CHAPTER 4**

### **RESULTS**

#### **Introduction**

The purpose of this study was to develop a descriptive profile of community college wellness programs. Four research questions were raised: (a) What is known about wellness and how is it applied in educational settings? (b) What are the components associated with wellness programs? (c) What are the demographic characteristics of community colleges which have wellness programs? (d) What differences exist among United States public community colleges based on demographic data such as institution size, type of service area, budgeting, staffing, departmental affiliation, programming, and facilities.

In order to maximize the number of community colleges having wellness programs, two purposeful samples were identified: a conference based sample, and a director identified based sample. The two purposeful samples were compared using Chi Square and t-tests to determine if they were statistically different at the .05 level. The 43 quantitative items on the survey were used. The data support that no differences exist for 42 of the 43 survey items. The only statistically significant difference at the .05 level was related to facilities. The conference based sample institutions are more likely to have facilities and these will likely exist primarily within the larger institutions. Based upon the overwhelming similarities, the researcher combined the data and assumed the two purposeful samples are both representative of the population. Consequently, hereafter the purposeful samples are treated and referred to as the common sample.

During the seven-week data gathering period, (78%) 122 of the 156 surveys which were mailed, proved to be usable. Of these 122 responses, seventy-eight (63.9%) of the community colleges had wellness programs. The 78 with wellness programs comprised the optimal end for this study. The data elements may be less than 78 because of missing data.

The remainder of this chapter will report findings arranged around ten topics. These topics include: (a) the relationship of the independent variables of line item budgeting or institution size with four dependent variables, staffing, programming, departmental affiliation, and facilities; (b) demographics of the population which includes FTE base noted as size of the institution, and whether the institution comprises a rural or urban setting or both; (c) what percentage of community colleges surveyed have wellness programs; (d) who participates in wellness activities; (e) coordinators/staffing of wellness programs; (f) wellness leaders; (g) budgeting; (h) facilities; and (i) programming.

Additionally qualitative data were derived from three open-ended questions: (a) what are the three primary benefits which have accrued to your institution by having a wellness program? (b) what are the three most critical barriers which your wellness program has experienced during its existence? (c) what are three most unique techniques which have worked with your wellness program? These sections respond to the study's research questions. Each section includes a narrative description of findings, a tabulation display of data, and statistical tests which were employed. A descriptive profile based on frequencies and percentages is presented as part of the summary of this chapter.

## Relationship of Budgeting

This study sought to determine the relationship of the independent variable of line item budgeting on four dependent variables: staffing, programming, departmental affiliation, and facilities. Forty-six percent of the respondents indicated their institution had line item budgeting. A narrative description, tabulation display of data, and statistical tests is presented for each variable.

### Relationship of Line Item Budgeting on Staffing Wellness Programs

A Cramer's V coefficient was calculated to determine the relationship, or association between the nominal variables of line item budgeting and staffing of wellness programs. No significant relationships at the .05 level were found between line item budgeting and staffing of wellness programs. The relationship is summarized in Table 1.

Table 1. Cramer's V Correlation Between Line Item Budgeting and Staffing

Group	n	r	p
Common Sample	78	.218	.589

### Relationship of Line Item Budgeting and Wellness Programming

Since the independent variable line item budgeting is nominal and the dependent variable programming is interval level, the Point-biserial correlation was used to measure the relationship between the two variables.



There was no statistically significant relationship found between line item budgeting and programming. See Table 2.

Table 2. Point-biserial Correlation Between Line Item Budgeting and Programming

Group	n	r pb	p
Common Sample	78	.019	.867

Relationship of Line Item Budgeting and Departmental Affiliation

A Cramer's V was calculated since line item budgeting and departmental affiliation are nominal variables. It was determined there was no significant relationship between line item budgeting and departmental affiliation at the .05 level. The relationship is summarized in Table 3.

Table 3. Relationship of Line Item Budgeting and Departmental Affiliation

Group	n	r	p
Common Sample	77	.325	.086

r - utilized a Cramer's V

Missing Responses: 1

### Relationship of Line Item Budgeting and Facilities

The Phi coefficient was used to determine if there was a significant correlation between these two nominal variables. The data reveal there is a significant relationship with an  $r$  value of .329 and a probability level of .004. The researcher interprets this to mean approximately 11% of the variance is attributable to the budget which would impact facilities. Table 4 summarizes the findings.

Table 4. Phi Correlation Between Line Item Budgeting and Facilities

Group	n	r	p
Common Sample	75	.329	.004*

\* Significant at the .05 level.

Missing Responses: 3

### **Relationship of Size**

The second independent variable in this study was institution size. The study sought to determine if there was a relationship between size and the dependent variables of staffing, departmental affiliation, programming and facilities. Size was based upon full time equivalency students and the institutions were categorized as small (1 - 2000), medium (2001 - 5300), and large (5301+). The majority 41.3% (N=26) were categorized as large

institutions. A narrative description, tabulation display of data, and statistical tests is presented for each variable.

Relationship of Institution Size and Staffing

A Cramer’s V was calculated to determine the amount of association between the interval level variable of institution size and the nominal level variable staffing. There were six response categories concerning who coordinates the program: school nurse, full-time director in-house, full-time director outside agency, part-time director in-house, part-time director outside agency or, other. Data do not support a significant relationship at the .05 level between institution size and staffing. These findings are reflected in Table 5.

Table 5. Cramer's V Correlation Between Institution Size and Staffing

Group	n	r	p
Common Sample	63	.355	.102

Missing Responses: 15

The Relationship of Institution Size and Departmental Affiliation

The community college representatives were asked what academic division is primarily responsible for administering the wellness program. There were five response categories, health and physical education department, student affairs, human resource offices, wellness committee, or

other. A Cramer's V was calculated to determine if there was a relationship of institution size and departmental affiliation. Data revealed there was no statistically significant relationship at the .05 level of probability between institution size and departmental affiliation. These data are reported in Table 6.

Table 6. Cramer's V Correlation Between Institution Size and Departmental Affiliation

Group	n	r	p
Common Sample	62	.228	.591

Missing Responses: 16

Relationship Of Institution Size and Programming

Since the independent variable institution size was measured on an interval level and the dependent variable programming was nominal level, the Point-biserial correlation was used to measure the relationship between the two variables. There was no statistically significant relationship found between institution size and programming. See Table 7.

Table 7. Point-biserial Correlation Between Institution Size and Programming

Group	n	r <sub>pb</sub>	p
Common Sample	63	-.052	.680

Missing Responses: 15

Relationship of Institution Size and Facilities

Since the independent variable institution size was measured on an interval level and the dependent variable facilities was on a nominal level, the Point-biserial correlation was used to measure the relationship between the two variables. Data indicate there was no significant relationship at the .05 level between institution size and facilities. Summarization of this data is in Table 8.

Table 8. Point-biserial Correlation Between Institution Size and Facilities

Group	n	r <sub>pb</sub>	p
Common Sample	60	-.077	.556

Missing Responses: 18

## **Wellness Program Profile**

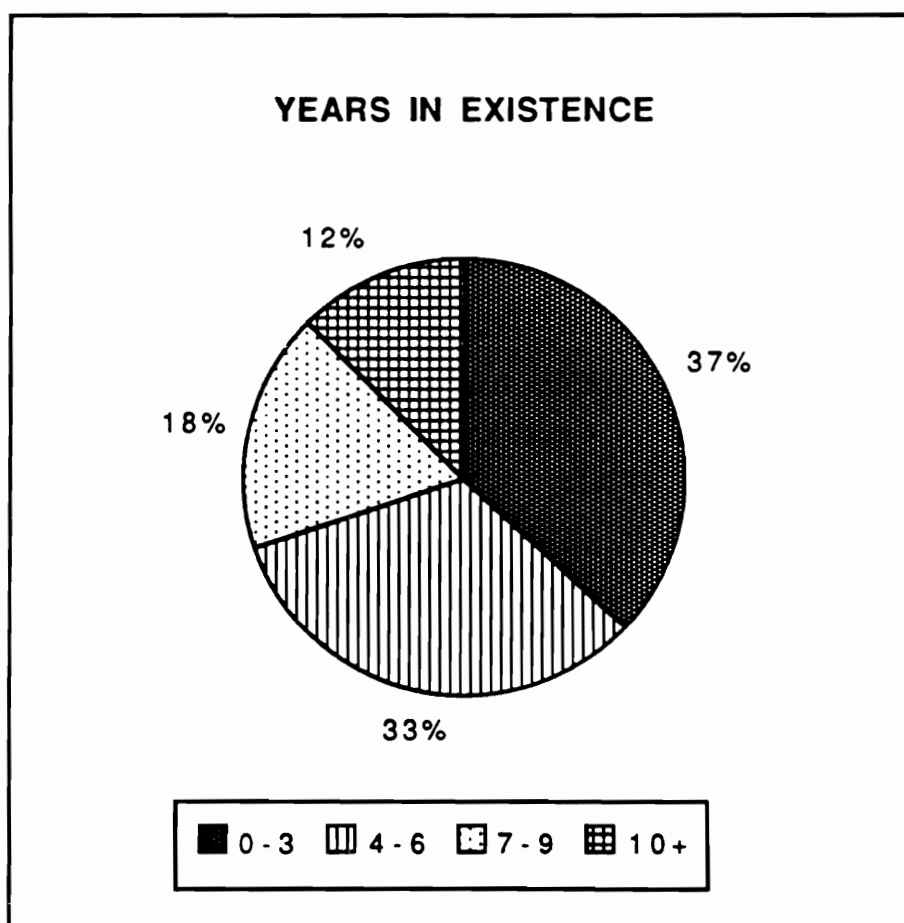
### **Percentage of Community Colleges With Wellness Programs**

Data revealed that 78 (63.9%) of the 122 usable surveys indicated their community college had a wellness program, while 36.1% indicated they did not have a wellness program. When asked if there were plans to initiate a wellness program, 16 (20.5%) of those not having a wellness program indicated there were plans to initiate one. McMillan (1986) reported that 20% of all colleges and universities have wellness programs.

### **Number of Years Wellness Programs Have Been in Existence**

The common sample revealed that wellness programs have been in existence at their community college for a range less than a year to 20 years. Closer examination of the data support the majority, 36.3% of the programs had been in existence less than 3 years, 33.3% indicated their wellness programs had been in existence 4-6 years, 18.5% for 13 years, and 12.0% for 10 years or more. See Figure 1.

PROGRAM IN EXISTENCE			
Years in Existence	Number	Valid	Percent
0 - 3	27		36.35 %
4 - 6	24		33.38 %
7 - 9	13		18.35 %
10 +	9		12.00 %
Missing Cases	5		
TOTAL	NA		NA



**Figure 1. Number of Years Community College Wellness Programs Have Been in Existence**

## Individuals Allowed to Participate and Average Participation Rates in Wellness Programs

Figure 2 reveals who is allowed to participate in the wellness program. Data reveal, 100% of the community colleges allow faculty/staff participation in wellness programs, 62.8% allow student participation, and 44.9% allow community members to participate.

The common sample data reveal the mean percentage of full-time faculty who participate in wellness programs is 25%. Of this 25%, (N=64) the mean percentage of men is 38% (N=58), and mean percentage of female is 62% (N=58). See Table 9.

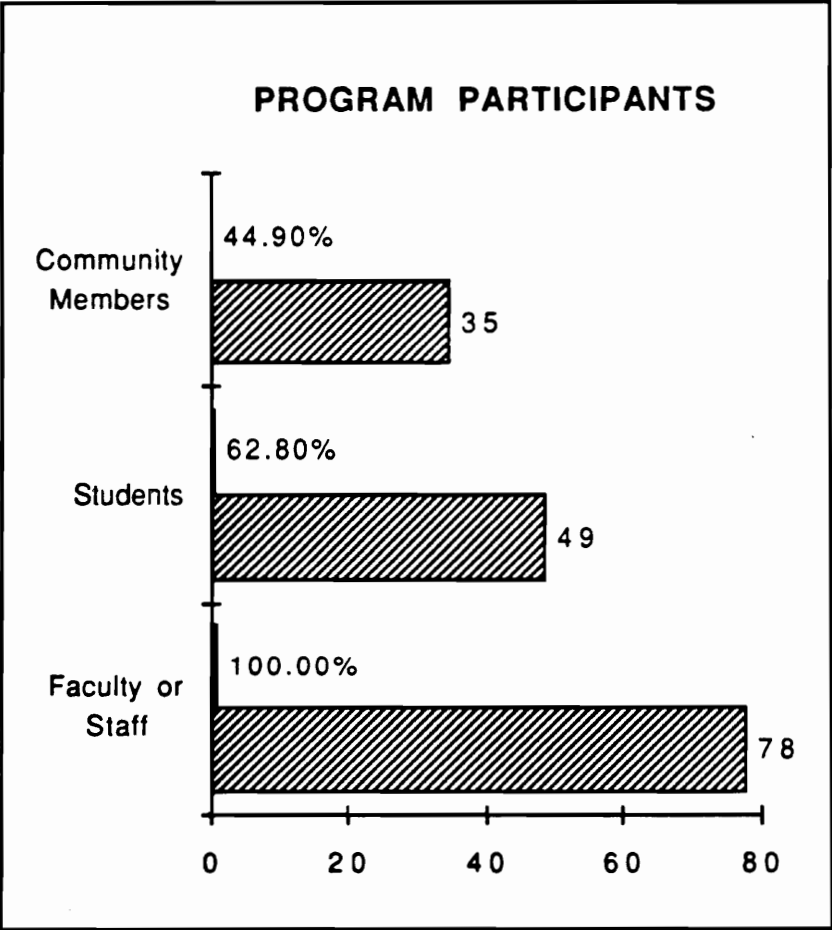
The data reveal slightly higher mean percentages 28% (N=61) of classified staff participate in wellness programs. Of this mean percentage of male/female participation is 30%/70%.

Data reveal the average percentages of part-time faculty who participate is 6.0% (N=50). Of this mean percentage, the survey revealed 30% are male and 70% female.

Student participation in wellness programs was also sought in this study. The data revealed the mean percentage of students who participate is 24% (N=47).



