

Supporting the Implementation of School-Based Employee Wellness Programs

Position

SHAPE America – Society of Health and Physical Educators supports schools in planning, implementing and sustaining school-based employee wellness policies and programs.

Rationale

School-based employee wellness is vital for creating a vibrant school community where making healthy choices comes easy and is the norm. Effective employee wellness programs infuse well-being into every aspect of the school, including the culture, the environment and the individual wellness opportunities available for faculty and staff. Employee wellness is one of the 10 components of the Whole School, Whole Community, Whole Child (WSCC) model, and a healthy student body is incumbent upon healthy school employees (Birch & Videto, 2015).

Results from the 2012 *School Health Policies and Practices Study* (U.S. Department of Health and Human Services [USDHHS] & Centers for Disease Control and Prevention [CDC], 2013) suggested that only 40.1 percent of districts had a designated individual to oversee health-promotion activities for faculty and staff, and only 15.7 percent of districts had adopted a policy stating that each school must have a designated individual to oversee employee wellness policies and programs.

SHAPE America is committed to empowering children to live healthy and active lives, and there is a high level of interdependence between employee wellness and student wellness. SHAPE America asserts that engagement of both students and employees in comprehensive school wellness programs is integral to creating a sustainable healthy community in schools (ASCD, 2014).

Background

Employee wellness programs (EWPs), also known as workplace wellness programs (WWPs), have been around for decades within the private sector. The success of these programs, in conjunction with recommendations for worksite wellness as part of the Affordable Care Act (ACA), have led governmental organizations and schools to place an increased emphasis on employee wellness (Otenyo & Smith, 2017). Nearly 5 percent of the working population — more than 6.7 million adults — in the United States are employed by the U.S. school system (Alliance for a Healthier Generation, 2013). Schools are a viable location for implementing employee wellness programs, and the ACA considers employee wellness programs to be a vital component of an effective health care system (Moran, 2013).

The CDC and ASCD include employee wellness within the WSCC model, the framework that SHAPE America supports for promoting health and academic success in schools. As part of the 10-component WSCC model, employee wellness programs are important for school employees'

2 Supporting the Implementation of School-Based Employee Wellness Programs

well-being. School-based employee wellness programs also reduce employee turnover, employee absenteeism, and the cost of substitutes. Employee wellness programs improve morale in the worksite and decrease employee health insurance premiums (CDC, 2015). In essence, school-based employee wellness programs have clear benefits for 1) school employees; 2) students; 3) school climate; 4) the school budget; and 5) the health care system (ASCD, 2015; Alker, Wang, Pbert, Thorsen, & Lemon, 2015; CDC, 2015).

SHAPE America is committed to providing professional development and advocacy to enhance health and physical education, physical activity, and overall wellness in schools. According to the Alliance for a Healthier Generation (2013), employee wellness programs have the potential to not only benefit the health of school employees, but also enhance the health and learning of students. A school-based employee wellness approach is a comprehensive set of programs, policies, benefits and environmental supports that address various risk factors, including but not limited to lack of physical activity, unhealthy dietary habits, stress management, and tobacco use (CDC, 2015).

The coordinated approach should also work to prevent common health conditions such as diabetes, sleep disorders and depression, and meet the safety needs of all employees. The following contextual factors contribute to a culture of employee wellness in schools:

- The physical, emotional, academic and social school climate is safe, friendly and student-centered.
- Opportunities exist for school employees to adopt or maintain active lifestyles, be tobacco free, manage stress, avoid injury, and avoid exposure to hazards (e.g., mold, asbestos).
- Partnerships between school districts and health insurance providers are established to offer resources, including personalized health assessments and flu vaccinations.
- The school has a vision to have productive, satisfied employees with a high sense of job satisfaction and well-being.
- Easily accessible opportunities and environmental supports are available for employees to optimize their health and well-being (Putnam, 2015).
- Programs, policies and incentives are in place to encourage employees to be positively engaged in health-enhancing opportunities and practices before, during and after the school/work day.
- Employees are provided with increased outdoor, indoor and indirect exposures to nature (Trau, Keenan, Goforth, & Large, 2016).
- Employee wellness is part of the school improvement plan to hold schools accountable for carrying out and enhancing their school-based employee wellness policy/program.

