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A Wellness Program Module for Employees of a Skilled Nursing Facility

Cindy Janssen
University of North Dakota

A WELLNESS PROGRAM MODULE FOR EMPLOYEES OF A SKILLED NURSING FACILITY

by

Cindy Janssen, OTR/L

Advisor: Jan Stube, PhD, OTR/L

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This Scholarly Project Paper, submitted by Cindy Janssen in partial fulfillment of the requirements for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Jan Stube

Faculty Advisor

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CHAPTER I

INTRODUCTION

Wellness has become important in recent years as a result of many issues such as increasing health care costs and a rise in debilitating illness. Illness is often attributed to a variety of causes such as unhealthy physical lifestyles and psychosocial stress (Minnesota Department of Health [MDH], 2005; National Institute for Occupational Safety and Health [NIOSH], 2005; World Health Organization [WHO], 2005). Many illnesses and conditions are on the rise in the United States including heart disease, cancer, and strokes (Brosseau, 2005; MDH, 2005). Several conditions such as high blood pressure, high blood glucose, and obesity combine to describe metabolic syndrome (Brosseau, 2005). Approximately 40 million people in the United States have metabolic syndrome and will progress to diabetes causing heart attacks and strokes (Brosseau, 2005). Brosseau (2005) indicated the best way to decrease these illnesses and conditions is through prevention prior to development of these illnesses. Much of the expense for health care associated with illnesses has become the concern of business organizations because they provide health care plans for employees (Kocakulah, 2002; Powell, 1999). Therefore, many organizations have taken action to promote health and prevent illness through development and implementation of wellness programs.

One business organization that currently appears to be in greatest need of wellness programs is skilled nursing facilities (SNFs). According to the Service Employees International Union (1997) which cited sources from the Bureau of Labor Statistics and

Occupational Safety and Health Administration (OSHA), SNFs report more employee injuries and illness than any other business organization in the United States. SNF employees are also at greater risk of symptoms related to psychosocial stress because of demanding job duties and limited financial resources for adequate staffing. For these reasons, this scholarly project wellness program is directed toward SNF employees.

This wellness program development had its origins in a SNF setting. The author previously worked in the occupational therapy department of a SNF and was often invited to present educational seminars to SNF employees related to wellness topics. In this process, many employees and administrative personnel demonstrated an interest in wellness programming. The employees concurred with the wellness needs of SNF employees as described by Service Employees International Union (1997). They requested provision of a program addressing both physical and psychological or psychosocial aspects of wellness.

Bonder and Wagner (2001, p. 322) stated wellness is "the individual's perception of physical and psychological well-being characterized by adequate physical capacities, coupled with overall satisfaction with one's life situation." This indicates that wellness is not just about being physically fit but rather incorporates the psychosocial aspect of personal perception of wellness. For example, an individual may have some physical limitations but would still be able to report a state of wellness if they feel good about their adaptive strategies with daily activities. The holistic approach of addressing both physical and psychosocial components provides a starting point for this scholarly project wellness program to address both physical and psychosocial aspects of wellness.

There is some discrepancy in the literature with use of terminology for wellness programming. Therefore, it is important to define the terminology. Many wellness programs throughout the world are also called health promotion programs. These programs tend to place higher emphasis on strategies to control physical risk factors that lead to illness and disability such as diet, exercise, and smoking (Aldana, Merrill, Price, Hardy, & Hager, 2004; Cruz, 2002; Heaney & Goetzel, 1997; Ware, 2005). Controlling risk factors is one significant physical component of wellness but there are also psychosocial aspects that are related to wellness. The term wellness tends to be more holistic and additionally includes the psychosocial aspect of self-perception of wellness components as well as the physical health promotion. Some of these psychosocial wellness components include: sleep, stress, job satisfaction, and alcohol use/misuse (Mills, 2005; Ware, 2005). Brownson and Scaffa (2001) support this interpretation by defining wellness as, "a dynamic way of life that involves actions, values, and attitudes that support or improve both health and quality of life" (p. 656). They further suggested that health promotion leads to wellness that is the ultimate goal of worksite wellness programs. Cruz (2002) stated, "wellness refers to social, emotional, and spiritual aspects of health that extend beyond the absence of disease and disability" (p. 114). It is beneficial to include this goal in the title of the program because it projects a vision for employees, keeping the focus on the outcome that is directed toward wellness. For the purposes of this program, it will be titled, a wellness program.

When determining Occupational Therapy's (OT) role in wellness program development, it is important to select a theoretical base that closely matches the characteristics of the population to be served. This scholarly project's wellness program

has been initially developed for a skilled nursing facility called the Good Samaritan Nursing Center (GSNC) in Warren, Minnesota. The GSNC is owned by the Evangelical Lutheran Good Samaritan Society (ELGSS), which has a spiritual foundation within its organizational framework. The Canadian Model of Occupational Performance (Law, Polatajko, Baptiste, & Townsend, 1997) has been selected as the theoretical base for this wellness program development because it closely matches the holistic approach for a well population and it integrates the spiritual aspect of the person.

The ELGSS mission statement is: "The mission of the Evangelical Lutheran Good Samaritan Society is to share God's love in word and deed by providing shelter and supportive services to older persons and others in need, believing that, in Christ's love everyone is someone," (Evangelical Lutheran Good Samaritan Society, 1987). According to the mission statement, the spiritual aspect of caring is a main focus for the ELGSS. The Canadian Model of Occupational Performance (CMOP) also has a strong emphasis on the spiritual aspect of the person (Law et al., 1997), and therefore, would integrate well with the ELGSS mission.

In addition to the spiritual emphasis, the CMOP theory describes occupational performance as the result of a dynamic interaction between *person*, *environment*, and *occupation* (Law et al., 1997). These are the three main categories for the CMOP, with spirituality centered within the person. Spirituality is a major component that gives motivation for engagement in meaningful occupations. It encompasses values and beliefs resulting in facilitation of intrinsic motivation. The three main categories have been described visually through a diagram with the *person* being central, *occupations* in the

next circle around the person, and the *context* as the outer circle. Again, spirituality is central within the core of the person.

Law et al. (1997) further described each category in more detail. It is necessary to explore this in order to understand how the CMOP will enhance a wellness program. The *person* category is divided into affective, cognitive, and physical components with spirituality serving as the core of the person. The affective component includes all social and emotional functions. The cognitive component includes mental functions of intelligence and cognition. The physical component includes motor, sensory, and sensorimotor functions. By addressing all three components of the person in wellness program activities, the program becomes more client-centered. A client-centered approach encourages more participation in wellness activities. The CMOP's holistic approach to viewing the person with interactive components is consistent with the holistic approaches often seen in most of the wellness programs reviewed for this project and therefore all person components are addressed in this wellness program activities.

The next category, *occupation*, is what gives meaning to life. It is divided into self-care, productivity, and leisure. Any occupational activity can be placed into one of these areas. Law et al. (1997) also described a connection between occupation and health, serving as an important aspect for this particular wellness program. "Occupational therapy is concerned with occupation in relation to health. Health is viewed in occupational therapy as more than the absence of disease, and is understood to be strongly influenced by what people do in everyday life" (Law et al., 1997, p. 35). The proposed wellness program utilizes occupational activities to promote health and well-being.

The final category, *environment*, can be divided into: cultural, institutional, physical, and social elements. Law et al. (1997) described the cultural environment to include all elements of culture such as race, traditions, ethnicity, and religion. Practices are based on cultural values of the environment in which the person lives. The institutional environment includes practices within the organization of the population being served. The physical environment describes building structures, temperature, weather, technology, etc. The social environment includes organization of people based on interests, values, attitudes, and beliefs and describes patterns of relationships. These environmental categories are inherently acknowledged in this wellness program through wellness intervention activities. The research completed by Heaney and Goetzel (1997) indicated that programs offering individual counseling for health promotion and risk reduction be included within wellness programming for all staff. This suggests that the environment, particularly the social environment, provides a motivating factor for wellness programs.