PROGRAM PARTICIPANTS		
Who Participates	Number	Percent
Faculty or Staff	78	100.00 %
Students	49	62.80 %
Community Members	35	44.90 %
TOTAL	NA	NA



**Figure 2. Who is Allowed to Participate in Wellness Programs at Community Colleges**

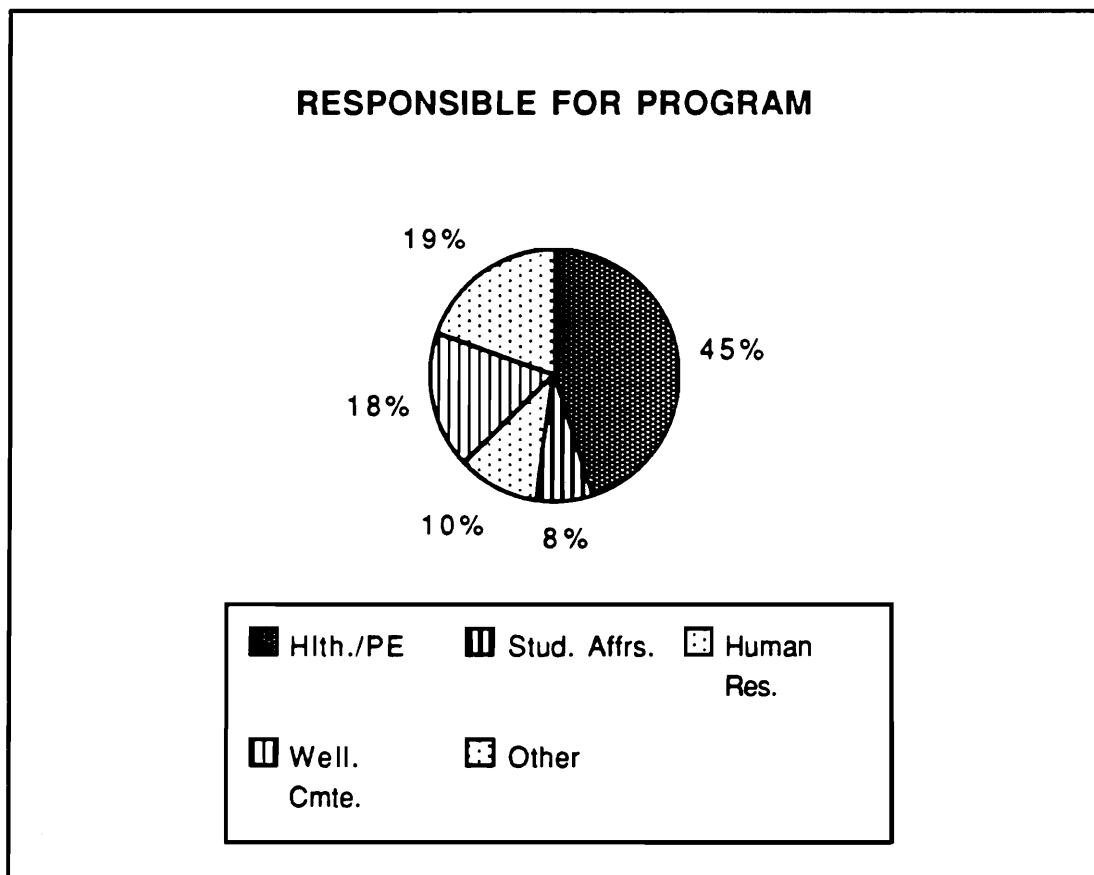
Table 9. Mean Percentages Of Participants in Wellness Programs,  
Subdivided Into Male, Female

Participants	n	Mean %	Non Respondents
Full-Time Faculty	64	25.0	14
Male	58	38.0	20
Female	58	62.0	20
Classified Staff	61	28.0	17
Male	57	30.0	21
Female	57	70.0	21
Part-Time Faculty	50	06.0	28
Male	29	34.0	49
Female	29	66.0	49
Students	47	24.0	31

### Departmental Affiliation

In response to the question, what academic division or department is primarily responsible for administering the wellness program, the data revealed 44.9% (N=35) of the wellness programs were administered by the Health/PE departments, 17.9% through a wellness committee, 10.3% Human Resources, 7.7% Student Affairs, and 19.2% other. The other category, listed a combination of Health/PE and Wellness Department, Health Services, President's Office, "we are a wellness institute unto ourselves", volunteer staff, Dean of Instruction's Office, Math and Science Division, Continuing Education, Student Life, "we are our own division, and college nurses. Figure 3 displays this data concerning departmental affiliation.

RESPONSIBLE FOR PROGRAM		
Division	Number	Percent
Hlth./PE	35	44.90 %
Stud. Affrs.	6	7.70 %
Human Res.	8	10.30 %
Well. Cmte.	14	17.90 %
Other	15	19.20 %
<b>TOTAL</b>	<b>78</b>	<b>100 %</b>

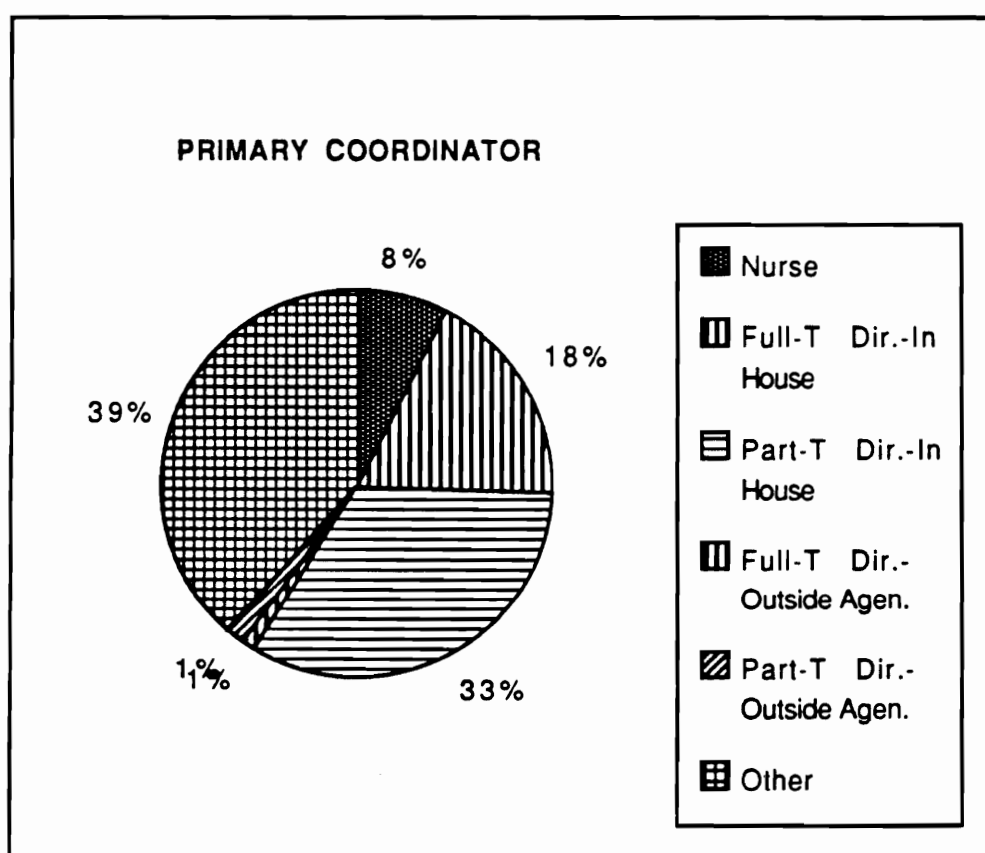


**Figure 3. Department Affiliation of Community College Wellness Programs**

### Coordination of Wellness Programs

Information on who primarily coordinates the wellness programs was collected. The data revealed 33.3% (N=26) of the programs had a part-time director (in-house), 17.9% had full-time directors (in-house), 7.7% school nurses, and 1.3% full-time directors (outside agency), 1.3% part-time director outside agency, 38.5% listed items in "other" category. The "other" category included responses such as: shared among faculty members, faculty member/Division Chair, PE instructor, volunteers, health department, wellness committee chair, faculty, Director of Health Services, PE Coordinator and faculty rotate chairing the program, full-time administrator, volunteers, Employee Relations and Training Manager, Human Resource Coordinator, Fitness Center Director, Associate VP for Human Resources, Campus Provost, full-time counselor, PE faculty, Coordinator of "Adults Who Are Returning to Education, "AWARE". See Figure 4.

PRIMARY COORDINATOR		
Category	Number	Percent
Nurse	6	7.70 %
Full-T Dir.-In House	14	17.90 %
Part-T Dir.-In House	26	33.30 %
Full-T Dir.-Outside Agen.	1	1.30 %
Part-T Dir.-Outside Agen.	1	1.30 %
Other	30	38.50 %
<b>TOTAL</b>	<b>78</b>	<b>100 %</b>

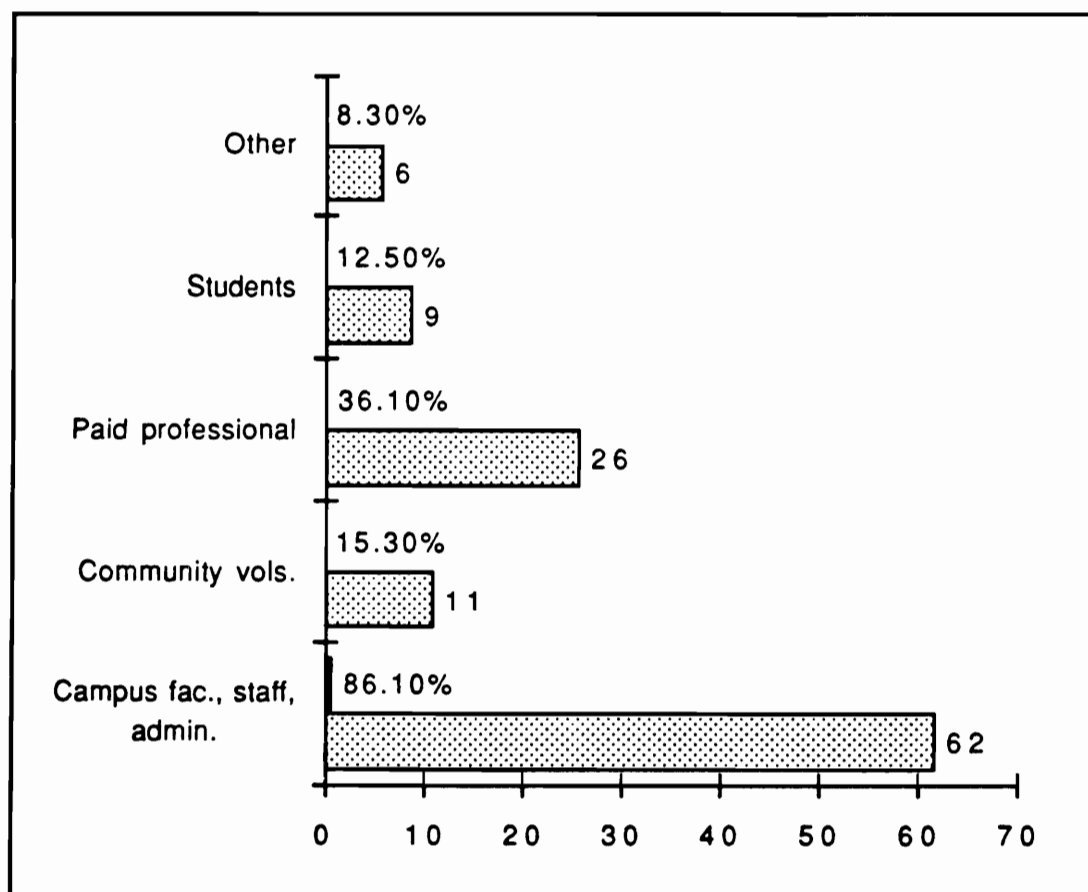


**Figure 4. Primary Coordinators of Community College Wellness Programs**

### Wellness Leaders

Data were collected concerning who the leaders are for the individual wellness programs. The data revealed 86.1% (N=62) of the programs were lead by faculty, staff, and administrators, 36.1% by paid professionals, 15.3% by community volunteers, 12.5% by students, and 8.3% other. Respondents did not specify what constituted "other". See Figure 5.

LEADERS-INDIVIDUAL PROGRAMS		
Category	Number	Percent
Campus fac., staff, admin.	62	86.10 %
Community vols.	11	15.30 %
Paid professional	26	36.10 %
Students	9	12.50 %
Other	6	8.30 %
TOTAL	NA	NA



**Figure 5. Community College Wellness Leaders**



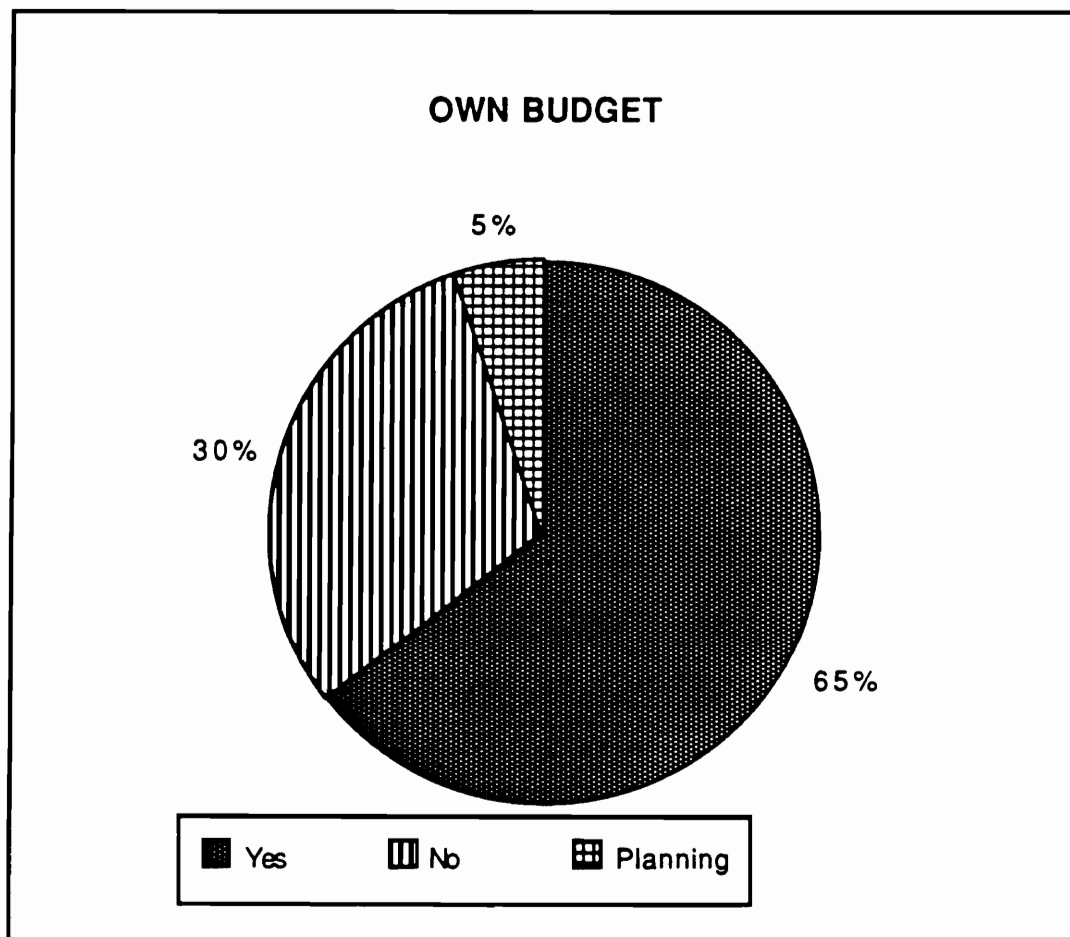
### Wellness Program Budgets

Data were collected on wellness program budgets. The data revealed the majority, 64.5% (N=49) of the programs had their own budget while 30.3% do not have their own budgets and 5.3% were in the planning process. See Figure 6.