In addition to the WSCC model, a healthy school community that values both employee wellness and student wellness supports the mission of comprehensive school physical activity programs (CSPAPs). Within the CSPAP model, all school personnel are viewed as key players in modeling and promoting physical activity and healthy lifestyles (Centeio & McCaughtry, 2017). When schools place an emphasis on employee wellness, school staff are able to serve

as role models for healthy living (Ruder, 2009). SHAPE America supports school-based employee wellness programs as a vital component of creating a whole-school culture that values wellness, following the WSCC and CSPAP models.

Evidence Supporting School-Based Employee Wellness Programs

The following trends serve to support employee wellness programs in schools:

- Employer-based health insurance plans cover more than half of Americans, and workers spend most of the day on the job (Baicker, Cutler, & Song, 2010).
- An increase in health risk factors, including obesity, smoking and depression, is linked to a decrease in work productivity among school employees. School-based employee wellness programs can reduce these risk factors and improve work productivity and staff morale (Alker et al., 2015).
- Healthy school employees — including teachers, administrators, bus drivers, cafeteria and custodial staff, and contractors — are more productive and less likely to be absent. They serve as powerful role models for students and may increase their attention to students' health (CDC, 2015).
- School-based employee wellness programs have the ability to improve the health of the estimated 6.7 million faculty and staff employed by elementary and secondary schools in the United States. This would save funds that could then be reallocated to other needs (Snyder & Dillow, 2011).
- Employee wellness programs are effective at reducing health care costs and increasing productivity within the workplace, and produce, on average, a \$5.81-to-\$1 return-on-investment ratio (Chapman, 2005; USDHHS & CDC, 2013).
- Population-oriented programs and policies that include preventive versus reactive employee wellness programs yield, on average, a 26 percent reduction in health care costs (Nash, Reifsnnyder, Fabius, & Pracilio, 2011).

Impact on the Profession

Improving population health requires a collaborative partnership between medical and non-medical services. “Medical neighborhood” is a term describing the broad range of stakeholders involved in improving population health through both traditional medical services and community organizations. Schools, worksites, faith-based centers, and community organizations are areas within the medical neighborhood where preventative services should be available.

As part of the medical neighborhood, schools can actively encourage healthy behaviors among employees through school-based employee wellness programs (Shaljian & Nielsen, 2013). Arloski (2009) asserts that environments either nourish and promote healthy lifestyles or deny individuals opportunities to enhance their well-being.

SHAPE America is committed to enhancing the health and well-being of our society through schools and, consistent with the WSCC model, this includes but is not limited to the implementation and accountability of school-based employee wellness programs.

Impact of Healthy Employees on Students

Improving employee well-being can directly affect the health of students, not just through improved job performance, but also through the positive role-modeling of healthy behaviors (Kaiser Foundation Health Plan, 2016). School-based employee wellness programs and policies may improve both teacher attendance and teacher performance while on the job. Supporting the physical, emotional and social health and wellness of employees who work with students, either directly or indirectly, contributes to greater productivity in schools.

SHAPE America believes that healthy school employees help foster an environment in which students can be healthy. SHAPE America recommends that health and physical education teachers take an active role in advocating for the development, implementation and accountability of school-based employee wellness programs.

