

July 2015

Evaluation of Worksite Wellness 201104002A

End of Project Report

Prepared for

Kansas Health Foundation

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RTI Project Number 0213131.000.001

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Executive Summary

The Kansas Health Foundation (KHF) engaged RTI International to evaluate 3 years of *WorkWell KS (WorkWell)*, a Kansas-wide initiative to improve worksite wellness offerings to employees. The initiative aims to increase the number of community leaders (i.e., champions) and worksites that actively engage in developing worksite wellness policies, systems, and environmental changes. *WorkWell* recruits and trains champions to help worksites implement these changes over a 1-year period. Each champion then recruits worksites in his/her community. The worksites complete an assessment/survey of their wellness programs, are trained in worksite wellness best practices, and would receive \$1,000 in funding from *WorkWell* if they submitted approved worksite wellness plans.

KHF was interested in an evaluation of *WorkWell* that would describe the process of implementing the initiative at the program, champion, and worksite levels; its strengths; and the obstacles faced. KHF also wanted recommendations for program improvement. To accomplish this work, RTI collected data from four primary sources. (1) We conducted interviews with the champions to gather information about activities that they used to engage worksites in developing wellness programs, the facilitators and obstacles encountered, and their plans for sustainability after the end of the initiative. (2) We partnered with *WorkWell* to conduct an annual Web-based survey/assessment of representatives from worksites to gather information on how they implemented the program and the challenges they faced, as well as how they plan to sustain the changes made in the initiative. (3) We used document reviews and (4) notes from regularly occurring conference calls with the *WorkWell* team to more fully understand what activities were implemented at the program, champion, and worksite levels. Based on analysis and synthesis of these data, we present our key findings and offer recommendations to KHF for program improvement.

ES.1 Findings

Overall, *WorkWell* aimed to recruit and train 30 champions; the initiative held three champion trainings (one per year) and trained 25 champions from communities across Kansas. A key facilitator was *WorkWell's* ability to draw on established connections among the various health stakeholders throughout the state. Key challenges with champions included dropout and the effort to maintain clear communication about roles. Champions were more likely to plan to sustain their champion activities if they had worksite wellness as a part of their job description, a co-champion to share the work with, established partnerships, and/or multiple streams of funding.

WorkWell expected to recruit 210 worksites during the 3-year initiative. Altogether, champions recruited 167 worksites. Primary challenges in recruiting worksites were targeting worksites that had previously failed at promoting wellness and getting worksite buy-in. *WorkWell* trained 426 worksite representatives. Overall, representatives from 69%

of worksites applied for the *WorkWell* funding opportunity, and 97% of those who applied were funded. Another goal was to have 60% of the recruited worksites develop a worksite wellness plan, which was one of the requirements for the funding application. *WorkWell* nearly met this goal, with 58% of worksites developing a plan. Worksite representatives noted a key benefit of having champions that helped them implement their interventions: Champions connected the worksites with resources and hosted meetings with their worksites and others to discuss wellness. During the initiative, worksites increasingly focused their interventions on sustainable, evidence-based policy; benefit design; and environmental changes, as promulgated during the *WorkWell* training. However, most interventions still involve implementing programs and providing information rather than using the sustainable models promoted by *WorkWell*. Many worksites plan to continue their efforts after the end of the initiative by maintaining their wellness committees and continuing to provide or improve their incentive offerings. Worksite representatives said that they need funding, support from management, and employee buy-in and participation to sustain their efforts.

ES.2 Recommendations

Below, we report our recommendations for improvement should KHF decide to fund similar initiatives in the future, including suggestions related to recruitment and training, which are two of the primary activities of *WorkWell*. Many of our recommendations come directly from the reports of champions and worksite representatives.

Recruitment. *WorkWell* should recruit champions who are affiliated with highly credible companies and who have “wellness” in their job descriptions. Recruit two champions per community to divide the work between co-champions. To maintain motivation, limit the lag time between recruitment and the worksite training. These suggestions are aimed at ensuring champions’ success in recruiting worksites, so *WorkWell* can reach its recruitment goal with the next initiative.

Champion Training. Champion training should focus on clearly defining the champion’s role and specifically describing how he/she should implement this role. To accomplish this, invite previous champions to the training to share their experiences. To assist with recruitment, provide champions with concrete examples and tools to use in approaching worksites, information on how to educate worksites to overcome common reasons for resisting the use of wellness programs, and more information on what they are recruiting the worksites to do. To help champions understand what they are recruiting worksites to do, provide a copy of the worksite training curriculum at the training and show a video clip from a previously recorded worksite training, or ask champions to attend a worksite training session. Further, provide tangible examples of a completed application for the funding opportunity and a completed baseline assessment because worksite representatives often need the champion’s help with completing these materials.

Worksite Training. *WorkWell* should develop a brief version of the survey/assessment that worksite representatives complete prior to the training; the current version is long and burdensome, as evidenced by its low response rate when we administered it as part of our evaluation. The worksite training could be improved by focusing the content and format, to help the worksite representatives put their new knowledge into action. In particular, designate time and provide assistance at the training for completing the funding application and developing a wellness program. Provide more specific information on who would assist with developing the wellness plan, and potentially additional individuals from each worksite who could help disseminate the information learned during the trainings. Additional trainings could be held, such as a second training a few months after the initial training focused on creating worksites' wellness plans and an additional training for worksites near the end of their 1-year commitment to support them in sustaining their programs. A common strategy for workplace wellness that could be emphasized more in the *WorkWell* curriculum is program evaluation and improvement. Future *WorkWell* worksites should be encouraged to focus their efforts on goal setting, including matching wellness goals to the needs of their worksite, tying the initiatives to strategic goals, and making goals modest and attainable (gaining management buy-in with these small wins).

Summary. The *WorkWell* initiative had many strengths and successes; similar future initiatives would be beneficial if they are consistent with the strategic direction of KHF. The program model focuses on policy, system, and environmental changes, which are evidence-based strategies expected to contribute to lasting change. Further, *WorkWell* builds on personal relationships with its innovative partnerships between local champions and worksite leaders in Kansas communities. The initiative was successful in training 25 champions, recruiting 167 worksites, and training 426 worksite representatives. If KHF funds a similar initiative in the future, the program should monitor worksite wellness trends. As the evidence base for worksite wellness grows, the initiative may want to introduce promising strategies and trends as options for worksites to consider if they fit their needs and environments.