When asked about funding sources for their wellness programs, the data revealed the majority, 46.0% (N=29) had line item budgets, 38.1% general funds, 12.7% membership fees, 4.8% grant supported, 4.8% foundation funds, and 27.0% other. Selected responses from the "other" category were: testing paid through the Chancellor's office; student activity money; Commonwealth program; area budgets; benefit dollars; state funded; insurance returns, \$56.00 per employee insured; imbedded in other physical fitness classes; student fees; generated gifts and donations; incentive funds; release time; and presidential discretion. See Figure 7.

Data were collected to determine if the institutions had applied for grant funding for their programs. The data revealed the majority, 65.8% (N=50) had never applied for a grant, 18.4% responded they had applied for grant funding, and 15.8% were uncertain whether their institution had applied for grant funding. See Figure 8.

OWN BUDGET			
Response	Number	Valid	Percent
Yes	49		64.50 %
No	23		30.30 %
Planning	4		5.30 %
Missing	2		
TOTAL	78		100 %



**Figure 6. Community Colleges Which Have Their Own Budgets for Wellness Programs**

FUNDING SOURCE		
Source	Number	Percent
General funds	24	38.10 %
Line item budget	29	46.00 %
Member fee	8	12.70 %
Grant support	3	4.80 %
Found funds	3	4.80 %
Other	17	27.00 %
TOTAL	NA	NA

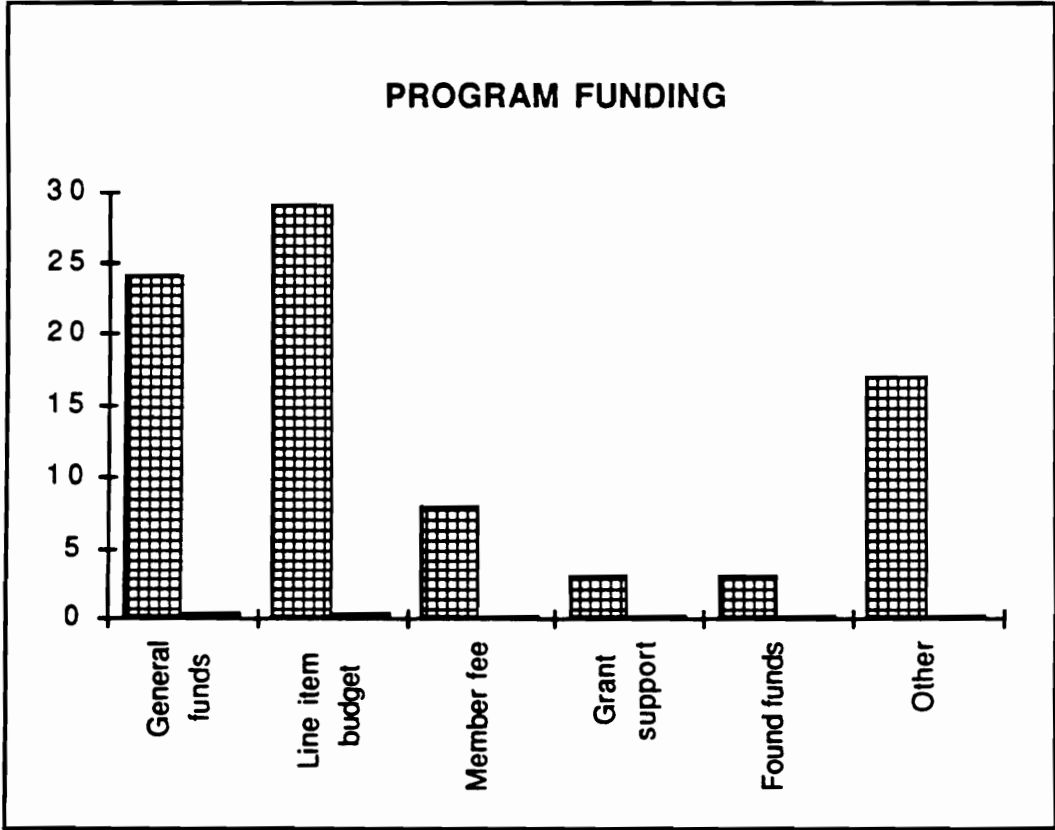
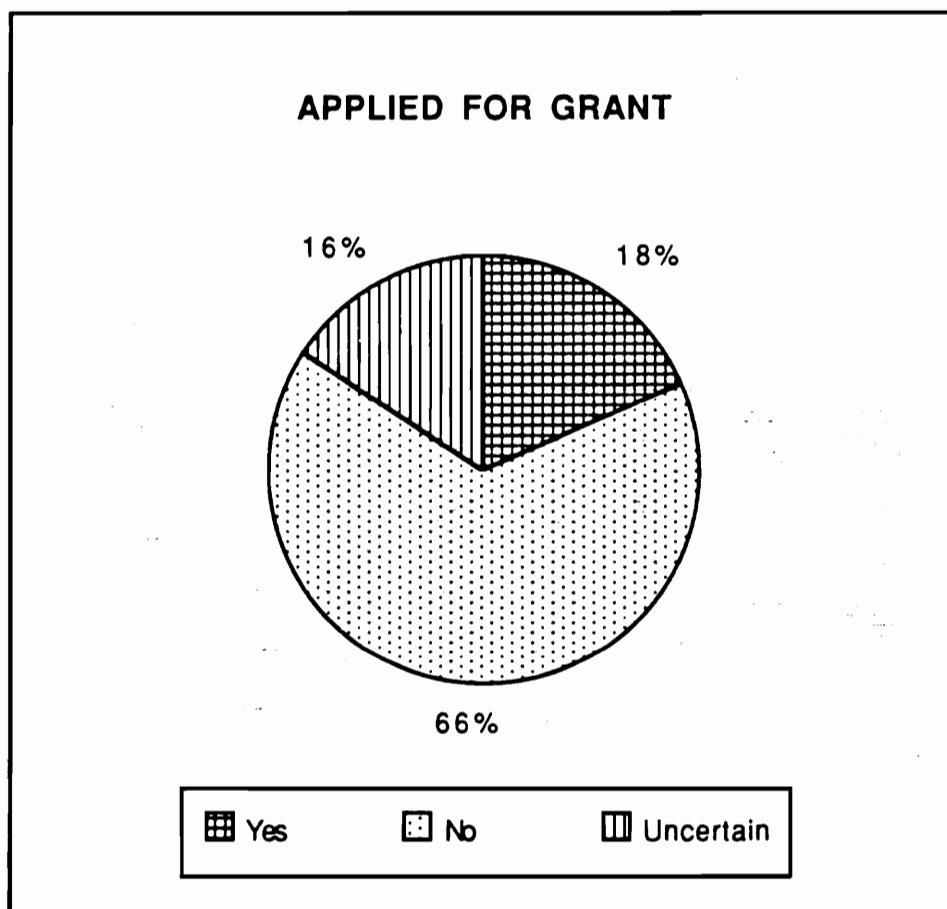


Figure 7. Community College Funding Sources

APPLIED FOR GRANT			
Response	Number	Valid	Percent
Yes	14		18.4 %
No	50		65.8 %
Uncertain	12		15.8 %
Missing	2		
Total	78		100 %



**Figure 8. Community Colleges Which Have Applied for Grant Funding**

### Programming

Data were requested concerning the programs/activities which are included in wellness programs. There were 38 activities listed on the survey, and an "other" category for open-ended responses. The top eight activities based upon the greatest number of frequencies, ranked in order of priority were: (a) aerobics, (b) walking, (c) weight training, (d) stress management, (e) nutrition awareness, (f) health screenings, (g) CPR, and (h) weight loss/weight gain. See Figure 9.

### Facilities

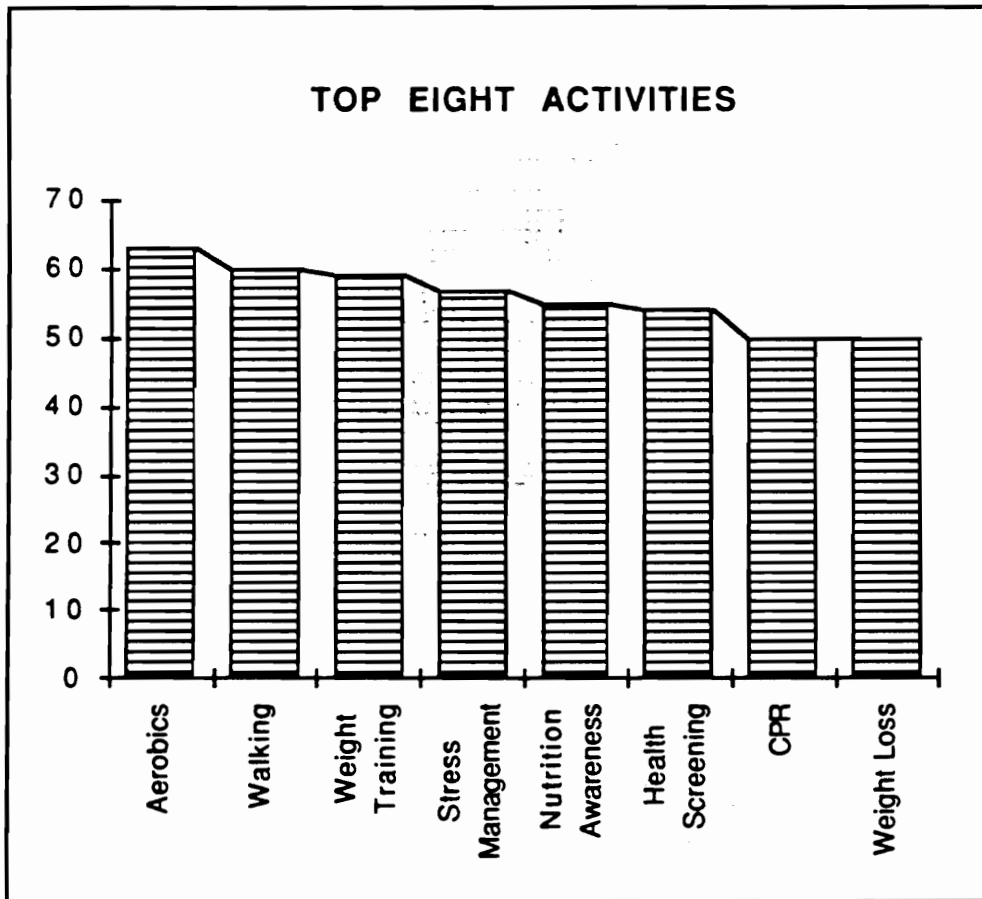
Several questions concerning facilities were asked of the respondents. When asked if their wellness program included a fitness center, data revealed 85.3% had fitness centers while 14.7% did not. See Figure 10.

Data also were collected to determine where the fitness center was located. The data revealed 83.6% (N=56) were located in the Physical Education Complex, 3.0% recreation complex, 3.0% off-campus, and 10.4% other. See Figure 11.

When asked if the fitness center was open to the community, data revealed 62.1% (N=41) responded yes, while 37.9% responded no. See Figure 12. Additional data was requested concerning the typical hours which are available to the users of the fitness centers. The majority of the responses, 38.1% were available 12 hours daily.

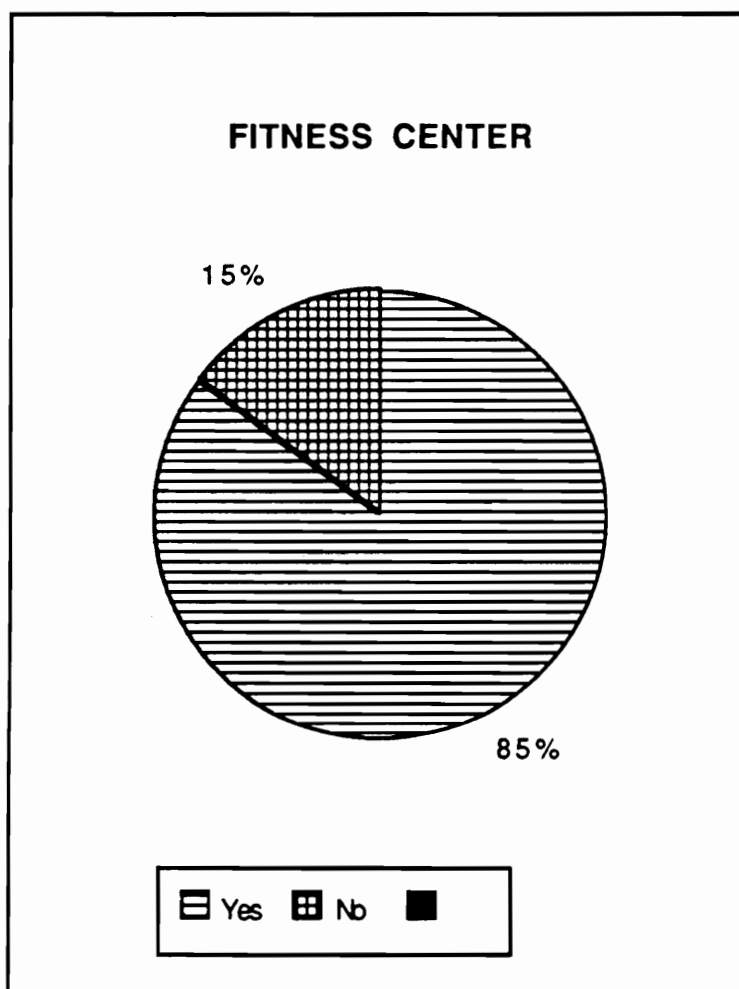
## TOP EIGHT WELLNESS ACTIVITIES

Activity	Number
Aerobics	63
Walking	60
Weight Training	59
Stress Management	57
Nutrition Awareness	55
Health Screening	54
CPR	50
Weight Loss	50