Policy Recommendations

SHAPE America provides the following best practices for employee wellness programs and policies in schools:

- The school district's mission statement and strategic plan include wellness as a key component.
- School-based employee wellness is a key component of the action plan for the school improvement plan.
- The school improvement plan includes a wellness goal, supported by action plans and accountability measures reported to the school wellness council and school board (Birch and Videto, 2015).
- School-based employee wellness is part of the professional development plan, and wellness coordinators, as well as administrators, teachers and staff, receive professional development in how to facilitate whole-school wellness and take part in professional development activities that encourage employees to enhance their own health, physical activity and well-being.
- The school identifies and collaborates with families, the community, health insurance companies, and other external constituents to maintain a holistic and comprehensive school-based employee wellness program.
- School leaders are trained in (and value) employee wellness as a key component of a healthy and effective workplace (Nash et al., 2011; Hoert, Herd, & Hambrick, 2016).
- A proactive, population-based employee wellness approach is taken within the school, and needs assessments are conducted regularly to identify new areas for programming or updating the school-based employee wellness policy (Nash et al., 2011; Birch & Videto, 2015).
- School-based employee wellness is an integral component of each school's wellness policy and the school's designated wellness committee regularly reviews the alignment of policies and practices to ensure the health, safety and well-being of all school employees.

5 Supporting the Implementation of School-Based Employee Wellness Programs

- Consistent with comprehensive school physical activity programs (CSPAPs), schools provide opportunities for staff involvement in physical activity before, during and after the school day (Centers for Disease Control and Prevention (CDC), 2013).
- Schools provide time for stress reduction and other health-related services during staff development days (American School Health Association, 2010).
- Both formative and summative assessment are used to evaluate the effectiveness of school-based employee wellness programs.
- Employees receive support and resources regarding social and emotional wellness as part of the school-based employee wellness program.
- Employees are encouraged to make use of health coaches and other services available to them through their health insurance program.

SHAPE America recommends that schools develop a school district health and wellness profile and examine factors relating to school-based employee wellness, among other aspects of wellness based on the WSCC model. The following assessments should be considered as part of the school's wellness profile:

- **WellSAT assessment:** The WellSAT includes five main areas of assessment related to general wellness policy requirements. The WellSAT can be accessed at <http://www.wellsat.org/default.aspx>.
- **School Health Index:** The School Health Index is a self-assessment and planning guide for schools to assess their overall effectiveness in the 10 areas of the WSCC model. The School Health Index for elementary schools can be accessed at <https://www.cdc.gov/healthyschools/shi/pdf/Elementary-Total-2017.pdf>. The School Health Index for middle and high schools can be accessed at <https://www.cdc.gov/healthyschools/shi/pdf/Middle-High-Total-2017.pdf>.
- **Focus group discussions:** Focus group discussions can be used to identify local needs within the school and community. This is an important part of the planning process for improving health outcomes based on local health data.
- **Comprehensive School Climate Survey:** The National School Climate Center provides a comprehensive survey to assess strengths and areas needing improvement related to school climate. More information can be found at <https://www.schoolclimate.org/services/measuring-school-climate-csci>.

Suggested Citation

Suggested citation:

SHAPE America – Society of Health and Physical Educators. (2018). *Supporting the Implementation of School-Based Employee Wellness Programs [Position statement]*. Reston, VA: Author.