All 3 categories, person, occupation, and environment, are interactive with each other. When these 3 areas interact, the result is occupational performance. There is a dynamic relationship between the 3 areas producing developmental changes over a person's lifespan. These cumulative changes promote development of a repertoire of occupational experiences. This developmental portrait is incorporated into wellness promotion by engaging people in healthy occupations that replace unhealthy occupations (Law et al., 1997).

In addition to integration of a theoretical foundation for this scholarly project's wellness program development, a professional framework is also evident. According to

the American Occupational Therapy Association's (AOTA) Occupational Therapy Practice Framework: Domain and Process (2002), OT addresses performance in physical, cognitive, psychosocial, and contextual categories. OT can further contribute to a holistic wellness program because of its unique ability to structure performance intervention in areas of occupation, skills, and patterns through engagement in occupations. OT recognizes that engagement in occupations is influenced by a variety of contexts in which people live and work. OT can incorporate contextual information into engagement in occupations in order to promote client-centered interventions. This client-centered approach is the foundation for success with occupational activities in a wellness program because clients are more invested in success of outcomes. Therefore, a holistic, client-centered approach is inherent under the orchestration of the AOTA's OT Practice Framework (2002).

The position statement by Brownson and Scaffa (2001) further described the role occupational therapy plays in health promotion and disease prevention. They defined wellness as improving health and quality of life through actions, values, and attitudes. They presented three roles that occupational therapy portrays in health promotion. The first role serves clients who have physical, mental, or cognitive disabilities by promoting healthy lifestyles. The second role identifies occupational therapy's specialty of being able to use occupation-based interventions through programs that promote health and uniquely incorporate health education, nutrition, exercise, etc. The third role in health promotion reaches out to larger populations and environments that may include organizations, communities, and government policymakers. Although this article focuses on occupational therapy's role in health promotion, it also supports the need for

multidisciplinary contributions. This article helped outline the role OT plays in wellness program development, therefore guiding the evolution of this scholarly project program.

In summary, this scholarly project wellness program utilizes a holistic approach, including the physical and psychosocial aspects of the person. Health promotion is a component that is included within wellness through prevention of physical illness and injury. Additional wellness activities address psychosocial aspects of wellness. The wellness program structure is guided by the Canadian Model of Occupational Performance (Law et al., 1997), further supporting the holistic approach. This wellness program is also enhanced by occupational therapy's contribution because of the extensive educational training in occupational performance to promote wellness while addressing all aspects of the person within their environments.

This scholarly project will present the development of a wellness program designed for employees of a SNF. Chapter II includes a literature review of research studies completed on wellness programs and topics. The review provided evidence for efficacy of programming strategies as described in the methodology in Chapter III, revealing the evolution of this wellness programming structure. Chapter IV presents the actual structure and activities of the wellness program. It provides activity descriptions with appendices for direct instruction to employees of the SNF. Chapter V will conclude with a summary and recommendations for implementation and outcome assessment for the wellness program. It further describes potential benefits of the program but will also recognize some of the limitations.

CHAPTER II

REVIEW OF LITERATURE

This literature review will describe research related to wellness programs. This research provides guidance to wellness promotion strategies that may be integrated into activities to promote positive outcomes. In addition, financial needs for wellness programs for overall reduction of employee health care costs will be described. This chapter will conclude with a review of studies of physical and psychosocial aspects of wellness.

Components of wellness have been described well within the literature, however, evidence to support efficacy of wellness programs has been varied. According to Aldana, Merrill, Price, Hardy, and Hager, (2005), 90% of businesses in the U.S. provide a health promotion program, so it appears that the majority of businesses feel health promotion is beneficial. However, efficacy of these programs has yet to be determined by evidence.

One study by Heaney and Goetzel (1997) set out to determine efficacy of health promotion programs by conducting an extensive meta-analysis on 47 reputable studies. Of the 47 studies, 26 were rated "encouraging" as determined by quantifiable evidence while only 6 were rated "discouraging" and the remainder were rated as "mixed". The findings indicate that many health promotion programs are promising, but also indicate a need for more valid evidence of the health promotion programs. Many of the programs in the study provided health risk assessments to employees because they identify health

and wellness needs of the employees, serving as a guide for program strategies to address the needs identified. The meta-analysis also collected some evidence to describe trends in efficacy. One trend was that individualized risk reduction intervention was more effective and presented better use of limited funds since high-risk individuals utilize more health care services. However, this individual intervention was also more effective when done within a health promotion context that was directed towards all employees. Programs were most effective when utilized for 1 year in order to demonstrate health risk reduction. The most common evidence-based outcome noted was reduction in absenteeism which may be an indicator of well-being.

Another study conducted by Watt, Verma, and Flynn (1998) found similar results to Heaney and Goetzel (1997). This study attempted to validate the effect that wellness programs have on improvements in quality of life, which would in turn validate the use of scientific evidence. A meta-analysis was completed using a MEDLINE search under a wide variety of wellness-related words. 1082 articles were found. Criteria were then designed to include studies that promoted wellness with interventions and measurable outcomes. This limited the number to 11 articles included for data collection. Results of the study generally indicated that wellness programs are beneficial to promote improvements in quality of life. However, there really was not enough valid evidence in the studies to prove this because most studies lacked controls such as randomized selection to groups. Benefits of wellness programs are recognized by the majority of researchers and organizations, however, the effects are difficult to measure because there are many variables encompassed in human subject research. Most of the research does

support utilization of health promotion programs to promote wellness but also recognizes the difficulty of substantiating this.

A position statement in the American Journal of Occupational Therapy (2001) defined health promotion as "any planned combination of educational, political, regulatory, environmental, and organizational supports for actions and conditions of living conducive to the health of persons, groups, or communities" (Brownson & Scaffa, 2001, p. 656). Most skilled nursing facilities try to provide this type of health promotion but often lack resources such as time, money, and staff in order to complete the necessary research that provides evidence-based direction for effective interventions (Service Employees International Union, 1997). Additionally, business administrators want to provide health promotion programs for staff to promote health, satisfaction, and productivity as primary benefits (Aldana et al., 2005). A secondary benefit is in the form of financial savings for businesses.

Even though financial savings is considered a secondary benefit, it still serves as a significant motivating factor for administrators to provide wellness promotion programs. Just the cost of employee absenteeism alone can motivate employers to promote wellness in order to reduce absenteeism. The Bureau of Labor Statistics (Service Employees International Union, 1997, p. 11) stated that, "50 percent of injured nursing home workers must take days off work or work 'light duty' in order to recover." One table within the study indicated 23% of injured SNF workers require 11 days or more to recover from an injury. Therefore, absenteeism accounts for much of the high cost of employee health care.

The research on effects of health promotion programs on absenteeism conducted by Aldana et al., (2005) stipulated that the wellness program for employees at Washoe County School District promoted a cost savings of $15.60 for every dollar spent on the program. Employees who participated in the wellness program had 3 fewer days per year of absenteeism on average than the non-participants. This was the most descriptive study found, reporting on significant outcomes demonstrated by study participants. Some of the worksite health promotion activities included dental care, weight loss challenge, water challenge, substitution of activities for TV watching, nutrition, fitness, rest, reading, exercise, and car safety.