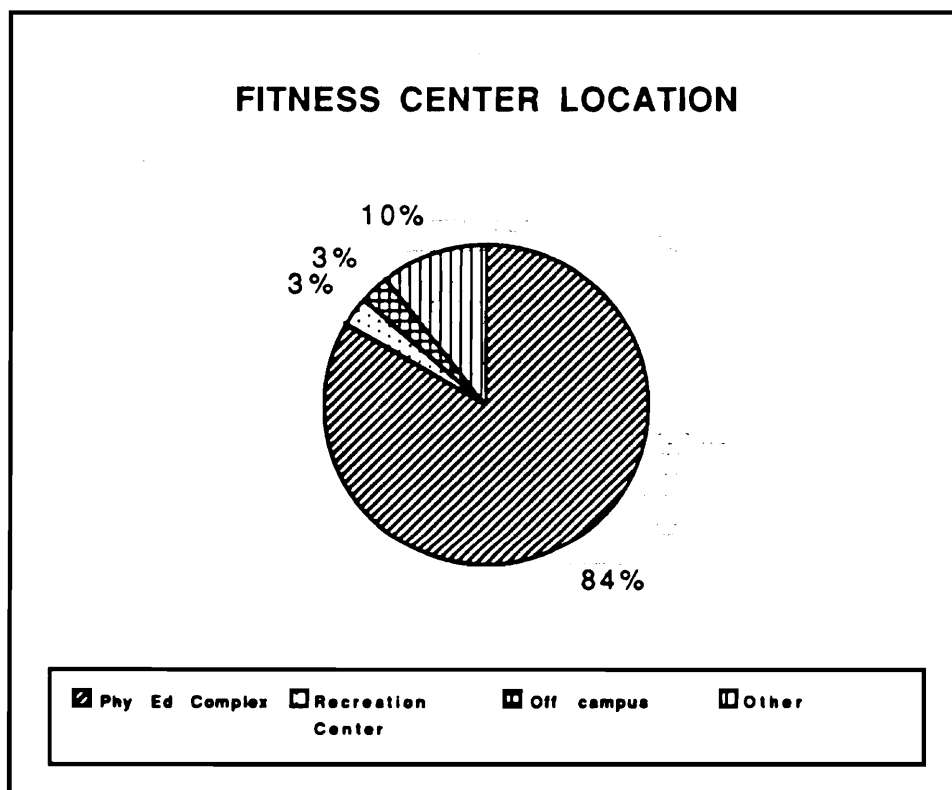
**Figure 9. Top Eight Wellness Activities on Community College Campuses**

FITNESS CENTER			
Response	Number	Valid	Percent
Yes	64		85.3 %
No	11		14.7 %
Missing Cases	3		
TOTAL	78		100 %



**Figure 10. Community Colleges with Fitness Centers**

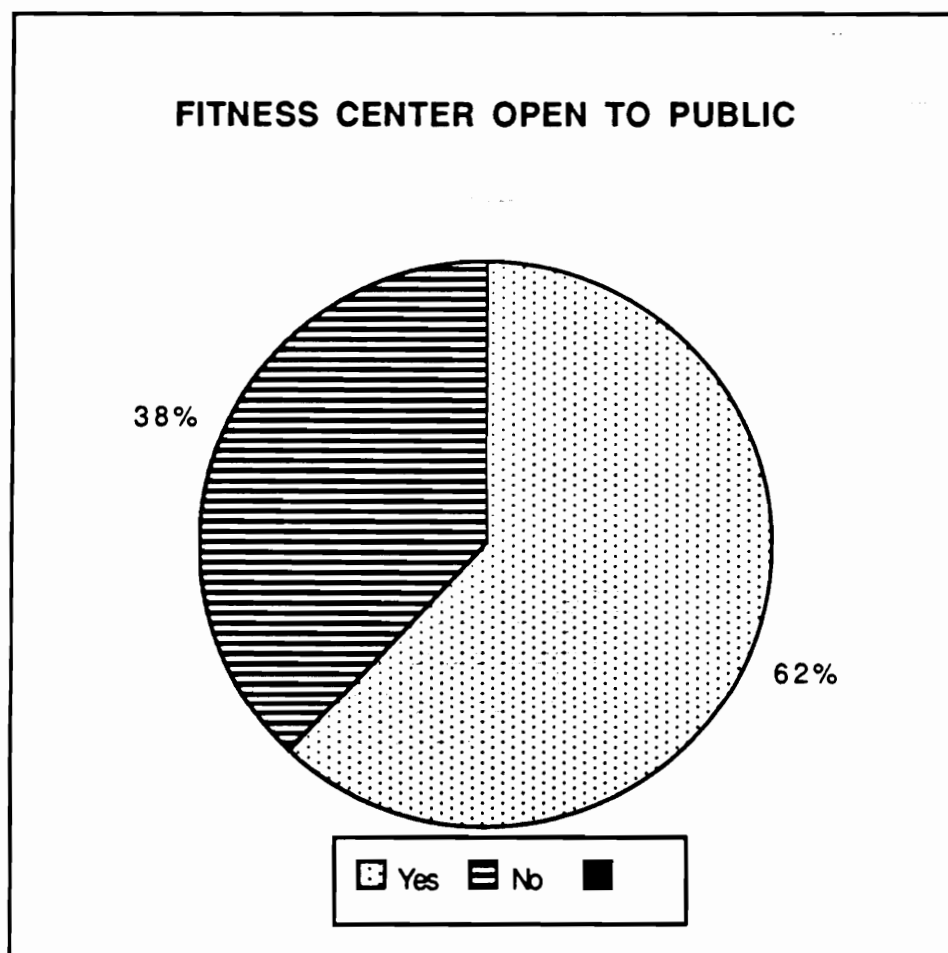
FITNESS CENTER LOCATION			
Location	Number	Valid	Percent
Phy Ed Complex	56		83.6 %
Recreation Center	2		3.0 %
Off campus	2		3.0 %
Other	7		10.4 %
Missing	11		
TOTAL	78		100 %



**Figure 11. Locations of Community College Fitness Centers**



CENTER OPEN TO COMMUNITY			
Open	Number	Valid	Percent
Yes	41		62.1 %
No	25		37.9 %
Missing	12		
TOTAL	78		100 %



**Figure 12. Community Usage of Community College Fitness Centers**

### Institution Size

Data were collected on institution size (based on FTE's) of community colleges which have wellness programs. See Figure 13. The data revealed the majority, 41.3% (N=26), of the institutions which have wellness programs are ranked in the largest category 5301+ FTE's, 31.7% of the colleges had an FTE count of 2001-5300, 27.0% had an FTE count of 1-2000.

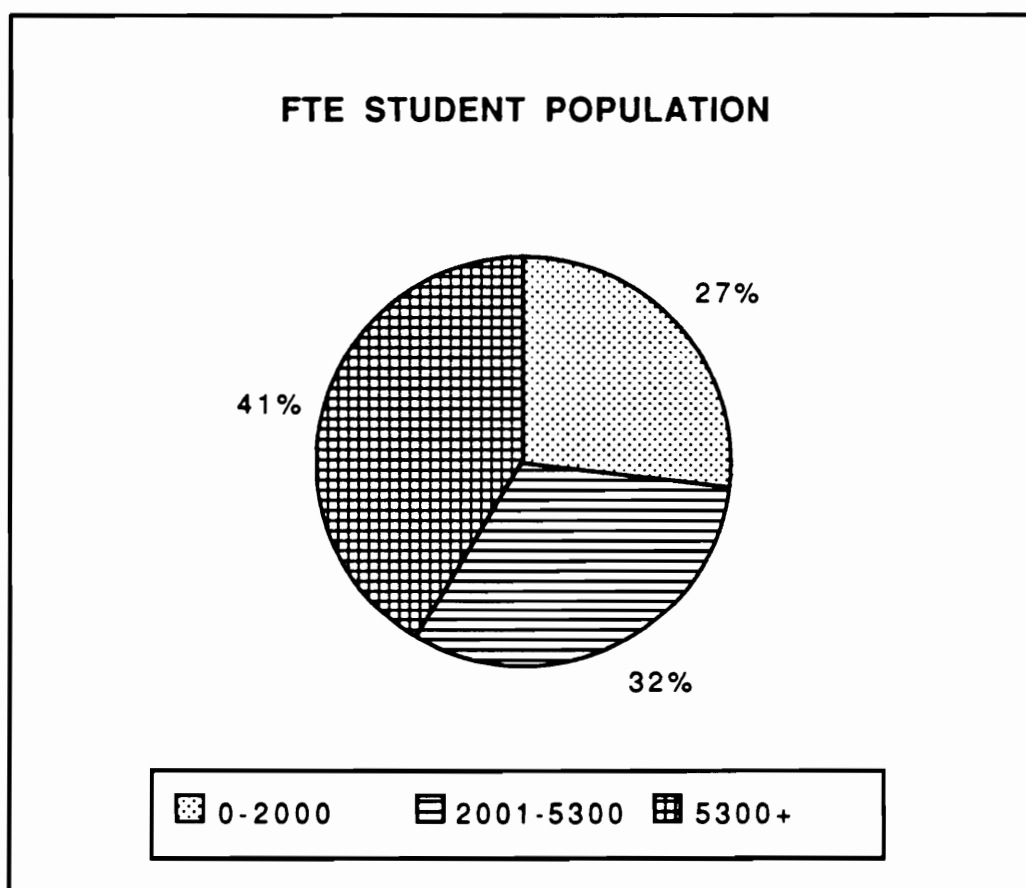
### Service Area

The survey requested responses concerning whether their institutional service area was primarily urban, primarily rural, or a combination of both rural and urban. Data revealed the majority, 41.6% (N=32) of the colleges served an urban service area, 40.3% had a combination of rural and urban, while 18.6% were in a rural service area. See Figure 14.

### Documented Effectiveness Indicators of Community College Wellness Programs

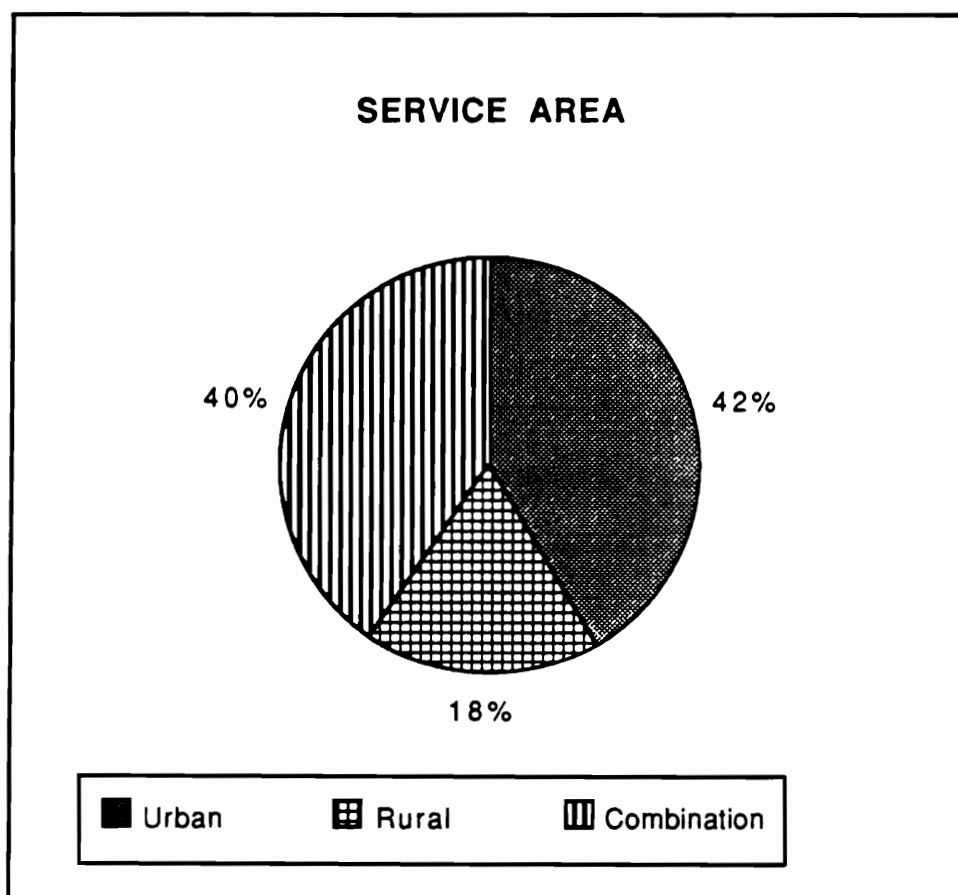
Data were collected concerning the effectiveness indicators which had been documented by those community colleges which have wellness programs. The respondents noted improved morale as their primary indicator, 54.4% (N=31), the second largest percentage of responses was less absenteeism, 15.8%, and third was fewer health claims. The "other" category contained items such as weight loss, cholesterol is down, stress reduction, increased awareness of health, and letters with positive comments. See Figure 15.

FTE STUDENT POPULATION			
Population	Number	Valid	Percent
0-2000	17		27.0 %
2001-5300	20		31.7 %
5301+	26		41.3 %
Missing	15		
TOTAL	78		100 %



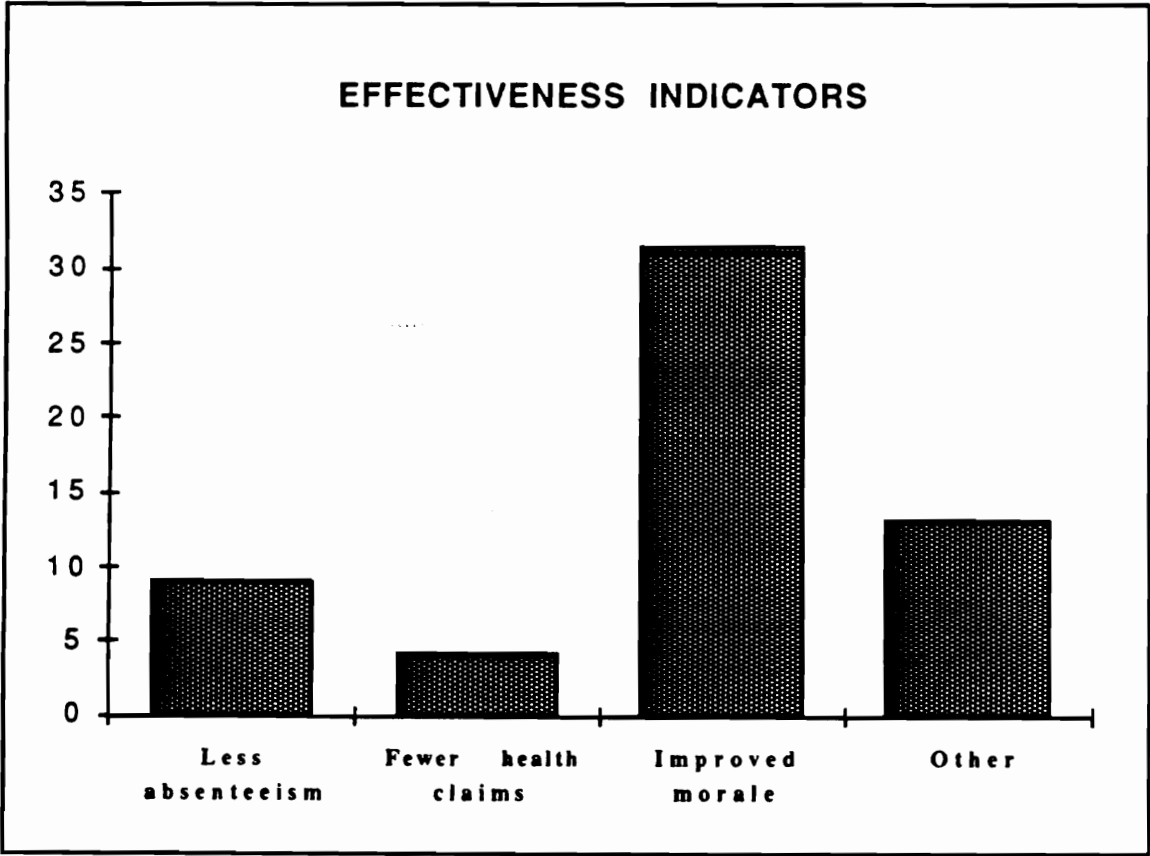
**Figure 13. Institution Size Among Community College Wellness Programs**

SERVICE AREA TYPE			
Type	Number	Valid	Percent
Urban	32		41.60 %
Rural	14		18.20 %
Combination	31		39.70 %
Missing	1		
TOTAL	78		100 %



**Figure 14. Comparison of Service Areas of Community Colleges With Wellness Programs**

EFFECTIVENESS INDICATORS		
Indicator	Number	Percent
Less absenteeism	9	15.80%
Fewer health claims	4	7.00%
Improved morale	31	54.40%
Other	13	22.80%
Missing	37	
TOTAL	NA	NA



**Figure 15. Effectiveness Indicators of Community College Wellness Programs**

## Qualitative Analysis

The survey instrument included three open-ended questions which provided the qualitative portion of this research. See Appendix A. Community college representatives were asked to respond briefly to each question. The results of the responses for each question will be reported separately.