References

- Alker, H. J., Wang, M. L., Pbert, L., Thorsen, N., & Lemon, S. C. (2015). Impact of school staff health on work productivity in secondary schools in Massachusetts. *Journal of School Health, 85*(6), 398-404. doi:10.1111/josh.12266.
- Alliance for a Healthier Generation. (2013). *Facts on employee wellness*. Retrieved from https://schools.healthiergeneration.org/asset/xd1mng/08-734_EWFactSheet.pdf.
- American School Health Association. (2010). *What school administrators can do to enhance student learning by supporting a coordinated approach to health*. Kent, OH: American School Health.
- Arloski, M. (2009). *Wellness coaching for lasting lifestyle change*. Duluth, MN: Whole Person Associates.
- ASCD. (2015). *ASCD school improvement tool*. Retrieved from <http://sitool.ascd.org/Default.aspx?ReturnUrl=%2f>.
- ASCD. (2014). *Whole school, whole community, whole child*. Retrieved from <http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>.
- Baicker, K., Cutler, D., Song, Z. (2010). Workplace wellness programs can generate savings. *Health Affairs, 29*(2), 304-311. doi:10.1377/hlthaff.2009.0626.
- Birch, D. A., & Videto, D. M. (Eds.). (2015). *Promoting health and academic success: The whole school, whole community, whole child approach*. Champaign, IL: Human Kinetics.
- Centeio, E. E., & McCaughtry, N. (2017). Implementing comprehensive school physical activity programs: A Wayne State University case study. *Journal of Physical Education, Recreation & Dance, 88*(1), 42-49. doi: 10.1080/07303084.2017.1250536.
- Centers for Disease Control and Prevention. (2015). *Whole school, whole community, whole child*. Retrieved from <https://www.cdc.gov/healthyyouth/wsc/>.
- Centers for Disease Control and Prevention. (2013). *Comprehensive School Physical Activity Programs: A Guide for Schools*. Atlanta, GA: U.S. Department of Health and Human Services.
- Chapman, L. S. (2005). Meta-evaluation of worksite health promotion economic return studies: 2005 update. *American Journal of Health Promotion, 19*(6), 1–11.
- Hoert, J., Herd, A. M., & Hambrick, M. (2016). The role of leadership support for health promotion in employee wellness program participation, perceived job stress, and health behaviors. *American Journal of Health Promotion, 05* December, 2016. doi:10.1177/0890117116677798.

- Kaiser Foundation Health Plan. (2016). *Thriving Schools: A partnership for healthy students, staff and teachers*. Retrieved from <https://thrivingschools.kaiserpermanente.org/wellness-resources/school-employee-wellness/> .
- Moran, A. E. (2013). Wellness programs after the affordable care act. *Employee Relations Law Journal*, 39(2), 75-83. Retrieved from <http://ezaccess.libraries.psu.edu/login?url=http://search.proquest.com.ezaccess.libraries.psu.edu/docview/1419724290?accountid=13158>.
- Nash, D. B., Reifsnnyder, J., Fabius, R. J., & Pracilio, V. P. (2011). *Population health: Creating a culture of wellness*. New York, NY: Jones and Bartlett.
- Otenyo, E. E., & Smith, E. A. (2017). An overview of employee wellness programs (EWPs) in large U.S. cities. *Public Personnel Management*, 46(1), 3-24. doi: 10.1177/0091026016689668.
- Putnam, L. (2015). *Workplace wellness that works: 10 steps to infuse well-being and vitality into any organization*. Hoboken, NJ: Wiley.
- Ruder, R. (2009). Healthier Students Through Positive Role Modeling. PSAHPERD, Spring/Summer, 9, 15.
- Shaljian, M., & Nielsen, M. (2013). *Patient-centered primary care collaborative*. Retrieved from <https://www.pcpcc.org/system/files/resources/private/PCPCC%20Population%20Health%20FINAL%20e-Version.pdf>.
- Snyder T. D., & Dillow, S. A. (2011). *Digest of education statistics 2011* (NCES 2012-001). Washington, DC: National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Retrieved from <http://nces.ed.gov/pubs2012/2012001.pdf>.
- Trau, D., Keenan, K. A., Goforth, M., & Large, V. (2016). Nature contacts. *HERD: Health Environments Research & Design Journal*, 9(3), 47-62. doi:=10.1177/1937586715613585.
- U.S. Department of Health and Human Services & Centers for Disease Control and Prevention. (2013). *School health policies and practices study*. Retrieved from https://www.cdc.gov/healthyouth/data/shpps/pdf/shpps-results_2012.pdf#page=129.