The significant increases in health care costs throughout the United States in the last decade have generated more interest in worksite wellness programs to prevent injury and illness. In 2002 health care costs per capita was estimated to be $5,415 (Powell, 2003). This is a concern for administrators because the organizations are usually responsible for absorbing these costs through elevated premiums for group health care plans, elevated workers' compensation premiums, costs of healthcare, absenteeism, and decreased productivity for injured or ill workers. In 2003 "premiums for employer-sponsored health plans rose to US$3,383 for single coverage and US$9,068 for family coverage" (Aldana et al., 2005, p.131), which represented a 13.9% average increase in health care costs for U.S. companies in 1 year. These costs may significantly reduce profit margins and place organizations at financial risk.

Kocakulah and Joseforsky (2002) presented wellness programs as a remedy to reduce employer costs associated with health care. They studied 2,500 employees working for the Elcho division of a manufacturer of home appliances. These Elcho

employees' average age was 51 and 80% were male. Employees participated in on-site physicals and tests, indicating most of the employees already had many of the risk factors associated with heart disease and stroke. The researchers used health care cost data from previous studies and related it to Elcho division employees in order to project financial impact on the Elcho division of these identified risk factors in the employees. They estimated a worksite wellness program would cost $20,000 a year. They calculated health care cost savings to be $364,000 per year if 50% of the employees engaged in the wellness program. The researchers stipulated that the savings would be reflective of a reduction of illness through a reduction in health risk factors supported by wellness program participation.

The organization that appears to be affected most by escalating health care costs is skilled nursing facilities because they have more work injuries. According to national statistics presented in the article by Service Employees International Union (1997) that cited sources from the Bureau of Labor Statistics and Occupational Safety and Health Administration (OSHA), injuries in SNFs are higher than any other labor environment in the U.S. Most are back injuries, accounting for 42% of all injuries. The majority of these injuries occurred among certified nursing assistants (CNA) whose average wage was $6.72 an hour, which is well below the $8.00 an hour poverty line. Causes of escalating health care costs for SNF employees were listed as: workers' compensation, injuries causing higher turnover rate resulting in more investment in new workers, reduced tax base because people on worker's compensation do not pay taxes which help pay for SNFs, high health insurance premiums for SNFs, and the direct cost of care of injuries (Service Employees International Union, 1997). The high incidence of injury among

CNAs at SNFs supports the need for injury prevention programs to save money on health care costs.

Because prevention is part of health promotion and wellness, it is important to incorporate some injury prevention principles into the wellness program. Injury prevention strategies were outlined by Service Employees International Union (SEIU) (1997). Recommendations for SNFs listed many pieces of safety equipment for prevention of injury such as special chairs, hoists, lifting belts, sliding boards, handles on sheets, and pivot discs for transfers with nursing home residents. One study (Owen, 1995) indicated that during mobility activities such as transferring, residents felt more comfortable when caregivers utilized assistive devices than when they did not. The article by SEIU (1997) also had recommendations that OSHA develop ergonomic standards to provide worksite analyses, evaluation and implementation of feasible methods, programs of early treatment and ongoing medical management for injured workers, and education and training for employees. This has been attempted by OSHA but was halted in 1995 by the industry and Republicans in Congress, according to this report (SEIU, 1997). The last recommendation was towards legislative action that would enforce staffing ratios according to resident needs and would describe specific staffing ratios for CNAs (SEIU, 1997). Most of these strategies may be implemented through a corporate injury prevention program; however, some of the strategies will be integrated into this scholarly project wellness program.

Some of the more common injuries in SNF workers are neck and back injuries. Linton, van Tulder, and Maurits (2001) conducted a study to determine the efficacy of intervention strategies to prevent back and neck pain by conducting a systematic review

of controlled trials. Inclusion criteria for the study were randomized or nonrandomized controlled trials, subjects who were not seeking treatment, intervention was designed to prevent back or neck problems, or long-term development of these back or neck problems. Studies were derived from English, German, Dutch, or Swedish publications. Study conclusions were classified into 4 categories (A, B, C, or D) ranging from strong evidence to no evidence. Some of the intervention strategies included: lumbar supports, back schools and education, exercises, ergonomics, and risk factor modification. There was moderate evidence to support exercise to prevent back and neck pain problems. All other interventions were not supported for their prevention effectiveness.

While employers have been trying to implement injury prevention programs, they have also used health promotion programs as an avenue for prevention of illness. According to Aldana et al., (2005), most health promotion programs follow the concept that much illness in employees is the result of preventable risk factors attributed to unhealthy lifestyle habits. Some of these preventable risk factors include: smoking, obesity, high blood pressure, sedentary lifestyle (Heaney & Goetzel, 1997; NIOSH, 2005). Many risk factors may be prevented through health promotion programs (Aldana et al., 2005; Brosseau, 2005; Heaney and Goetzel, 1997; MDH, 2005; WHO, 2005).

Prevention of illness and disability has also become a priority for the U.S. government, which has developed an initiative called Healthy People 2010 through the Public Health Service of the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (Burkhardt, 1997). This was designed to guide U.S. citizens towards healthy lifestyles through the year 2010. Healthy People 2010 encourages exercise and nutrition to reduce health risk factors and prevent illness.

The World Health Organization (WHO)(2003) has also launched a global expert report on disease and disease reduction. The intent of the report was to develop strategies to reduce worldwide disease. The report recommended diets low in saturated fats, sugars, and salt, and high in vegetables and fruits. This should be combined with regular physical activity. The WHO suggests that even modest attempts with compliance to the recommendations can significantly reduce occurrence of chronic disease in a short period of time. For this reason the WHO supports eating five to nine fruits and vegetables a day for better health. This is one of the most recognized dietary logos in the world (National Cancer Institute, 2003).

A diet high in fruits and vegetables can significantly reduce the risk of cancer and health disease (Kirschmann & Kirschmann, 1996; National Cancer Institute, 2003; World Health Organization, 2003). Cancer currently is the leading cause of death in Minnesota (Minnesota Department of Health, 2003). It contributes to 24% of all Minnesota deaths followed by heart disease at 23% (Minnesota Department of Health, 2003). Many of the studies reviewed by Heaney and Goetzel (1997) included nutritional education in health promotion programs to reduce the risk of cancer and heart disease.

The literature addresses many physical aspects of wellness. However, much of the literature reviewed also acknowledged psychosocial aspects as vital components for overall well being. A review of evidence by Watt et al. (1998) recognized that recent research has placed more validity on studies of mind-body interactions at the cellular level. The authors further indicated there is a relationship between psychological factors and the neural, immune, and endocrine systems. Biofeedback, relaxation, and imagery may strengthen the immune system (Watt et al., 1998).

Another study by Scott (1999) presented psychosocial benefits of wellness programs. This article described an occupational therapy collegiate 15-week course designed to develop students' skills in wellness promotion and leadership. The course initially included classroom activities that defined wellness in 3 categories: body, mind, and spirit. The students then promoted the classroom activities in various community settings. Reports from both students and community participants in the wellness programming reported positive benefits for wellness promotion.

Feelings of inspiration can lead to enhanced quality of life that has been highlighted as a significant psychosocial component of wellness. Matuska, Giles-Heinz, Flynn, Neighbor, and Bass-Haugen (2003) researched effects that an occupational therapy wellness program for older adults had on quality of life. The program was called *Designing a Life of Wellness.* The researchers determined that participation in the wellness program resulted in improved quality of life through increased engagement in meaningful social and community occupations.

While quality of life is related to psychological health, employment stress and absenteeism is often related to psychological ill health. A study by Michie and Williams (2003) was conducted to determine methods that were effective to reduce work-related psychological ill health and sickness. The study was a meta-analysis conducted in the United Kingdom and included 6 publications from the United States, United Kingdom, and Sweden, which met inclusion criteria. A variety of methods were presented in the six studies. Most of the studies were cross-sectional versus experimental and therefore cause and effect could not be determined. However, the studies were qualitative and revealed trends that would help direct interventions for work related psychological ill health. For

example, common causes of psychological ill health were reported as work demand, lack of control over work, and poor support from managers that also related to absenteeism. This information would seem to guide interventions to address work demand, control over work, and support systems in the work place. These issues can be integrated into the wellness program to a certain extent, however, it would be important to recognize that any administrative changes would be left to the discretion of administration. This study supports the integration of psychological interventions into a wellness program.