What are three primary benefits which have accrued to your institution by having a wellness program?

There was a total of 157 statements generated from this question. From these statements came six basic themes: (a) awareness, (b) increased morale, (c) improved community relations, (d) reduced absenteeism, (e) improved health and fitness, and (f) camaraderie.

The theme which carried top priority was **awareness**. Fifty-six percent of the statements centered around the concept of awareness. Broad generalities focusing on the term awareness were increased awareness of their health status; exposure to healthier lifestyle choices; increased awareness of the six components of wellness; identification of serious or life threatening health conditions; increased awareness of benefits of wellness; increased cultural awareness about personal health and financial return; employees reception of wellness literature; inservice talks and workshops, and awareness of current wellness issues.

The second theme was **increased morale**. Thirty-one percent of the statements centered around increased morale. The following selected statements were overall improved employee morale and attitude toward the college because of its commitment to employee well being; positive change in

attitudes; and a happier workforce. Some results may be physical, but many have to do with morale. Increased morale, thus improved attitudes and a greater sense of employee worth as members of the college family.

The third theme was **improved health and fitness**. Twenty-four percent of the responses focused on improved health and fitness. Statements which reflected this theme: better health; improved fitness levels; change in behavior regarding health habits; improved student health; reduction in utilization of health plan; healthier employees; more energized and motivated employees; increased physical fitness levels; and weight loss.

The fourth theme was **camaraderie**. Eighteen percent of the statements concerned camaraderie. Statements which exemplified camaraderie: non-traditional students have become participants without feeling self conscious; team building has been established; brought faculty and staff together; reduced stress through camaraderie and exercise; improved interpersonal relationships among staff; sense of community; increased interaction on campus; faculty and staff have gotten together in a shared program; promotion of cohesiveness and fellowship; increased social growth among employees, and improved public relations between physical education department and faculty.

The fifth theme was **building community relations**. Thirteen percent of the data revealed building community relations. Selected statements were community use of college facilities; people's knowledge of the institution caring; leadership within the community by example; good recruitment tool, "drawing card" to visiting students' parents and potential faculty/staff; community exposure; positive reputation from community service; provision of a positive, caring, supportive environment which

initiates practices for changed behaviors; and increased numbers of senior citizen usage.

The sixth theme was **reduced absenteeism**. Thirteen percent of the responses concerned less absenteeism. Selected statements were decrease in overall absenteeism, reduction in absences, and less absenteeism.

The remaining statements concerning benefits accrued to the institution as a result of having a wellness program were labeled "other". Selected statements were: making a difference with health reform in a positive preventive mode; stress management component; having an available worksite facility; too early to document; better management of health insurance benefits; ease of assessments; greater productivity; student retention; just beginning to measure reduced insurance rates; smoke free campus; identification of wish factors for participants; increased wellness related services; increased FTE's and credit producing classes; offerings which students are now seeking; and comp time 11/2 hours weekly for wellness activities.

What are the three most critical barriers that your wellness program has experienced during its existence?

Six basic themes were recognized through the statements given by the respondents: (a) lack of funds, (b) lack of space/facilities, (c) lack of personnel to coordinate, (d) lack of administrative support, (e) scheduling/time to participate, and (f) apathy of participants.

The majority, 61% of the statements indicated a **lack of funds** was the most critical barrier which their wellness program had experienced since its existence. Selected statements reflect no budget, cut in funding for



instructors, cut in funding for programs, funding, budgetary constraints, low level funding, limited funds, budgetary cuts, funding currently under student fees, and "money, money, money".

The second theme which surfaced was **lack of administrative support**. Data revealed 19% of the responses concerned lack of administrative support. Selected statements which surrounded this theme: lack of administrative support/leadership; old guard opposed; administrative support; lack of administrative recognition and participation; verbal support and it ends there; lack of administrative/upper level support with clarification of program expectations; lack of involvement and support of administrators; lack of administrative involvement; supervisor's cooperation; reluctance on the part of supervisors to let their employees participate; no administrative support; administrative support is lip service and that's it.

The third theme concerning critical barriers toward their wellness program was **apathy**. Data revealed 32% of participants responded that apathy was a barrier toward their wellness program. Selected statements were lack of interest or support; general lack of initiative; low faculty participation; lethargic students; "attendance, attendance, attendance"; lack of interest in individual health; attitude; lack of commitment by employees/students; negative relations with faculty/staff who have drug/alcohol abuse practices; lack of knowledge of the importance of wellness; not interested; "attitude, those needing are less willing to participate"; mindset that wellness is "fluff"; poor faculty participation; and complacency.

The fourth theme involved **scheduling and time to participate**. Twenty-two percent of the statements concerned scheduling and lack of time to participate. Selected statements were: no release time; limited time

available for wellness by faculty; scheduling programs at times which fit employees' schedules; busy work schedules; lack of time for commitment; lack of time for planning and implementation; time to promote; low participation due to lack of release time; and lack of a schedule which permits maximum participation.

The fifth theme was **lack of space/facilities/equipment**. Data revealed 20% of the respondents were concerned with lack of adequate space or facilities. Selected statements were: lack of space; limited facilities; no gym or indoor facilities; need for new equipment; no room to expand; limited space; lack of adequate space; limited facilities and equipment; lack of a real fitness center; trouble finding available classroom space; and no gym.

The sixth theme focused on **personnel to coordinate**. Eighteen percent of the statements involved problems with coordinating the wellness program. Selected statements were: no coordinator; need for one full time person to coordinate; lack of salaried director; coordination of other opportunities on campus; lack of coordination; lack of staff; coordinator has full responsibilities for Health Center and no support staff for employee wellness; lack of personnel; lack of a full time wellness coordinator; lack of support from the director of the wellness center; staffing; and lack of faculty to coordinate.

The remaining statements concerning barriers to wellness programs were categorized as "other". Selected "other" statements concerning barriers to wellness programs were: promotion of services on commuter campuses; marketing; advertising restrictions from the community; providing employee incentives; lacking meaningful incentives to get things rolling; lack of documentation; lack of publicity; lack of communication; student turnover;

political prohibition of many programs; battle with physical education department in understanding the wellness movement; lack of exposure; institution is too large for the wellness program to be effective with the campus being extended over five sites; lack of understanding of the purpose and goals of wellness; program being a series of activities and not a comprehensive program with follow-up and counseling; bringing in community; lack of perception of what wellness is; and lack of continuity.

What are three most unique techniques you've tried with your wellness program which have worked well?

This question generated a total of 137 statements from which four basic themes were identified: (a) incentives, (b) screenings, (c) seminars, and (d) health fairs.

Fifty percent of the statements revealed **incentives** were the most unique techniques which have been tried with the wellness programs. Selected statements reflective of incentives were: the Vitality magazine is given to those who participate; colorful calendars are received as a reminder of wellness events; individualized attention is given; reimbursement for consistent participation in Fitness Center; Fitness membership is free; partial payment for outside activities for employees are given; mock cocktail parties are given for participants; gym key issued to participants; food; free enrollment in physical education classes for faculty/staff; prizes; release time three times weekly for wellness activities; door prizes; balloon promotion; wellness center received \$56,000 refund from insurance carrier for positive utilization rate of their fitness center; t-shirts; thank you notes; award ceremony; coffees; Walk With Boss Day; and special recognition.

The second theme concerning unique techniques was **screenings**. Twenty-one percent of the statements focused on screenings. Selected statements were: health screenings; HIV peer education and testing; consistent health screenings; Aids testing; blood drives; fitness screenings four times annually with expenses paid; complete employee physicals which includes 35 Chem. Blood Analysis; pap smears; complete blood lipid profile; mobile mammography; Microsoft fitness assessment; and comparison of pre-test and post-test results.

The third theme surrounding unique techniques with wellness programs was **seminars**. Sixteen percent of the statements centered on seminars. Selected statements are as follows: 100 to 200 people attend Well Awareness weekly lectures; very diverse lunch and learn topics using outside presenters; lots and lots of seminars; lunch and learns; free guest lectures on wellness from community groups and organizations; cooking demonstrations; small departmental brown bag seminars; and mini wellness seminars on various topics relating to wellness.

The fourth theme which was noted was **health fairs**. Ten percent of the statements related to health fairs. Selected statements were: health & wellness fairs; health fairs; wellness challenge; annual college health fairs; and participation in the University's wellness fair.

Further analysis of this question was reflected in the remaining statements, labeled "other". The unique techniques were so varied, that it was difficult to select any additional themes, however, selected statements reflected the "uniqueness" of these techniques. Some of the techniques were: walking programs in buildings; establishment of a degree program; establishment of a system for sports activities; development of work units into teams;

development of community wellness programs; flu shots, involvement of the non traditional age students (60 and over); peer mentoring and referral services; transition from drug/alcohol programs to wellness programs; development of a walking track on campus open to public; purchased equipment up front; opened up to the community; health care treatments covered by insurer; noontime fitness activities; and computer check-in.

### **Summary of Findings**

The purpose of this study was to develop a descriptive profile of community college wellness programs. From the survey data, a descriptive profile based upon frequencies and percentages of the 78 community college wellness programs was developed. The findings will serve as part of the summary for this chapter.

1. Of the 122 community colleges surveyed 63.9% (N=78) had wellness programs.
2. Data revealed that 20.5% of the community colleges not having a wellness program have plans to initiate one.
3. One hundred percent of the wellness programs allow faculty/staff to participate, 62.8% allow students to participate, and 44.9% allow community members to participate.
4. The majority of the wellness programs 36.3% (N= 27), have been in existence less than three years.
5. The majority 44.9% (N=35) of community colleges accredited the Health/Phys Ed. department for administering the wellness program,
6. The primary 51.9% (N=40) coordination site for community college wellness programs is the Health/Phys. Ed. Building.

7. The majority of the respondents 38.5% (N=30) revealed the coordinators of wellness programs were classified in the "other" category with reference to a combination of individuals who coordinate the program. The second highest number of responses 33.3% indicated a part time in-house director coordinated the program, and the third response 17.9% revealed a full time in-house director coordinated their program.
8. Data revealed the majority of the respondents 46.7% (N=35) indicated the wellness coordinator was a salaried position.
9. The average salary for the wellness coordinator was \$27,950.
10. The average amount of release time which wellness coordinators receive is 13.0%.
11. Faculty, staff, and administrators primarily, 86.1%, serve as program leaders, 36.1% use paid professionals, 15.3% use community volunteers, and 12.5% use students.
12. Faculty/staff who serve as wellness leaders are compensated primarily by means of gratis, 38.6%, 18.6% paid through wellness budget, 18.6% paid through the college funds, 18.6% release time, 1.2% through continuing education/community service, and 5.7% had no knowledge.
13. Data revealed 64.5% of the wellness programs had their own budgets, 30.3% indicated they did not. Data also revealed 5.3% were in the planning process.
14. The majority 46.0% (N=29) of wellness programs had line item budgets, 38.1% receive general funds, 12.7% had membership fees, 4.8% were grant funded, 4.8% receive foundation funds, and 27.0% indicated "other" sources.

15. The average dollar amount for wellness program budgets was \$19,456.
16. When asked whether their institution had applied for a grant, the majority 65.8% (N=50) responded no, 18.4% responded yes, and 15.8% were uncertain.
17. The grant, which the majority 58.3% (N=7) had applied for, was FIPSE.
18. The grant which the institutions were presently funded through, was FIPSE 25.0% (N=1), Carl D. Perkins 25.0% (N=1), and 50% (N=2) other.
19. The average annual cost to an employee enrolled in a community college wellness program is \$13.05.
20. Fitness centers exist at 85.3% (N=64) of the institutions surveyed.
21. Fitness centers are primarily, 83.6% (N=56) located in the Physical Education Complex.
22. The Fitness Center is opened to community members in 62.1% (N=41) of the institutions.
23. The majority, 38.1% (N=24) of the respondents indicated the Fitness Center was open 12 hours daily.
24. The eight wellness activities most frequently offered at community colleges ranked in order of priority are: aerobics, walking, weight training, stress management, nutrition awareness, health screenings, CPR, and weight loss/weight gain.
25. The majority, 55.3% (N=42) of wellness programs had been evaluated.
26. For the institutions which had evaluated their programs, 85.4% (N=35) had utilized surveys and questionnaires as the primary method for evaluation.
27. Of the institutions indicating they conducted evaluation, the majority, 46.3% (N=19) indicated annual evaluations were conducted.

28. The majority, 72.5% (N=37) of the respondents indicated seminars and workshops were the primary activities which community members are allowed to participate in, and the second most frequent response was health fairs.
29. The majority, 74.6% (N=47) of the respondents indicated students could participate in seminars and workshops; and the second most frequent response was health fairs.
30. The majority, 54.4% (N=31) of the respondents indicated they had primarily documented increased morale as a program effectiveness indicator; followed by less absenteeism; and reduction in health care claims.
31. The mean percentage of full-time faculty members who participate in the wellness program is twenty-five percent (N=64); 38% are male and 62% are female.
32. The mean percentage of classified staff members who participate in wellness programs is 28% (N=61); 30% are male and 70% are female.
33. The mean percentage of the part-time faculty who participate in wellness programs is 6% (N=50); 34% are male and 66% are female.
34. The mean percentage of the students who participate in wellness programs is 24% (N=47).
35. Institutions with wellness programs primarily 41.6% (N=32) and 40.3% (N=31) respectively serve urban and a combination of rural/urban, while 18.2% serve rural areas.
36. The average FTE student population of institutions having wellness programs is 9,732.



37. Community colleges which have wellness programs are primarily:  
41.3% (N=26) classified as large, 31.7% (N=20) medium, and 27.0% (N=17) small.