Resources

- Action for Healthy Kids. (2015). *Staff as healthy role models*. Retrieved from <http://www.actionforhealthykids.org/component/content/article/39-step-3-challenges/1514-staff-as-healthy-role-models>.
- American Academy of Pediatrics. (2016). *Poverty & child health*. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/poverty/Pages/Overview.aspx>.
- Anderko, L., Roffenbender, J. S., Goetzl, R. Z., Millard, F., Wildenhaus, K., DeSantis, C., & Novelli, W. (2012). *Promoting prevention through the Affordable Care Act: Workplace wellness*. *Preventing Chronic Disease*, 9:120092. doi:<http://dx.doi.org/10.5888/pcd9.120092>.
- Centers for Disease Control and Prevention. (2014). *Health and academic achievement*. Retrieved from https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf.
- Espelage, D., Anderman, E. M., Brown, V., Jones, A., Lane, K., McMahon, S. D., & Reynolds, C. R. (2013). Understanding and preventing violence directed against teachers: Recommendations for a national research, practice, and policy agenda. *American Psychologist*, 68(2), 75-87.
- Gillan, W., Naquin, M., Zannis, M., Bowers, A., Brewer, J., & Russell, S. (2013). Correlations among stress, physical activity and nutrition: School employee health behavior. *The ICHPER-SD Journal of Research in Health, Physical Education, Recreation, Sport & Dance*, 8(1), 55-60.
- McDonald, P. A., Mecklenburg, R. S., & Martin, L. A. (2015). *The employer-led health care revolution*. Retrieved from <https://hbr.org/2015/07/the-employer-led-health-care-revolution>.
- National Business Group on Health. (2011). *An employer's guide to workplace emotional wellness*. Retrieved from http://www.wellness.state.tx.us/SM-An-Employers-Guide-To-Workplace-Emotional-Wellness_June-2011.pdf.
- National Center for Chronic Disease Prevention and Health Promotion. (2015) *Working to win at Worklogic HR case study*. Retrieved from <https://www.cdc.gov/workplacehealthpromotion/tools-resources/employers-in-action/case-studies/pdfs/case-study-Worklogic.pdf>.
- National School Climate Center. (n.d.) *Comprehensive school climate survey: Personnel section*. Retrieved from <http://www.schoolclimate.org>.

Shaljian, M., & Nielsen, M. (2013). *Patient-Centered primary care collaborative*. Retrieved from <https://www.pcpcc.org/system/files/resources/private/PCPCC%20Population%20Health%20FINAL%20e-Version.pdf>.

Schmier, J., Jones, M., & Halpern, M. (n.d). Cost of obesity in the workplace. *Scandinavian Journal of Work Environment & Health*, 32(1), 5-11.

Sutcher, L., Darling-Hammond, L., & Carver-Thomas, D. (2016). *A coming crisis in teaching? Teacher supply, demand, and shortages in the US*. Washington, DC: Learning Policy Institute. Retrieved from https://learningpolicyinstitute.org/sites/default/files/product-files/A_Coming_Crisis_in_Teaching_REPORT.pdf.

Thorndike, A. N., Riis, J., & Levy, D. E. (2016). Social norms and financial incentives to promote employees' healthy food choices: A randomized controlled trial. *Preventive Medicine*, 86, 12-18. doi:10.1016/j.ypmed.2016.01.017.

Acknowledgments

Lead Writers

Hannah Brewer (Chair), Slippery Rock University, PA
Lisa Clow, St. Mary's County Public Schools, MD
Nancy Krocak, White Bear Lake Area Schools, MN
Thomas Loughrey, MOAHPERD, MO
Nicholas Thompson, Wicomico County Public Schools, MD

Contributors

Russel L. Carson, University of Northern Colorado, CO
Nancy Raso Eklund, SHAPE America Central District
Mary Robertson, Lynnfield Public Schools, MA
Kathy Wrenn, Collegiate School, VA
Michelle Carter, SHAPE America
Joe Halowich, SHAPE America

SHAPE America extends its appreciation to the many professionals who reviewed this document and contributed to its development.