The National Institute for Occupational Safety and Health (NIOSH) published an article written by Colligan et al. (2005) that highlighted effects of work-related stress. The purpose of this article was to provide research data on work related stress to the general public in order to promote effective intervention strategies for workers. This was a credible, 15-page compilation of data and statistics gathered from research publications about stress in the workplace conducted by the NIOSH. Overall, statistics supported the fact that work is often the largest stressor in peoples' lives, often contributing to problems in physical and psychological health and well-being. The article summarized causes of job stress, effects of job stress on health and productivity, strategies for stress management, and prevention of job stress. One beneficial aspect of this data was the description of the effect stress has on the body. The article presented helpful direction on ways to reduce stress at work. It also emphasized the importance of incorporating employee input into stress reduction program and also supported merging of employers and employees together to meet expected outcomes.

Many work-site health promotion programs acknowledge job stress as a serious health risk and therefore, include stress reduction activities in health promotion programs.

One study by Williams, Kolar, Reger, and Pearson (2001) analyzed the effectiveness of stress reduction interventions. The design was a randomized controlled trial using a stress reduction intervention. The population included 103 healthy volunteers from the general population in Morgantown, West Virginia who reported being "stressed-out". Of these participants, 59 were in the intervention group and 44 were in the control group. The measurement tools used were: Daily Stress Inventory, Revised Hopkins Symptom Checklist, Medical Symptom Checklist, and a Follow-up Questionnaire. These tests measured daily hassles, psychological distress, medical symptoms, and program adherence. They then participated in an 8-week stress reduction program. They also were expected to practice the techniques at home for one hour a day. They were paid $50 for course materials. Seventy-five of the participants actually completed the study. The focus of stress reduction training was on the practice of "mindfulness" which promotes the ability to consciously act upon stressful situations instead of reacting with emotions. It is based on a currently used curriculum called Mindfulness Based Stress Reduction. After completion of the intervention, subjects were retested and results were compared to baseline data. The results were compared between the intervention group and the control group. The data results indicated that the intervention group participants decreased their medical symptoms by 46% and psychological distress by 44%. The control group had only a 7% reduction. After a 3-month follow-up, most intervention group participants reported they continued to use stress reduction strategies such as meditation, yoga, and breathing.

Job stress can often result in dysfunctional coping strategies. One common strategy is alcohol misuse. National statistics indicate that 13.8 million people in the U.S.

present problems associated with drinking (www.alcoholism-statistics.com/facts.php, 2005). It is also reported that people with alcoholism account for 20% of all suicides which is the 3rd leading cause of death and is preventable (www.alcoholism-statistics.com/facts.php, 2005). Because of the magnitude and scope of problems associated with alcohol, it is important to further investigate this area of wellness.

The purpose of a study by Lapham, Gregory, and McMillan (2003) was to determine efficacy of an alcohol misuse intervention in the workplace. The article identified studies that support worksite programs to promote wellness but also highlighted the fact that alcohol misuse has not been addressed very often in these wellness programs. The study by Lapham et al. (2003) presented an experimental comparison between 3,442 medical hospital and clinic workers of a managed care organization (MCO) and a control group of 2032 medical hospital and clinic workers of other metropolitan and outlying areas. Intervention strategies provided substance misuse awareness training, written information about substance misuse, motivational counseling, and a campaign to increase awareness of substance misuse. Pre-intervention data were gathered with a questionnaire and then compared with post-intervention data. Results showed a slight reduction in the mean number of binge drinking episodes in the MCO group and the comparison group; but there was little significant evidence that demonstrated interventions resulting in overall reduction of binge drinking. However, 35% of binge drinkers reported they wanted to decrease their binge drinking after receiving intervention.

Occupational therapy has the educational background training to effectively address such issues as alcohol abuse in a work setting. A case study by Moyers and

Stoffel (1999) demonstrated the effectiveness that proper client-centered therapy can have on addressing alcoholism. The purpose of this research was to identify issues related to alcoholism in a holistic theoretical perspective and to study effects of a specific interview strategy. It was a case study about a 55-year-old white female who had work-related bilateral carpal tunnel syndrome, CMC arthritis of the right thumb, an osteophyte on the left trapezoid, and required surgery. The client attended the first occupational therapy (OT) session smelling of alcohol, presented poor speech, was tearful, and demonstrated impaired walking. The husband confirmed alcohol abuse for the last 2 years, which had worsened since she had not been working due to hand problems. Following the Occupational Therapy Code of Ethics, the therapist addressed the issue of alcohol misuse and incorporated motivational interventions since research indicates that coercive methods are ineffective. The therapist chose to follow motivational interviewing based on a model designed by Prochask and DiClemente (1982, 1986), outlining 6 stages of change, also called FRAMES. The therapist implemented hand therapy protocols but also included 3 tools to assess the alcoholism: CAGE (Ewing, 1984), quantity and frequency questions (Cooney, Zweben, & Fleming, 1995), and Occupational Performance History Interview (Kielhofner, Henry, & Walens, 1989) to determine the impact of alcoholism on this client's occupations. The initial outcome of this interview process was that the client did agree to a referral for substance abuse evaluation and treatment. She also participated in an outpatient detoxification program. However, she refused further alcohol treatment. The approach was considered effective because the client-centered approach, which is foundational to occupational therapy, helped the client identify the problem and initially start treatment. When combining

results of this study with information from the Lapham et al. (2003) study, it becomes apparent that work site alcohol misuse programs may be beneficial when the outcome is focused on a more short-term goal such as initiating motivation to reduce drinking verses a long-term outcome of stopping drinking.

While it is important to address a variety of wellness topic issues, it is also important to provide employee assessment prior to wellness program initiation. This assures that program activities are addressing the needs identified by employees, thereby promoting beneficial outcomes. Mills (2005) reported on assessments used for worksite wellness programs. The purpose of this study was to test the validity of the new health and well-being assessment (HWB) in hopes of offering this assessment to employers in England and possibly around the world. It was a methodological design and compared HWB assessment scores with the Short Form 36 (SF-36) and the World Health Organization Health and Work Performance (WHO-HPQ), which are current, widely used assessments, in order to validate the HWB. The population tested included 2,224 employees of insurance, telecommunications, and consumer goods from the United Kingdom. The HWB assessment is a 20-item questionnaire designed to assess individual perception of health and well-being in 10 areas. These 10 areas include: medical health status, presence of pain, habitual levels of physical activity, nutritional balance, sleep status, symptoms of stress, job satisfaction, smoking status, alcohol consumption, and body mass index. The HWB assessment uses a combination of a 5-point Likert scale and multiple choice questions. The participants completed the HWB assessment (twice), SF-36, and the WHO-HPQ. Results of the HWB were correlated with the SF-36 and the WHO-HPQ. The HWB assessment was also repeated for test re-test validity. Data

analysis resulted in favorable validity of the HWB assessment with good reliability. Qualitative data supported its use by acknowledging the usability of the test; it only takes 8 minutes to complete and is easy to for participants to use.

In summary, the literature has identified the scope of wellness issues and also provided ideas for assessment and structure of wellness programs to promote beneficial wellness outcomes. It defined the health problems facing Americans. It also described the financial impact that impaired health has on organizations. Prevention was recognized as the most effective tool to combat poor health issues. This lead to the conclusion that worksite wellness programs are an effective avenue to promote health and well-being. The motivating factor for organizations to adopt wellness programs is the potential financial savings through a decrease in employee health care costs and a decrease in absenteeism. Research on various programs indicated that physical and psychosocial aspects of wellness should be addressed. However, before implementing wellness activities, researchers recommended employee health risk assessments so that wellness programs meet the needs of employees. Most of the researched wellness components have been applied to the structure of this scholarly project wellness program and will be described further in Chapter III.