### **Summary of Relationship of Independent Variables to Dependent Variables**

The analysis of the relationship which the independent variables, line item budgeting and institution size had on the dependent variables of staffing, programming, departmental affiliation, and facilities revealed the following findings:

1. It was determined that the independent variable line item budgeting and staffing were not significant at the .05 level.
2. There was no statistically significant relationship at the .05 level between line item budgeting and programming.
3. Data revealed there was no significant relationship of line item budgeting and departmental affiliation at the .05 level.
4. Data revealed there was a significant relationship between line item budgeting and facilities at the .05 level. A Phi correlation coefficient of .329 indicated a relationship between these two nominal variables with a probability of .004.
5. There was no significant relationship between institution size and departmental affiliation at the .05 level.
6. There was no statistically significant relationship at the .05 level between institution size and staffing of wellness programs.
7. There were no statistically significant relationships between institution size and facilities.

8. There were no statistically significant relationships between the independent variable institution size and programming.

### **Summary of Qualitative Findings**

1. The three primary benefits which have accrued to community colleges having wellness programs based upon open ended responses resulted in six basic themes: (a) awareness, (b) increased morale, (c) improved community relationships, (d) reduced absenteeism, (e) improved health and fitness and, (f) camaraderie.

2. The three most critical barriers which wellness programs have experienced since their inception, resulted in the following themes ranked in order of priority: (a) lack of funds, (b) lack of space/facilities, (c) lack of personnel to coordinate, (d) lack of administrative support, (e) scheduling and time to participate, and (f) apathy of participants.

3. Three unique techniques which have been tried with wellness programs and worked: (a) incentives, (b) screenings, (c) seminars, and (d) health fairs.

## CHAPTER 5

### FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

#### Introduction

Healthy People 2000 (1991), a United States Department of Health and Human Services document, outlines the national health promotion and disease prevention objectives for the next decade. It offers a vision for the new century which is characterized by reductions in premature deaths, an enhanced quality of life, and reduced disparities in the health status within of our communities. According to Fogash (p. 2, 1994), there are six priority areas within the Healthy People 2000 Review, involving 50 objectives which pertain to worksite wellness. Objective 8.5 is of particular interest to this research, and that is:

To increase to at least 50% the proportion of postsecondary institutions with institution-wide health promotion programs for students, faculty, and staff (p. 102)

The baseline for wellness programs in 1989-90 for higher education was 20% (McMillan, 1986). From this research data, 156 community colleges were surveyed. These community colleges which were surveyed represent approximately 10% of the 1,056 community colleges nationwide. If community colleges adhere to the baseline of 20%, approximately 211 community colleges should have wellness programs. This research tends to suggest community colleges need to be moving forward in their attempt to meet the baseline or attain objective 8.5.

The procedural problem for this study was to analyze the characteristics of community college wellness programs to determine the relationship of line item budgeting or institution size on (a) staffing, (b) departmental affiliation, (c) programming, and (d) facilities. The general purpose was to develop a descriptive profile of community college wellness programs. This was achieved by analyzing the responses received on a 46 item survey which was completed by institutional representatives who attended the 1993 Sixth Annual Community College Wellness Conference and community colleges which were identified by state directors as having a wellness program. As a means to summarize the findings, the four research questions will be addressed.

Research Question 1. What is known about wellness and how is it applied in educational settings? Who coordinates wellness programs and how are they funded?

The term wellness was coined by Halbert Dunn, (1961), defined as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable within the functioning environment”. The operational definition for this study states that wellness is widely used to describe a participative process through which an individual becomes aware of and makes choices toward a more successful or healthy experience, which result in the improvement in the quality of life. A common theme from the various definitions was that wellness is multidimensional. These six dimensions are physical, spiritual, emotional, intellectual, social and occupational. In order to achieve wellness, Ardell (1989) suggested there must be a balance between these six dimensions.

Wellness is incorporated in educational settings as a wellness program. The wellness program is a formalized approach to preventive health which

can positively affect employee lifestyle and reduce health care costs (Martini, 1991). In the community colleges surveyed, the wellness programs are coordinated primarily through the Health and Physical Education Department, and the coordinator is a combination of individuals. A third of the respondents indicated their wellness program was coordinated by a part-time in-house director. The majority of the wellness programs have been in existence less than three years. The majority of the programs have their own budgets, which are line item, with an average dollar amount being \$19, 456. The majority of the community colleges had never applied for a grant funding.

Research Question 2. What are the components associated with wellness programs on college campuses? Who are the leaders? Who participates in wellness programs? What facilities are available for the wellness activities?

Wellness program components encompass some or all of the six dimensions of wellness depending upon the needs of the participants. The top eight wellness activities on community college campuses ranked in order of priority are: aerobics, walking, weight training, stress management, nutrition awareness, health screenings, CPR, and weight loss/weight gain. Faculty, staff, and administrators, primarily serve as wellness activity leaders. They are remunerated by means of gratis.

Of the community colleges surveyed, 100% allowed faculty/staff participation, 62.8% allowed students to participate, while 44.9% allowed community members to participate. The mean percentages of: full-time faculty who participate in the wellness program is 25%, 28% of the classified staff participate, 6% of the part-time faculty, and 24% of the students participate.

Research Question 3. What are the demographic characteristics of community colleges with wellness programs?

The average size, based on student population (FTE) of the community colleges with a wellness program is 9,732. Of the community colleges which have wellness programs, 41.3% are classified as large, 31.7% medium, and 27% small. Institutions with wellness programs primarily serve urban areas and a combination of urban/rural.

Research Question 4. What differences exist among institutions based upon demographic data: size of institution, type of service area, budgeting, staffing, departmental affiliation, programming, and facilities.

There were no statistically significant differences at the .05 level among community colleges with wellness programs based upon departmental affiliation, staffing, type of service area, and size. However, there was a statistically significant difference concerning facilities with a probability of .036.

### **Conclusions and Recommendations**

The procedural problem for this study was to analyze the characteristics of community college wellness programs to determine the relationship of line item budgeting or institution size on (a) staffing, (b) departmental affiliation, (c) programming, and (d) facilities. The researcher has combined the findings into several statements from which conclusions have been drawn and recommendations have been made. The results are not to be generalizable to all educational settings. Nonetheless, the researcher has developed conclusions and recommendations concerning wellness programs

for public community colleges, as well as suggestions for future studies of this nature.

The reader is reminded that the sample for this study was purposeful and not random. However, the sample closely approximated the intended population. Therefore, the researcher has taken the liberty to infer conclusions based upon the findings.

### **Descriptive Profile of Community College Wellness Programs**

1. Of the 122 community colleges responding 63.9% (N=78) had wellness programs.

**Conclusion:** Community Colleges are below the baseline percentage of educational institutions having wellness programs. Baseline for 1989-90 was 20% (Healthy People 2000, 1991). McMillan (1986) reported 20% of all colleges and universities had wellness programs. The 78 community colleges with wellness programs represent at least seven percent of the 1056 public community colleges in the United States.

**Recommendation(s):** Community colleges need to become involved in planning for and implementing wellness programs if they expect to adhere to the baseline. Further research needs to be conducted within each state to determine the numbers of community colleges with wellness programs.

2. Individuals who are allowed to participate in the wellness programs consist of: 100% allow faculty/staff to participate, 62.8% allow students to participate, and 44.9% allow community members to participate.

**Conclusion:** The majority of the responding community colleges do not allow community members to participate in the wellness program.

**Recommendation:** In order to have a comprehensive wellness program, faculty/staff, students, and community members need to participate, therefore, provisions should be made for these two groups to participate.

3. The responding community colleges with wellness programs 36.9% (N=27), have been in existence less than 3 years.

**Conclusion:** Because most researchers suggest a ten-year minimum time span before dollar savings can actually be accounted for (Parsons, 1987) and due to the fact that approximately 40% of the programs are relatively new, it is premature to document effectiveness indicators as was mentioned on the survey by some respondents.

**Recommendation:** That community colleges begin documenting effectiveness indicators for their programs and publishing the merits of their program. An accumulation of data for at least five to seven more years is needed to determine effectiveness indicators.

4. The responding community colleges 44.9% (N=35) accredited the Health/Phys Ed. department for administering the wellness program.

**Conclusion:** Sivik et al., (1992) conducted a study concerning wellness trends on college campuses and found consistent data. Parsons (1987, p. 30) reported health promotion programs for faculty/staff seem somewhat a cross-disciplinary sponsorship. Chandler (1985) reported that student health residence life, continuing education, personnel and even intramural programs attempt to plan and organize wellness activities, thus lack of coordination, direction, evaluation, and frequent duplication of activities. Therefore, the data supports Sivik, but contradicts Parsons and Chandler. No further conclusions are drawn.



**Recommendation:** Research the coordination of activities and develop an effective means in which individuals' perceptions of the coordination of wellness programs might be evaluated.

5. The responding community colleges 38.5% (N=30) indicated the "other" category with reference to individuals who coordinate the program. The second highest number of responses 33.3% indicated a part-time in-house director coordinated the program, and the third response 17.9% revealed a full time in-house director coordinated their program.

**Conclusion:** While not direct, the researcher believes that the data support that wellness is a "grass roots" effort.

**Recommendation(s):** Community colleges should utilize the wealth of resources which they have on their individual campuses. Wellness committees and the Human Resource Office should be considered for assisting with the coordination of the wellness program.

6. When asked about whether their institution had ever applied for a grant, 65.8% (N=50) responded no, 18.4% responded yes, and 15.8% were uncertain.

**Conclusion:** The lack of response to grants may be a primary limiting factor for developing and expanding wellness programs.

**Recommendation:** Wellness coordinators or a wellness committee need to explore the possibility of obtaining grant funds in order to expand their programs.

7. Fitness centers exist at 85.3% (N=64) of the institutions responding.

**Conclusion:** Only a small minority of responding community colleges do not have fitness centers.

**Recommendation:** Since fitness is an integral part of wellness, these institutions lacking facilities should explore alternate strategies to build, lease, or barter for center space.

8. The eight wellness activities most frequently offered through community college wellness programs ranked in order of priority are: aerobics, walking, weight training, stress management, nutrition awareness, health screenings, CPR, and weight loss/weight gain.

**Conclusion:** The consistency of activities provided by respondents provide an excellent bench mark for comparison.

**Recommendation:** This information should be continually updated so that frequency of program offerings may be followed.

9. Mean percentages of those participating in the wellness program are 25% (N=64) of the full-time faculty, 28% of the classified faculty, and 6% of the part-time faculty.

**Conclusion:** The majority of faculty/staff do not participate in wellness programs.

**Recommendation(s):** Develop an incentive program, or give release time to encourage participation. The qualitative respondents revealed one of the critical barriers to participation was lack of time and scheduling.

10. The mean percentage of students who participate in wellness programs is 24% (N=47).

**Conclusion:** Students participating in wellness programs is scant and minimal.

**Recommendation(s):** Decision makers should explore alternative strategies for involving more students in the wellness program.

11. The responding community colleges 75.6% (N=31) indicated they had documented increased morale as a program effectiveness indicator.

**Conclusion:** Data support that a positive relationship between wellness programs and improved morale exists.

**Recommendation:** Additional research to determine the absolute relationship between wellness programs and morale should prove interesting.

### **Recommendations for Future Research**

The researcher recommends more research on the national level concerning community college wellness programs. Community college faculty by their very nature, are not required to publish. Therefore scant data are available. As a consequence, planning is occurring in a vacuum. Further research needs to be conducted on grants which are available to assist with wellness programs. Participation among faculty, staff, and students is an area of concern. Further research needs to be conducted concerning incentives which might encourage participation, or reasons why individuals do not participate in what three out of four human resource managers have termed the "greatest fringe benefit for employees in 1993 (Workplace Health, 1993).

## Discussion

There were undertones of patterns within the data. The fact that only one significant difference was found for the independent variables of line item budget or institution size on the four dependent variables is curious. The researcher believes that this may be the by-product of "grass-roots" development. Typically, "grass-roots" initiatives occur because efforts are of low priority or simply building to a priority. If the "grass-roots" notion and priority building are coupled, the wellness future lies in its ability to generate additional support. With sufficient additional support, wellness will become a priority. In closing, it is heartening to also note that the wellness phenomena vis-a-vis "grass-roots" and priority building is occurring without response to the size of the institution.

## REFERENCES

- Applebaum, S. H. (1981). Stress management for health care professionals. Montreal: Aspen.
- Archer, J. et al. (1987). Attitudes toward wellness. Journal of Student Personnel, 28, 311-317.
- Ardell, D., & Langdon, J. (1989). Wellness: The mind, body, and spirit. Iowa: Kendall/Hunt Publishing Company.
- Ardell, D. B. (1988). The history and future of the wellness movement. In J. P. Opatz (Ed.), Wellness promotion strategies: Selected Proceedings of the Eight Annual National Wellness Conference. Dubeque: IA: Kendall/Hunt.
- Armstrong, W. I. (1986). "Wellness" Is a long-term approach to managing costs. School-Business Affairs, 52(6), 34-35.
- \_\_\_\_\_. (1992-93). Wellness program activity log and program information. (Available from [Central Community College, P.O. Box 1024, Hastings, Nebraska 68902-1024]).
- Beeler, K. (1988). Personal and personnel wellness: A primer for college student affairs professionals. NASPA Journal, 25(4), 281-290.
- Berry, C.A. (1981). An approach to good health for employees and reduced health care costs for industry. Health Insurance Association of America, p. 21.
- Blair, et al. (1986). Health promotion for educators: Impact on absenteeism. Preventive Medicine, 15, 166-175.
- Blair, S. N., Piserchia, P., Wilber, C. S., & Crowder, J. H. (1986). A public health intervention model for worksite health promotion. Journal of American Medical Association, 255, 921-926.
- Budig, G. A. (1992). A higher education map for the 1990's. New York: MacMillan Publishing Co.
- Breslow, L. et al. (1990). Worksite health promotion: Its evolution and the Johnson & Johnson experience. Preventive Medicine, 19, 13-21.
- Browne, D. et al. (1984). Reduced disability and health care costs in an industrial fitness program. Journal of Occupational Medicine, 26, 809-816.