CHAPTER III

METHODOLOGY

The process used to design this scholarly project's wellness program began with the literature review and the author's clinical experience of working within a SNF. The literature review provided valuable information to direct the program towards effective strategies that promote wellness. Articles were located through utilization of www.OTseeker.com and OTSEARCH databases as well as Pub Med. OTseeker is an Australian database that contains systematic reviews of evidence relevant to OT practice. OTSEARCH is another database provided by the American Occupational Therapy Association and the American Occupational Therapy Foundation. Pub Med is a governmental database service provided by the National Library of Medicine and The National Institutes of Health. Key words included: worksite wellness programs, health promotion, nutrition, exercise, psychosocial wellness, alcoholism, and health assessment. Inclusion criteria for articles were that wellness information needed to be about wellness programming or issues that could be related to worksite wellness programs, especially those related to SNF employees, working age adults, and the working culture in Minnesota.

Several articles (Aldana, Merrill, Price, Hardy, & Hager, 2005; Kocakulah & Joseforsky, 2002; Ostuw, 2004; Powell, 2003) described the financial impact that illness and injury have on organizations. It was suggested in these articles that wellness

programs could promote healthcare cost savings for organizations. It is apparent through cost savings analysis that prevention of illness activities should be incorporated into health promotion programs. Therefore, there are activities within the scholarly project wellness program design that provide suggested prevention strategies for injuries, strokes, heart disease, diabetes, worksite injuries, and cancer. The prevention strategies attempt to reduce health risk factors for those identified illnesses. Most wellness programs described within this scholarly project's literature review process included a variety of activities to control health risk factors such as education on nutrition, exercise, weight loss, and smoking cessation. Activity topics within this scholarly project wellness program that are directed toward reduction in health risk factors are: exercise challenge, proper body mechanics, nutritional education, fruit and vegetable selection, and a healthy potluck dinner. Powell (2003) also described a significant cost savings through a medical self-care program. Concepts from this were utilized in development of a medical self-care activity included in this wellness program. However, instead of utilizing a guide, the activity will provide two books that describe a variety of medical conditions with recommendations for general management of these conditions. It is noted on the activity description that this activity should not replace visits to a medical doctor that are needed.

In addition to physical health risk factors, several articles (Lapham, Gregory, & McMillan, 2003; Matuska, Giles-Heinz, Flynn, Neighbor, & Bass-Haugen, 2003; Michie & Williams, 2003; Moyers, 1999; Colligan, 2005; Williams, Kolar, Reger, & Pearson, 2001) identified psychosocial aspects of wellness with suggestions for interventions. Colligan (2005), in particular, described in detail the association that stress can have with cardiovascular disease, musculoskeletal disorders, psychological disorders, workplace

injury, suicide, cancer, ulcers, and immune system function. Colligan (2005) indicated that 25% of national workers stated their jobs are the worst stressor in their lives. The article (Colligan, 2005) presented helpful direction on ways to reduce stress at work. It also emphasized the importance of incorporating employee input into a stress reduction program and additionally supported merging of employers and employees together to meet expected outcomes. The stress reduction activity within this wellness program provides employees an opportunity to identify and share their stress relieving strategies and challenges them to implement some of the strategies. By providing employees the opportunity to choose their own strategies from an employee-developed bank, they are taking control of their own wellness.

One common unhealthy stress reduction strategy is alcohol use/misuse (Lapham et al., 2003; Colligan, 2005). Problems with alcohol can have a significant effect on employee morale and productivity and therefore should be addressed within a wellness program. Because alcohol problems are very difficult for employees to discuss openly in the workplace, the wellness program addresses it in a more private and less interactive manner with provision of resources on where to obtain help for alcohol misuse. Many pamphlets on alcohol abuse have been obtained from Alcoholics Anonymous (2005) to distribute to the employees at no cost. The committee for this activity may also contact this author to set up a time for an educational in-service on alcohol and substance abuse. This presentation is developed but not included within the activity description since the presenter will bring handouts on the day of presentation. It is not the purpose of the wellness program to treat alcoholism or alcohol abuse, but rather provide resources for employees to understand the problem and locate services to initiate treatment.

The research by Heaney and Goetzel (1997) revealed that some wellness programs utilize employee morale activities. The Service Employees International Union (1997) article also indicated that morale can be compromised in SNFs secondary to the lack of resources such as finances, staff, and time with increased work productivity demands. The article also indicated there are many stressful organizational changes that occur regularly in a SNF. It was decided that this wellness program would include two activities that address employee morale and dealing with change. There currently are two books that have been best sellers in previous years that address personal attitude and dealing with change. These books are "7 Habits of Highly Effective People" (Covey, 1989) and "Who Moved My Cheese?" (Johnson, 1998). The author of this scholarly project wellness program learned about these books while instructing a management course developed by Fox (2002) that used these 2 books for educational activities. While some employees may engage in more energetic activities, others enjoy more sedentary ones such as a book-reading wellness activity. Inclusion of both types of activities assures that wellness programming provides activities that are meaningful to a variety of employees, following concepts of the CMOP (Law et al., 1997) and the OT Practice Framework (AOTA, 2002).

Following completion of the book-reading activity, for example, employees will have the opportunity to exercise the attitude components they read about. They will participate in an activity called, "Wear Your Attitude". Following the concepts of the CMOP (Law et al., 1997), occupational performance may be achieved when components of the *person* (such as attitudes adopted after reading the books) interact with *occupations* (such as this attitude activity) and *environment* (such as the employee's social network).

The anticipated outcome is that employees will be able to utilize positive attitudes when adapting to high work demands and regular organizational changes.

In addition to the literature review data, other resources were utilized to develop this wellness program. In order to obtain data to define the scope of the problem associated with employee wellness, the World Health Organization (WHO), Minnesota Department of Health (MDH), National Cancer Institute, and Center for Disease Control, National Institute for Occupational Safety and Health websites were accessed. These websites also provided credible guidance for wellness promotion incorporated within this scholarly project. The WHO (2005) provided a series of fact sheets to promote nutrition and physical activity. The WHO suggested that 400g of fruits and vegetables daily can significantly prevent disease. The WHO also provided recommendations for physical activity. These recommendations were incorporated into the nutritional and exercise activities.

The MDH provided statistics that the number one cause of death in Minnesota is now cancer, with heart disease being the second cause of death (http://www.health.state.mn.us/divs/idepc/newsletters/dcn). This directed wellness program research to the CDC and National Cancer Institute (NCI) web sites that provided valuable information on 5 a day (ie, nutritional intake) for better health initiative. Five a day is a national health initiative recognized and promoted by the U.S. Department of Health and Human Services, National Institutes of Health, and NCI. The NCI provided a free Microsoft® PowerPoint® presentation that described the 5 a day promotion (http://www.5aday.gov/why/phyto.html). Components of this were used in the nutrition activities within the wellness program. Posters were also ordered for activity promotion

through the 5 a day web site(http://www.5aday.gov/why/phyto.html). The Minnesota Department of Health (2005) is sponsoring fitness through the *Do Campaign*. MDH suggests that moving 10 minutes, 3 times a day can significantly improve your health and well-being (http://www.health.state,mn.us/divs/hpcd/chp/5aday/index.htm). The U.S. Department of Health and Human Services (2005) suggests that housework requiring moderate exertion can burn up to 300 calories an hour (http://www.smallstep.gov/index.html). This information was used within the exercise challenge activity to motivate employees by letting them know that exercise can come in a variety of meaningful activities.