- Bush, R. W., & Amos, C. (1984). The Maricopa Colleges. Educational Record, 65(1), 22-26.
- Cardinal, B. J. (1990). An old wine in a new bottle: Opportunities for physical educators to package and deliver it, not just stomp grapes. Paper presented on Annual Conference of the Western College Physical Education Society. (ERIC Accession No. ED 336353).
- Chen, M. S. (1990). Worksite health strategies for the year 2000: An invitation to health educators. Health Education, 21(1), 43-44.
- Chandler, B. (1985). Wellness: a campus moves toward encouraging positive lifestyle choices. Health Education, 16(4), 17-19.
- Christenson, G. & Keifhaber, A. (1988). Highlights from the national sample of worksite health promotion activities. Health Values, 12(2), 29-33.
- Cohen, A. & Brawer, F. (1982). The American community college. San Francisco: Jossey-Bass.
- Conrad, C. C. (1987) A chronology of the development of corporate fitness in the United States. Fitness in Business 1(5), 156-166.
- Cox, M., Shepard, R. & Coney, P. (1981). Influence of an employee fitness programme upon fitness, productivity, and absenteeism. Ergonomics, 24, 795-806.
- Danielson, R. R. & Danielson, K. F. (1979). Ongoing motivation in employee fitness programming. In employee fitness, "the how to...", Proceedings of the Ontario Employee Fitness Workshop (pp.139-140) Seneca College, King City, Ontario: Ministry of Tourism and Recreation.
- \_\_\_\_\_. (1992-93). Dallas County Community College District Wellness Program Guidelines. (Available from [Carol Hoffman, District Office, DCCCD, Dallas, Texas]).
- Dod, G. A., & Earwood, S. (1988). Marketing a wellness program: A case study in bridging the gap between academic and student affairs. NASPA Journal, 26(2), 105-109.
- Dunn, H. A. (1961). High-level wellness. Arlington, VA: R.W. Beatty.
- Eaton, J. S. (1988). The educational program of the American community college : A transition. In R. McCabe (Ed.), Colleges of Choice. New York: Macmillan.
- Elsenrath, D. E. (1984). The role of the counseling center in the promotion of wellness. Health Values: Achieving High Level Wellness, 8(4), 30-35.

- Felix, M., Cohen, A., Cooley, M. (1985, January). Health promotion at the worksite. Preventive Medicine, 14(1), 99-108.
- Feuer, D. (1985). Wellness programs: How do they shape up? Training, 22(4), 24-34.
- Floerchinger, D. & Young, K. (1990). A wellness approach to career counseling on the college campus. A descriptive report. (ERIC Accession No. ED 344128)
- Gebhardt, D. L., & Crump, C. E. (1990). Employee fitness and wellness programs in the workplace. American Psychologist, 45, 262-272.
- Gibbs, J., et al. (1985). Work-site health promotion: Five year trends in employee health care costs. Journal Occupational Medicine, 27(11), 826-830.
- Gilbert, L. A. (1985). Men in dual-career families. Hillsdale, New Jersey: Lawrence Erlbaum Associates.
- Golaszewski, T. (1992). What is a program: Thoughts on definitions in work-site health promotion, Journal of Occupational Medicine, 4, 162-163.
- Goodwin, G. (1988). Celebrating two decades of innovation, 1968-1988. League for Innovation in the Community College. (ERIC Accession No. ED 294616), 1-79.
- Green, L. W., Kreuter, M. W. (1990). Health promotion as a public health strategy for the 1990's. Annual Review of Public Health, 11, 319-324.
- Greenberg, J. S. (1985). Health and wellness: A conceptual differentiation. Journal of School Health, 55(10), 404-406.
- Harris, J. S. (1991). The cost effectiveness of health promotion programs. Journal of Occupational Medicine, 33(3), 327-330.
- Hersey, P. & Blanchard, K. (1988). Management of organizational behavior. New Jersey: Prentice Hall.
- Hetherington, C. & Loganbill, C. (1985). Wellness promotion: A strategy for counselors. Journal of the Association of Women Deans, Administrators and Counselors, 48(2), 32-37.
- Hettler, W. (1980). Wellness promotion on a university campus. Journal of Health Promotion, 3, 77-92.
- Hettler, B. (1984). Wellness: Encouraging a lifetime pursuit of excellence. Health Values, 8(4), 13-17.

- Higgins, C. W. (1988). The economics of health promotion. Health Values, 12(5), 39-45.
- Hopper, E. T. (1988). The Kennesaw College wellness program: An integrated approach. Paper presented at the 1988 National Wellness Conference, Steven's Point, Wisconsin.
- Horowitz, S, Blackburn, R., Kloss, D. (1988). Association between job stress and perceived quality of life. Journal of American Health, 78, 1336 -1339.
- Hybertson, D., Hulme, E., Smith, W. & Holton, M. (1992). Wellness in non-traditional-age students. Journal of College Student Development, 33, 50-55.
- Hyde, W. & Guthrie, S. (1993). Creating a healthier work environment. School Business Affairs, January, 40-44.
- Iammarino, N. K. (1988). Editorial: Worksite health promotion: The end of the beginning. Health Values, 12(2), 2-3.
- \_\_\_\_\_. (1987). Implementing wellness on a shoe string budget. Innovation Abstracts, 9, p. 58.
- Jenkins, S. (1991). Community wellness: A group empowerment model for rural America. Journal of Health Care for the Poor and Underserved, 1(4), 388-404.
- Kittleson, M. J. & Hageman, R. (1988). Wellness and behavior contracting. Health Education, 19(2), 8-11.
- Kertesz, L. (1990). Firms tout wellness savings: Programs trim fat from health care budget. Business Insurance, 4, 16-19.
- Kondrasuk, J. (1985). Should your company have a physical fitness program? Business, 35(3), 51-53.
- Leafgren, F. (1986). Developing campus recreation and wellness programs. New Directions for Student Services, 34, 3-17.
- \_\_\_\_\_. (1991). Macomb Community College, Warren Institute for Further Studies. Top ten issues facing America's community colleges. Opinion paper, 1-28.
- Marcus, B., et al. (1992). Using the stages of change model to increase the adoption of physical activity among community participants. Health Promotion, 6(6), 424-429.



- Marcus, B. H., Selby, V., Niaura, R., Rossi, J. (1992). Self-efficacy and the stages of exercise behavior change. Research Quarterly for Exercise and Sport, 63(1), 60-66.
- Martini, G. (1991). Wellness programs: Preventive medicine to reduce health care costs. School-Business Affairs, 57( 6), 8-11.
- McConatha, J. T., et al. (1990). Assessing the self-responsibility for wellness needs of incoming students. NASPA Journal, 27(3), 257-263.
- McMillan, L. (1986, Feb. 19). Bran muffins at faculty meetings and 5 mile runs at lunch. This college is mecca for fitness buffs. Chronicle of Higher Education, p. 23.
- Michaelson, M. (1993). Redefining health promotion. Workplace Health. July-August, p. 3.
- Moxley, L. S. (1990). The developmental and impact of an experimental student affairs employee wellness program. Research in Higher Education, 31(3), 211-233.
- Myers, J. E. (1991). Wellness as the paradigm for counseling and development: the possible future. Counselor Education and Supervision, 30(3), 183-193.
- Neilson, E. (1988). Health values: Achieving high level wellness - origin, philosophy, purpose. Health Values, 12(3), 3-5.
- \_\_\_\_\_. (1986). Wellness: A balanced lifestyle. ERIC Clearinghouse on Teacher Education. (ERIC Accession No. ED 269376)
- \_\_\_\_\_. (1988). Student services. Responding to issues and challenges. A compendium of papers. North Carolina University. (ERIC Accession No. ED 299896)
- North, J. (1988). Trends in campus wellness for faculty and staff. Paper presented at 1988 National Wellness Conference, Stevens Point, Wisconsin, 150-154.
- \_\_\_\_\_. (1993). The mind/body studies program. (Available from [Elliott Dacher, Continuing Education Department, Northern Virginia Community College, Loudoun Campus, Sterling, Virginia]).
- Opatz, J. P. (1987). Health promotion evaluation. National Wellness Association Publication. University of Wisconsin-Stevens Point Foundation.
- O'Donnell, M. P. (1989). Definition of health promotion. American Journal of Health Promotion, 3(3), 5.

Papenfuss, R., & Boier, B. (1984). Developing, implementing, and evaluating a wellness education program. Journal of School Health, 54(9), 360-362.

Parsons, T. W. (1989). Faculty/Staff wellness programs and trends among Midwestern universities. NIRSA Journal, Spring, 28-32.

Patton, R. W. et al., (1986). Implementing Health/Fitness Programs. Champaign, Illinois: Human Kinetics Publishers, Inc.

Philips, B. U. (1988). Editorial: Cost containment and health promotion. Health Values, 12(5), 30-31.

\_\_\_\_\_. (1993). Wellness center: An investment in your future. Brochure on Prestonburg Community College wellness program. (Available from [Wellness Coordinator, Prestonburg Community College, One Bert T. Combs Drive, Prestonburg, Kentucky 41653]).

Puglisi, N. (1989). Take care of yourself: A unique wellness program at the University System of New Hampshire. CUPA Journal, 40(4), 18-23.

Robbins, Gwen, et al. (1992). A required fitness/wellness course that works. Journal-of-Physical-Education,-Recreation-and-Dance, 63(2), 17-21.

Rudman, W. J. & Steinhardt, M. (1988). Fitness in the workplace: The effects of a corporate health and fitness program on work culture. Health Values, 12(2), 4-17.

Sarvela, P. D., et al. (1990). Needs assessment for a university wellness center: A strategic planning project. Health Values, 14(3), 24-31.

Schuster, J. H., et al. (1990). Enhancing faculty careers: Strategies for development and renewal. San Francisco: Jossey-Bass Publishers.

Seldon, P. (1991). Reducing stress on campus. Planning For Higher Education, 19(4), 14-20.

Sivik, S. J. et al. (1992). College and university wellness programs: An assessment of current trends. NASPA - Journal, 29(2), 136-142.

Stacies, E. R. (1990). Health cost containment, wellness, and the 1990's. Paper presented at Annual Conference of the National Wellness Institute, 15th. (pp.1-10). Stevens Point, WI.

Stewart, G. (1984). Doctors are entering a brave new world of competition: The medical cost crunch - and a healthy supply of MD's - make times tougher. Business Week, July 16, 56-61.

Stiles, C. A. (1984). The status of wellness programs in higher education. Unpublished manuscript. University of Florida, Gainesville.

- Stoffelmayr, B. E. et al. (1992). A program model to enhance adherence in work-site based fitness programs. Journal of Occupational Medicine, 2, 156-161.
- Sullivan, C. E. (1987). Developmental, ecological theories and wellness approaches: A synthesis for student life programming. NASPA Journal, 25(1), 18-27.
- Travis, J., Ryan, S. (1991) Wellness: Small changes you can use to make a big difference. Berkeley: Ten Speed Press.
- Upcraft, M. L., Gardner, J. N. (1989). The freshman year experience. Helping students survive and succeed in college. San Francisco: Jossey Bass, Inc.
- U. S. Public Health Service. (1993). 1992 National sample of worksite health promotion activities: Summary. Health Promotion, 7(6). 452-464.
- Venditti, P., & Zemel, B. (1987). Implementing a community college wellness program on a shoestring. (From Innovation Abstracts, 1987, IX(16), 1-2.
- Walton, M. (1989). Unpublished wellness questionnaire. Onondaga Community College, Syracuse, New York.
- Walton, M. (June, 1993). [Telephone conversation with Marcia Walton, author of 1987 Wellness Questionnaire].
- Warner, M.J. (1984). Wellness promotion in higher education. NASPA Journal, 21(1), 32-38.
- Watts, P. R. et al. (1992). A university worksite health promotion and wellness education program model. Journal-of-Health-Education, 23(2), 87-94.
- Weinstein, M., & Stason, W. (1977). Foundations of cost effectiveness analysis for health and medical practices. New England Journal of Medicine. 296(13), 716-721.
- Wilber, C. S. (1983). The Johnson & Johnson program. Preventive Medicine - 12, 672-681.
- Wilson, M. G. (1990). Factors associated with issues related to and suggestions for increasing participation in workplace health promotion programs. Health Values, 14(4), 29-36.

Winter, G. et al, (1991). Recommendations and strategies for addressing comprehensive health issues on two-year college campuses. Project supported by funds from the Post secondary AIDS Prevention Education Program. Director identified based University of New York. (ERIC Accession No. ED 338276)

**APPENDIX A**  
**SURVEY INSTRUMENT**

## Survey Instructions

Please respond to each question. If you need to explain or elaborate on any question, number the question and put comments on the back of the survey sheet. You may need to refer to the following definitions for clarification on some of the questions. Your answers will be treated anonymously.

Definitions which frame the study:

Classified Staff - Staff members who are recognized as support staff, and may include maintenance, security, administrators, and clerical staff.

Fitness Center - an area which contains fitness equipment where physical fitness activities such as weight training, aerobics, etc. may be conducted.

Program Leader - individuals who may be part of a team which leads or teaches the activities within the wellness program, such as fitness leaders, stress leaders, etc.

Rural service area - for the purpose of this study, a designated region served by the college which encompasses towns of less than 10,000 in population.

Urban service area - for the purpose of this study, a designated region served by the college which encompasses towns/cities in excess of 10,000 in population.

Wellness - a widely used term to describe a participative process through which the individual becomes aware of and makes choices toward a more successful or healthy experience which leads to the improvement in the quality of life.

Wellness program - a formalized on-going approach to preventive health that can positively affect employee lifestyle and reduce health care costs. Wellness programs generally have established goals/guidelines for participants and may include the six dimensions/ components of wellness such as: physical, emotional, intellectual, social, vocational, and, spiritual.

Wellness Program Coordinator - one who is responsible for overall coordination, organization, direction, and promotion of the wellness program.

Wellness trends - events, happenings, or activities which lend themselves to, or make others aware of healthier lifestyles.

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Thank you for your cooperation. For additional information, please call: W(703) 964-2555 or H(703) 880-3226. I need the survey returned by October 8, 1993. Please fax the survey to (703) 964-7393 or return in the self addressed stamped envelope.

## Trends in Wellness Survey

The purpose of this survey is to identify trends in wellness for United States community colleges. From the data, a descriptive profile useful for planning and evaluation will be developed. Thank you for your cooperation.