The article by Service Employees International Union (1997) described SNFs as having very limited resources such as staffing, time, and money. Therefore wellness program activities are structured in a way that will not overly tax the organization's staff, time, or finances. Each activity within the wellness program module provides activity description with instructions for implementation; however, implementation will be the responsibility of employee-formed committees. These committees will follow the implementation instructions as well as apply some of their own creative ideas to facilitate participation among staff. The reason the activities are designed this way is to provide an opportunity for employees to develop ownership of the wellness program, as well as teamwork. It also distributes wellness program responsibilities among many employees in to order to avoid placing too much demand on one or two people. This design for implementation can make the financial cost more easily absorbed by the SNF.

The Canadian Model of Occupational Performance (CMOP) follows the premise that occupational performance should include components of *person, occupation*, and

environment (Law et al., 1997). This helped guide development of wellness program activities, or occupations, that incorporate these three components. The stress reduction activity is a good example of incorporation of the three components within its design. The *person* is recognized because employees are allowed to choose stress reduction activities that are meaningful to them individually. *Occupation* is utilized because each employee will actively adopt and engage in stress reduction activities. Finally *environment* is integrated through the social context, allowing for social support networks to evolve. When combining these three components within the context of the activity, intangible incentives, such as self-mastery and teamwork, become apparent. This promotes intrinsic motivation, producing better outcome statistics (Chapman, 2005).

The CMOP stresses the importance of providing interventions that are meaningful to clients in order to promote occupational performance (Law et al., 1997). The question arose, what incentives would encourage employees to initiate participation in wellness program activities? The welcoa website was accessed following a meeting with Jane Croeker, RN and Health Promotion/Marketing Advisor, Student Health Services, at the University of North Dakota (personal communication, August, 2005). This was a meeting in which resources were exchanged. She provided reference to www.welcoa.org as a valuable information site providing worksite wellness programming ideas. Welcoa stands for Wellness Councils of America. Welcoa provided valuable incentive information (Chapman, 2005). Some of these intangible incentives incorporated into this scholarly project wellness program include: belonging, acceptance or approval, recognition, self-mastery, creative outlet, ability to contribute, meet personal challenge, and team building. Tangible incentives, such as a vacation day or reduction in health

care premiums, will be determined by the SNF administration since they manage the organizational budget. The resource (Chapman, 2005) for incentive rewards will be provided to the SNF as recommendations through his wellness program.

The frequency and duration of wellness activities and program were determined from data provided by Heaney and Goetzel (1997). It was apparent in many of the studies reviewed by the researchers that most wellness programs provided one activity per month. The researchers also suggested that wellness programs lasting at least one year project the best outcome measures post conclusion of wellness programming. Therefore, the duration of this wellness program will last one year with one activity per month. A few of the activities are repeated so that SNF employees have the opportunity to improve on their own personal skills in the areas of nutrition and exercise.

The final component that should be addressed in a wellness program is in the area of assessment. A Dean's Hour presentation by Dr. Brosseau, 2005, made recommendations for health risk assessment and outcomes measurement that are vital to the efficacy of a wellness program. An employee health risk assessment is important to determine the health needs of employees and then direct which activities to include in a wellness program for a particular organization. At this time, the health risk assessment is not included within this wellness program due to research restrictions on subjects. However, with advanced training, this author will be able to include a health risk assessment prior to wellness program implementation. Resources for health risk assessment such as the health and well-being assessment (Mills, 2005) are included within the recommendations of this wellness program. The CMOP also provides a health risk assessment tool called the Canadian Occupational Performance Measure (Law et al.,

1997) however; this measure would not be efficient enough to evaluate such a large number of employees. This measure ensures client-centered interventions because it is an evaluation in which clients determine which activities are meaningful to them. When an assessment is developed or selected for this scholarly project wellness program, concepts from the Canadian Occupational Performance Measure will be integrated into the measure.

Outcomes measurements are also important and should be included throughout the wellness programming. The studies included in Heaney and Goetzel's (1997) meta-analysis had outcome measures in order to determine efficacy of the wellness programs' interventions. At this time outcome measures are included within some of this scholarly project's activities such as the exercise and nutrition challenges. Employees will utilize forms to track their fruit and vegetable intake and their amount of physical activity. These forms are designed so that employees can compare their perception of wellness, weight, nutritional intake or physical activity at the beginning of the challenge and at the end of the challenge. This will provide initial outcomes measurements for intangible incentives such as self-mastery (Chapman, 2005). Complete wellness program outcome measures will be developed and added to this design following author research training and prior to implementation of this program.

In summary, methodology for development of this scholarly project wellness program included a literature review, person-to-person communication, credible internet sources, and integration of the Canadian Model of Occupational Performance (Law et al., 1997) and OT Practice Framework (AOTA, 2002). Data and information from all

resources were reviewed, sorted, linked, and applied toward the development of this wellness program in order to meet the wellness needs of employees of a SNF.

CHAPTER IV

PRODUCT

This chapter will present the project as it will be introduced to a SNF as a tool for employee wellness promotion. The purpose of the program is to promote wellness in SNF employees through integration of a holistic approach including both physical and psychosocial aspects of wellness. This scholarly project wellness program follows the theoretical direction from the Canadian Model of Occupational Performance (Law et al., 1997). This model highlights the dynamic interaction between *person, occupation, and environment* to elicit occupational performance. The *person* component is described in affective, cognitive, and physical components. Integration of this view of the person assures a holistic approach to wellness. The desired occupational performance outcomes of this scholarly project wellness program are healthy lifestyle changes adopted by SNF employees. The program will be implemented over the course of one year with different, and some repeating, activities offered each month. Activity descriptions and a schedule are provided for each one in this product presentation chapter.

It is recommended that each activity will have a committee consisting of two to six SNF employees who will be responsible for implementation of that activity for the month with the exception of three activities. The three activities will be conducted by a physical therapist for back safety and an occupational therapist for the wellness program kick-off activity and the alcohol abuse presentation. It is important for employees to

implement the monthly wellness program activities in order to facilitate employee ownership of the program, thereby facilitating intrinsic motivation toward adoption of health lifestyle changes. Committee instructions are provided for each activity plan, however, it is up to employees to decide the exact method of implementation. This encourages employee creativity and also assures that implementation strategies correlate with the systems that exist within the SNF. Employees understand these systems better than persons working outside the SNF and therefore, they are more proficient in determining methods for implementation. A committee sign-up sheet is included within this program. The activity instruction sheets will be distributed to SNF employees by the committees according to the schedule of activities. There are also committee instructions for outcomes measurement data collection for the exercise and the fruit and vegetable challenges. Participation in these activities will be on a volunteer basis with incentives to be determined by administration. Some of the activities will be completed independently on employee personal time (such as the fruit and vegetable challenge) and some will be integrated into the work place (such as the *Wear Your Attitude* activity). These instructions are included within activity descriptions.

In addition to the activity committees, it is suggested there will be a coordinating committee comprised of three SNF employees who will be responsible for overseeing the operation of the activity committees. The coordinating committee will be directed by the SNF Staff Education Coordinator. He/She will also collect outcomes measurements from activity committees. The coordinating committee will facilitate committee volunteerism and will coordinate the activity schedule. Instructions for coordinating committee duties are provided in this manual.

It is anticipated that the wellness program will be initiated in August, 2006 during the all-staff annual training 1-day training sessions. This author will conduct the *Wellness Kick-off* presentation at that time. A physical therapist will also conduct the *Back Safety* presentation at that time. Each presentation will take approximately one hour. The successive activities will be conducted monthly according to the schedule provided.

The scholarly project wellness program includes a simple plan for outcomes measurement data collection following the exercise and the fruit and vegetable challenges. The committees for each challenge will distribute the challenge record forms included in the activity description sections to SNF employees at the beginning of the scheduled month. Employees are instructed to record their perception of how healthy they feel, their current weight (optional), and how many days a week they exercise or how many fruits and vegetables they eat a day. They will then record their physical activity or fruit and vegetable intake on the chart provided. At the end of the month, they will again record their perception of how healthy they feel, any weight loss (or gain), and how many days they exercised or how many fruits and vegetables they ate a day. The committee is then directed to collect the records from SNF employees who participated in the challenge and complete the data collection form. The data collection form will be given to the coordinating committee director who will share these outcomes with the author of this scholarly project wellness program for analysis. Additional outcomes measurements are suggested and will be added such as reduction in absenteeism.

At this time, the cost for implementation of the scholarly project wellness program will be the responsibility of the SNF organization. However, this author intends

to pursue grant applications to financially support implementation and research of this scholarly project wellness program in terms of hourly wage reimbursement, as well as monetary resources for tangible incentive rewards. The direct costs will be for the cost of the books for the reading activity and nutritional resources that will be approximately $150, depending on how many copies the SNF administration decides to purchase. Pamphlets for alcohol abuse were provided free of charge from Alcoholics Anonymous (2005). Posters for *5 a day for better health* which the author purchased for approximately $15 from Produce for better Health Foundation will be donated to the SNF. The Minnesota Partnership for Action Against Tobacco (2003), supplied pamphlets free of charge through the Quitplan program. Indirect costs will be in the form of hourly wages for committee duties and for in-services. Because most of the activities are integrated into their normal work, it is difficult to estimate exactly how much time will be utilized above regular employee job duties.

It is recommended that employees who have any health issues consult with their primary physician before participating in the exercise challenge. It is recommended that this statement be written in a waiver of responsibility form provided to SNF employees for signature by administration upon initiation of this wellness program.

A Wellness Program for Employees of a Skilled Nursing Facility

Developed by Cindy Janssen, OTR/L

University of North Dakota

2006

Wellness Program Schedule

Month 1	Wellness program kick-off presentation
	And Proper Body Mechanics Instruction
Month 2	Exercise Challenge
Month 3	Nutrition Challenge
Month 4	Healthy Potluck Dinner with Recipe Exchange
Month 5	Sharing Strategies for Stress Reduction
Month 6	Book Discussion
Month 7	Wear Your Attitude
Month 8	Substance Abuse
Month 9	Medical Self-Care
Month 10	Repeat Exercise Challenge
Month 11	Repeat Nutrition Challenge
Month 12	Sharing Wellness Outcomes

Committee Sign Up Sheet

For Wellness Program Activities Implementation

Month 1 Wellness program kick-off presentation

And Proper Body Mechanics Instruction

Names:

Month 2 Exercise Challenge (4-6 people)

Names

Month 3 Nutrition Challenge (4-6 people)

Names:

Month 4 Healthy Potluck Dinner with Recipe Exchange

(4 people)

Names:

Month 5 Sharing Strategies for Stress Reduction

(3 people)

Names:

Month 6 Book Discussion (3 people)

Names:

Month 7 Wear Your Attitude (2-3 people)

Names:

Month 8 Substance Abuse (2 people)

Names:

Month 9 Medical Self-Care (2 people)

Names:

Month 10 Repeat Exercise Challenge (4-6 people)

Names:

Month 11 Repeat Nutrition Challenge (4-6 people)

Names:

Month 12 Sharing Wellness Outcomes (4 people)

Names:

Wellness Program Kick-off

And

Back Safety

Month 1

Wellness Kick-off

Cindy Janssen, OTR/L

(45 minute session)

- What does "wellness" mean to you?

    - Divide into groups of 2-3 people for about 5 minutes to answer this question
    - Each group then shares 1 idea with the whole group

Wellness Definitions

- Wellness is "the individual's perception of physical and psychological well-being…", Bonder and Wagner (2001)

- "social, emotional, and spiritual aspects of health that extend beyond the absence of disease and disability," Cruz, E. (2002).

Wellness can be categorized into:

- Physical wellness: Ability to feel physically well in order to perform meaningful activities

- Psychological wellness: Ability to feel emotionally and spiritually well in order to contribute in life

- In the same small groups answer this question by listing 3 activities and 3 attitudes

- Activities:

- Attitudes:

- Have each group share 1 of each and list them on a large board

What can prevent a person from experiencing Wellness?

Some guiding principles to wellness:

- Engagement in life activity
- Activity must be meaningful to the person
- Loving and supportive environment
- Adaptability to life changes
- Being productive; contribution to others
- Making an active choice to live well
- Open and honest communication
- Life affirming and self affirming actions and words
    - Pizzi, M. (1997).

Health Promotion

- This is part of wellness that involves controlling risk factors associated with illness and disability

- Some of these risk factors are:

- Stress, smoking, overweight, alcohol misuse, work-related injuries, depression, poor nutrition, and sedentary lifestyle

This Wellness Program Being Introduced Today:

Is designed for employees of this skilled nursing facility

Will be conducted with monthly activities for 1 year

Will address physical and psychological aspects of wellness

Will provide wellness resources for individual wellness concerns

Will be conducted by employee-run committees following through on pre-designed activities

Will provide activities to reduce risk factors related to illness and disability

Wellness Program Goals;

Employees may report:

- Improved psychological wellness
- Improved physical wellness
- Improved knowledge about wellness factors
- Improved job satisfaction

References

- Bonder, B.R. (2003). Wellness. In B.R. Bonder & M.B. Wagner (Eds.), *Functional Performance in older adults* (pp. 319-336). Philadelphis, P.A.: F.A. Davis Company.
- Cruz, E. (2002). Introduction to health promotion. In J. Carlson (Ed.), *Complementary Therapies and Wellness* (pp.113-124). Upper Saddle River, New Jersey: Pearson Education, Inc.
- Pizzi, M. (2001). The Pizzi wellness assessment. In B.P. Velde & P.P. Wittman (Eds.), *Community Occupational Therapy Education and Practice* (pp. 51-66). New York, NY: The Haworth Press.

Back Safety

by Cindy Janssen, OTR/L

For workers in a skilled nursing facility

Special focus on resident handling

(45 minute session)

Objectives

- Participants will know statistics from OSHA about back injuries
- Participants will know causes of back injuries
- Participants will know what repetitive work injury is
- Participants will demonstrate proper ergonomics when doing standing pivot transfers with residents
- Participants will demonstrate proper ergonomics when doing bed mobility tasks with residents
- Participants will be able to describe proper back alignment for lifting.

Scope of the problem

- Nursing home workers are injured at more than twice the rate of private sector workers (Service Employees International Union, 1997)
- Back injury accounts for almost ½ the injuries in nursing homes (Service Employees International Union, 1997)
- 50% of injured SNF workers must take days off work or work "light duty" in order to recover (Service Employees International Union, 1997)

- 81% of back and shoulder injuries were caused from handling residents (Occupational Safety and Health Administration, 1995)

Risk Factors

- Force: The amount of physical effort required to perform a task (such as heavy lifting)
- Repetition: performing the same motion or series of motions continually or frequently
- Awkward Positions: Assuming positions that place stress on the body, such as reaching above shoulder height, kneeling, squatting, leaning over a bed, or twisting the torso while lifting
    - (Occupational Safety and Health Administration, 2005)

MSD's (Musculoskeletal Disorders)

- Low back pain
- Sciatica
- Rotator cuff injuries
- Epicondylitis
- Carpal tunnel syndrome
- Symptoms: pain, restriciton of joint movement, or soft tissue swelling

MSD causes

- May develop gradually over time

- Result from instantaneous events such as a single heavy lift
- Genetics, gender, age, and other factors
- May be linked to psychosocial factors such as job dissatisfaction
    - (Occupational Safety and Health Administration, 2005)

Prevention of MSD

- Pre-work stretches
- Exercise
- Use proper body mechanics:
- Avoid excessive lifting:
    - Low resistance
    - Fewer repetitions

Pre-work stretches for Back (Demonstration and employee participaton)

- Stand with feet shoulder-width apart, shoulders back, upright posture, and raise left arm over head and bend to the right (still facing forward), hold to count of 10. Do the other side.
- Sit on floor with knees bent and feet flat on floor. Bring right leg over left and turn body to the right and hold to count of 10. Do the other side.
- On hands and knees. Arch back, bringing stomach towards floor. Then curve back, bringing back towards ceiling. Hold each posture to count of 5 and repeat 5 times.