**Directions:** Please place on X to indicate your response(s).

1. Does your institution have a wellness program?  
----- Yes ----- No (If no, answer question 2, then proceed to question 46)
2. If no, to question 1, are there plans to initiate a program?  
----- Yes ----- No
3. If yes, who is allowed to participate in the program (Check all which apply)  
----- Faculty/Staff  
----- Students  
----- Community members
4. How long has the program been in existence?\_\_\_\_\_
5. What academic division or department is primarily responsible for administering the wellness program? (Check only 1)  
----- Health/Phys. Ed.  
----- Student Affairs/Services  
----- Human Resources  
----- Wellness Committee  
----- Other, please specify\_\_\_\_\_
6. Where is the primary coordination site for your wellness program?  
----- Health/Phys. Ed. Building  
----- Student Center  
----- Academic Building  
----- Nurse's station  
----- Continuing Ed.  
----- Human Resource Office  
----- Other, (specify)\_\_\_\_\_
7. Who primarily coordinates the wellness program?  
----- School nurse  
----- Full time director (in house)  
----- Full time director (outside agency)  
----- Part time director (in house)  
----- Part time director (outside agency)  
----- Other, (specify)\_\_\_\_\_
8. Is the wellness coordinator a salaried position or do they receive release time?  
----- Salaried ----- Release time ----- Both ----- N/A (go to question 11)

9. If the coordinator is a salaried position, the approximate full time equivalent salary is:\_\_\_\_\_
10. If the coordinator receives release time, what percentage of release time is for coordinating wellness activities?  
\_\_\_\_\_%
11. Wellness leaders for individual programs are: (Check all which apply).  
 \_\_\_\_\_ Campus faculty, staff, and administrators  
 \_\_\_\_\_ Community volunteers  
 \_\_\_\_\_ Paid professionals  
 \_\_\_\_\_ Students  
 \_\_\_\_\_ Other (specify)\_\_\_\_\_
12. If a wellness program leader is a member of the faculty/staff, how is this individual compensated?  
 \_\_\_\_\_ Release time  
 \_\_\_\_\_ Gratis  
 \_\_\_\_\_ Paid through continuing education/community service  
 \_\_\_\_\_ Paid through the general college funds  
 \_\_\_\_\_ Paid through the wellness center budget  
 \_\_\_\_\_ No knowledge concerning this matter
13. Does your institution's wellness program have its own budget?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ In the planning process (If no, proceed to question 16).
14. How is your institution's wellness program funded? (Check all which apply).  
 \_\_\_\_\_ Grant supported  
 \_\_\_\_\_ Membership fee  
 \_\_\_\_\_ General funds  
 \_\_\_\_\_ Foundation funds  
 \_\_\_\_\_ Line item budget  
 \_\_\_\_\_ Business/Industry partnership  
 \_\_\_\_\_ Other, (specify)\_\_\_\_\_
15. What is the approximate dollar amount of your wellness program budget?  
 \_\_\_\_\_
16. Has your institution ever applied for grant funding for your wellness program?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain (If no, proceed to question 19).
17. If yes, what was the grant?  
 \_\_\_\_\_ FIPSE (Funds for the Improvement of Post Secondary Education).  
 \_\_\_\_\_ Carl D. Perkins  
 \_\_\_\_\_ Title III  
 \_\_\_\_\_ Kellogg  
 \_\_\_\_\_ Other, (specify)\_\_\_\_\_



18. If your wellness program is presently grant funded, what is the grant?  
 ----- FIPSE (Funds for the Improvement of Post Secondary Education).  
 ----- Carl D. Perkins  
 ----- Title III  
 ----- Kellogg  
 ----- Other, (specify)-----
19. What is the approximate annual cost to the employee enrolled in the wellness program?-----
20. Does your wellness program include a fitness center?  
 -----Yes -----No (If no, proceed to question 24)
21. Where is the primary location of the fitness center? (Check only 1)  
 ----- Physical Education Complex  
 ----- Recreation Center  
 ----- Off campus  
 ----- Other, specify-----
22. Is the fitness center open to the community?  
 ----- Yes ----- No
23. What are the typical hours available to the users of the fitness center?  
 ----- Unlimited daily  
 ----- 12 hours daily  
 ----- 8 hours daily  
 ----- 4 hours or less daily  
 ----- Other (specify)-----
24. Which of these programs/activities are included in your wellness program?  
 (Check all which apply).
- |                                      |                                |
|--------------------------------------|--------------------------------|
| ----- Aerobics                       | ----- Support Groups           |
| ----- Weight Training                | ----- CPR                      |
| ----- Bicycling                      | ----- Tennis                   |
| ----- Hiking                         | ----- Self Defense             |
| ----- Walking                        | ----- Fun Runs                 |
| ----- Jogging                        | ----- Yoga                     |
| ----- Swimming                       | ----- Deep Relaxation          |
| ----- Fitness Trail                  | ----- Stretching               |
| ----- Nutrition awareness            | ----- Meditation               |
| ----- Healthy Eating Cooking classes | ----- Values Analysis          |
| ----- Health Screenings              | ----- Team Building            |
| ----- Health Fairs                   | ----- Challenge (Ropes) Course |
| ----- Smoking Cessation              | ----- Aquatics                 |
| ----- Substance Abuse                | ----- Dealing with emotions    |
| ----- Stress management              | ----- Personality assessment   |
| ----- Weight loss/weight gain        | ----- Volleyball               |
| ----- Skiing                         | ----- Canoeing                 |
| ----- Repelling                      | ----- Self Esteem              |
| ----- Others (specify)               | ----- Others (specify)         |

25. Has your wellness program been evaluated?  
 -----Yes -----No (If no, proceed to question 28)
26. How has your wellness program been evaluated? (Check all which apply)  
 ----- Surveys, questionnaires  
 ----- Participant's records, logs  
 ----- Informal observation  
 ----- Goal setting/goal attainment  
 ----- Other (specify)-----
27. How often is your wellness program evaluated?  
 ----- Monthly  
 ----- Quarterly  
 ----- Annually  
 ----- Each semester  
 ----- Other (specify)-----
28. If community members are allowed to participate, what activities are they allowed to participate in? (Check all which apply)  
 ----- Health Fairs  
 ----- Screenings  
 ----- Seminars/workshops  
 ----- Fitness activities  
 ----- Other (specify)-----
29. If students are allowed to participate, what activities are they allowed to participate in?  
 ----- Health Fairs  
 ----- Screenings  
 ----- Seminars/workshops  
 ----- Other (specify)-----
30. What program effectiveness indicators has your institution documented?  
 ----- Less absenteeism among faculty/staff  
 ----- Reduction in health care claims  
 ----- Improved morale  
 ----- Others (specify)-----
31. Approximately what percentage of full-time faculty members participate in the wellness program? -----%
32. Approximately what percentage of classified staff participate in the wellness program? -----%
33. Of this percentage of faculty participants estimated in question 31, what percentage is: (Answer must total 100%)  
 ----- Male ----- Female
34. Of this percentage of classified participants estimated in question 32, what percentage is: (Answer must total 100%)  
 ----- Male ----- Female

35. Approximately what percentage of part time faculty members participate in the wellness program? \_\_\_\_\_%
36. Of this percentage of part-time faculty members estimated in question 35, what percentage is : (Answer must total 100%)  
       \_\_\_\_\_ Male \_\_\_\_\_ Female
37. If your institution's wellness program allows student participation, what percentage of the students participate?\_\_\_\_\_%
38. Is your institutional service area:  
       \_\_\_\_\_ Primarily urban  
       \_\_\_\_\_ Primarily rural  
       \_\_\_\_\_ Both urban and rural
39. What is your FTE student population?  
       \_\_\_\_\_
40. How many full time faculty members does your institution employ?  
       \_\_\_\_\_
41. How many part time faculty members does your institution employ?  
       \_\_\_\_\_
42. How many classified staff members does your institution employ?  
       \_\_\_\_\_

Please respond briefly to the following questions :

43. What are the three primary benefits which have accrued to your institution by having a wellness program?  
       (a)  
       (b)  
       (c)
44. What are the three most critical barriers that your wellness program has experienced during its existence?  
       (a)  
       (b)  
       (c)

45. What are the three most unique techniques you've tried with your wellness program which have worked well?

(a)

(b)

(c)

46. What is your professional title and the institution which you represent?

-----

Thank you for your cooperation.

Please fax to (703) 964-7393 or return in the self addressed stamped envelope to:

Barbara J. Fuller  
Rt. 1, Box 410 A  
Lebanon, Virginia 24266

For additional information, please call : H (703) 880 - 3226 or W (703) 964 - 7246

**APPENDIX B**  
**LETTERS TO CONFERENCE BASED SAMPLE**  
**AND DIRECTOR IDENTIFIED SAMPLE**

Barbara J. Fuller  
Rt. 1, Box 410A  
Lebanon, Va. 24266  
August 5, 1993

Dear \_\_\_\_\_ :

As a doctoral candidate at Virginia Tech, I am conducting a survey concerning community college wellness programs. The purpose of the survey is to generate descriptive data which will be utilized to develop a profile of what is happening nation wide. This data should be useful for planning and evaluation. I need your assistance with the following:

1. Do the community colleges in your state have wellness programs?  
\_\_\_\_\_Yes \_\_\_\_\_No
2. If yes, please list those community colleges which have wellness programs.

I would appreciate your response by fax as soon as possible (Fax # (703) 964-7393). Your response will impact the next phase of the data gathering. Thank you for assisting with my educational endeavors. If this topic is of personal interest to you, I would be glad to share the results of my survey.

Sincerely,

Barbara J. Fuller

Barbara J. Fuller  
Rt. 1, Box 410 A  
Lebanon, VA. 24266  
September 2, 1993

Dr. Sue Jones  
North Lake College  
5001 N. MacArthur Blvd.  
Irving, TX 75038

Dear Dr. Jones:

As a wellness advocate and Program Developer at Southwest Virginia Community College, I need your assistance in pilot testing a survey instrument concerning community college wellness trends. The purpose of this survey is to generate data which will assist in the development of a profile of community college wellness programs. I am interested in the influence of line item budgeting and institutional size on staffing, facilities, departmental affiliation, and programming.

The 47 item survey has multiple, forced-choice and open-ended items. Key definitions have been included. There are three short answer questions which will provide for qualitative data.

You were selected as a result of being recognized as a member of the National Wellness and Community College Advisory Committee. I value your opinions, suggestions, and comments. Please note any revisions which you deem to be necessary. After the survey is pilot tested, the revised survey will be sent to the institutions which were represented at the Sixth Annual Community College Wellness Conference as well as a sampling of community colleges nation wide. I need the completed survey returned by Sept. 10, 1993. If you prefer to fax your return the number is (703) 964-7393.

Your specific responses will be combined with other responses. You or your institution will not be identified with specific data.

If you would like a summary of the results, please make your request on the back of the self addressed stamped envelope. I will be most happy to answer any questions which may arise. Feel free to call me at (703) 964-7246. Thank you for your assistance.

Sincerely,

Barbara J. Fuller

Enclosure

Barbara J. Fuller  
Rt. 1, Box 410  
Lebanon, VA. 24266  
September 24, 1993

Dear Community College Colleague:

One of the most challenging issues facing America today is that of health care. As community college educators we can play an important role in minimizing the need for health care and improving the quality of life for the communities we serve. As a wellness advocate on your individual campus, I know you are willing to do your part in raising the awareness level of the importance of wellness on community college campuses.

As a doctoral candidate in Community College Education at Virginia Tech, I am conducting a descriptive study surveying the current trends in wellness on community college campuses. The study deals with the influence of line item budgeting and institutional size on staffing, facilities, departmental affiliation, and programming of community college wellness programs.

The 46 item survey has multiple, forced choice and open-ended items. Key definitions have been included. There are three short answer questions which will provide for qualitative data.

You have been selected to participate because your interest has been exemplified as a recent participant at the Sixth Annual Community College Wellness Conference. Would you please take a few minutes and respond to the enclosed survey? The survey has been field tested by a sampling of wellness directors and has been revised in order that it take a minimum amount of your time to complete.

Your specific responses will be combined with other responses. You or your institution will not be identified with specific data.

If you would like a copy of the results, please make your request on the back of the self addressed, stamped envelope. I need your completed survey returned by October 8, 1993. Thank you in advance for your cooperation.

Sincerely,



Barbara J. Fuller



Barbara J. Fuller  
Rt. 1, Box 410  
Lebanon, VA. 24266  
September 24, 1993

Dear Community College Colleague:

One of the most challenging issues facing America today is that of health care. As community college educators we can play an important role in minimizing the need for health care and improving the quality of life for the communities we serve. As a wellness advocate on your individual campus, I know you are willing to do your part in raising the awareness level of the importance of wellness on community college campuses.

As a doctoral candidate in Community College Education at Virginia Tech, I am conducting a descriptive study surveying the current trends in wellness on community college campuses. The study deals with the influence of line item budgeting and institutional size on staffing, facilities, departmental affiliation, and programming of community college wellness programs.

The 46 item survey has multiple, forced choice and open-ended items. Key definitions have been included. There are three short answer questions which will provide for qualitative data.

You have been selected to participate because your State Director has recognized your institution as having some form of wellness program. Would you please take a few minutes and respond to the enclosed survey? The survey has been field tested by a sampling of wellness directors and has been revised in order that it take a minimum amount of your time to complete.

Your specific responses will be combined with other responses. You or your institution will not be identified with specific data.

If you would like a copy of the results, please make your request on the back of the self addressed, stamped envelope. I need your completed survey returned by October 8, 1993. Thank you in advance for your cooperation.

Sincerely,



Barbara J. Fuller

Barbara J. Fuller  
Rt. 1, Box 410A  
Lebanon, VA. 24266  
October 6, 1993

Dear Community College Colleague:

Two weeks ago a survey seeking your input concerning community college wellness programs was mailed to you. Your name was selected from a group of community college representatives who attended the Sixth Annual Community College Wellness Conference.

If you have already completed and returned the survey, please accept my sincere thanks. If not, please do so today. Due to the fact the survey has been sent to only a small purposeful sample, it is extremely important that yours be included in the study. This will ensure a more accurate description of community college wellness programs.

Again, thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Barbara J. Fuller". The signature is written in dark ink and is positioned above the printed name.

Barbara J. Fuller

## VITA

NAME: Barbara J. Fuller Telephone: Home - (703) 880-3226  
Rt. 1, Box 410A Work - (703) 964-7246  
Lebanon, VA 24266

EDUCATION: Ed. D. in Community College Education  
VPI & SU, Blacksburg, VA, Completion Date,  
May, 1994  
M.S. in Vocational/Technical Education, VPI&SU,  
Blacksburg, VA, 1979  
B.S. in Home Economics Education, East  
Tennessee State University, Johnson City, TN, 1974  
A.A.S. in Pre-Teaching, Southwest Virginia  
Community College, Richlands, VA 1972

## ABBREVIATED EMPLOYMENT HISTORY:

Present: Program Developer, Division of  
Continuing Education, Southwest  
Virginia Community College  
1985-1989: Coordinator of Food Service  
Management Program,  
Southwest Virginia Community College  
1983-1985: Consumer and Homemaking Instructor,  
St. Paul High School  
1979-1981: Part-time Instructor (Nutrition),  
University of Virginia,  
Southwest Virginia Community College  
1974-1977: Consumer and Homemaking Instructor,  
Castlewood High School

## ADDITIONAL WORK EXPERIENCE:

Co-Coordinator of the American Management  
Association Extension Institute at SVCC  
Coordinator of pre-employment training for  
business/industry  
Presenter of numerous workshops such as: stress  
management, diet/nutrition,  
communications, human relations for public service  
agencies, businesses, civic groups and private  
organizations.  
Presenter: Third Annual Conference on Wellness, Dallas,  
TX  
Presenter: Virginia Chiropractic Association Conference  
Presenter: State Delta Kappa Gamma Conference  
Certified Aerobics Instructor

PROFESSIONAL AFFILIATIONS:

Co-President, Russell County Rotary Club,

Paul Harris Fellow

Member, Delta Kappa Gamma

Member, Phi Delta Kappa-Past Newsletter Editor

Member, Virginia Community College Association

4-H All Star

Past Member of Board of Trustees - VA Tech 4-H Foundation

  
Barbara J. Fuller