Pre-work stretches for shoulders (Demonstration and employee participation)

- Stand with feet shoulder-width apart. Bring right hand and elbow up to shoulder height in front of body, then bring right arm across body to the left and stretch. You may hold it over with other hand to increase stretch. Hold head to left and then to right and hold each for count of 10. Do other side.
- Stand in upright posture, with shoulders back but relaxed. Do each of the following for count of 10.
  - Drop chin to chest
  - Bring right ear to right shoulder, then other side
  - Turn face to left, then to the right
  - Rotate head all directions but avoid looking up

Posture (Demonstration and employee participation)

- Standing:
  - Keep upright posture
  - Shoulders retracted slightly back but slightly down and relaxed.
  - Head retracted straight back but not looking up
  - Tilt hips slightly forward so you you have a slight curve in your lower back
  - Knees straight but not locked

Lifting posture (Demonstration and employee participation)

- Use legs

- Keep feet shoulder width apart
- Maintain straight back
- Keep buttocks out and back to maintain straight back when bending at waist
- Keep knees behind toes when bending
- Keep object to be lifted as close as possible to body

Exercise

- Exercise strengthens the muscles to promote good posture and strength
- Good muscle strength prevents back injuries
- Good exercises:
  - Stretch first and last
  - Walk 2 miles 5 times a week: walking strengthens abdominal and back muscles to prevent injury with lifting
  - Swimming
  - Strength training and toning
    - Sit-ups with hips and knees bent to 90-degrees throughout the sit-up
    - Lift weights with arms over head without too much strain
    - Lay on side with upper body supported by elbow. Lift hip toward ceiling. Repeat 10 times and do other side.

OSHA (Occupational Safety and Health Administration)

- Recommends that manual lifting of residents be minimized in all cases and eliminated when feasible to decrease risk of employee injury

OSHA Recommends employee involvement

- Employees can submit suggestions
- Employees may discuss the workplace and methods
- Employees may help design the work, equipment, procedures, and training
- Employees may evaluate equipment
- Employees can respond to surveys
- Employees can participate in task groups with responsibility for ergonomics
- Employees may participate in developing the SNF ergonomics process

(Occupational Safety and Health Administration, 2005)

Resident handling techniques

- Residents should be assessed for capabilities
- If there is further concern, resident should be referred to OT or PT for assessment followed with a functional maintenance program with instructions
- Resource for handling problems: Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement, published by Patient Safety Center of Inquiry, Veterans Health Administration and Dept of Defense.

  www.patientsafetycenter.com

Training (Demonstration and Employee Participation)

- Standing pivot transfer:
  - Put transfer belt on resident
  - Place chair at 45-degree angle to surface being transferred to
  - Resident scoots to front of chair

- Provide verbal instruction to resident so he/she can help
- Caregiver places feet just outside resident's feet
- Caregiver bends hips and knees, keeping buttocks out and back to maintain straight back
- Count to 3 and lift together: Resident may hold caregiver's arms but not neck
- Don't rush: Give resident time to shift weight to pivot
- Turn and sit down on chair

Difficult transfers

- If caregiver tries to have resident stand and it seems difficult, caregiver should have resident sit back down and get a 2nd person or a mechanical lift and report to nursing supervisor, OT, or PT. OT or PT should assess all residents in which one or more caregivers have reported difficulty with transfers.

2-person standing pivot transfer (Demonstration and Employee Participation)

- Position chair, resident, and 1st caregiver the same as 1-person standing pivot transfer.
- 2nd person stands between chair and surface to be transferred to, getting as close as possible. May bring 1 knee on bed in order to get closer.
- All 3 people lift together on count of 3, again giving resident time to shift weight to pivot.

2-person transfer con't

- If resident is to transfer to toilet and requires 2 people, a commode should be utilized instead due to lack of space in most bathrooms.
- If the resident stands and both caregivers are lifting more than 20-30 lbs, they should help resident sit back down and then use a mechanical lift instead and report to nursing supervisor, OT, or PT.

Heavy lifting

- Always stretch right before and right after a heavy lift. Muscles work better and recover better when stretched out.

References

- U.S. Department of Labor, Occupational Safety and Health Administration, retrieved from www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html, on July 21, 2005.
- Service Employees International Union, (1995). Caring Till It Hurts.

Exercise Challenge

Month 2

Exercise Challenge

Introduction

The Minnesota Department of Health (2005) is sponsoring promotion of fitness through the Do.campaign. MDH suggests that moving 10 minutes, 3 times a day can significantly improve your health and well-being.

The U.S. Department of Health and Human Services (2005) suggests that housework requiring moderate exertion can burn up to 300 calories an hour.

It is possible to get your exercise in the form of everyday meaningful activities.

Some suggestions include: walking to work, parking far away at shopping centers, taking the stairs, carrying groceries instead of using a cart, walking the dog (15 minutes at a moderate pace equals about 1 mile), doing muscle toning activities such as weight lifting, biking, vacuuming, etc.

Challenge Description

*Any employee with any health concern should consult their primary physician prior to starting this activity.

*For this month, you will challenge yourself to do activities that require moderate exertion for at least 10 minutes, 3 times a day.

*You may record 1 point for every 10 minutes that you move at a moderate level of exertion.

*You will know you working at a moderate level if your breathing is faster than normal and you can talk short sentences with minimal difficulty.

*Prior to starting the challenge, answer the questions on the top of the page provided.

*On the graph provided record total points for each day and list activities throughout the entire month.

*After completion, answer the questions on the bottom of the page provided.

Exercise Challenge Record

	Not healthy				*Very healthy*
How healthy do you feel?	1	2	3	4	5

(answer this before starting the challenge)

What is your current weight? _____lbs

(optional: answer this before starting challenge)

How many days a week do you exercise? 1 2 3 4 5 5 7

Sun	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**

At the end of the month, answer these questions and hand this form into committee members.

	Not healthy				*Very healthy*
How healthy do you feel?	1	2	3	4	5

What is your current weight? _____**lbs**

(optional)

Weight Loss (if applicable) _____**lbs** **Weight gain** (if applicable)_____**lbs**

How many days a week did you exercise this month? **1 2 3 4 5 6 7**

How many total days this month did you exercise? _____**days**

Committee Duties

(4-6 members)

*Meet with wellness coordinator and administrator to determine if organization would like to present a recognition reward for the person who exercises the most and/or the person who loses the most weight. Other ideas may be employed as you wish.

*Make an announcement to staff about the fruit and vegetable challenge.

*Make copies of the 2-page exercise challenge

*Distribute the challenge handouts to employees at the beginning of the month.

*Collect forms at the end of the month (committee to determine method)

*Compile data using form provided and give to Sharon Kotts, RN for her to file in her office.

*Report data to staff: signs, memos, etc

*Announce winners if applicable

*This program will be repeated as indicated on wellness program schedule

Data Collection Form

Calculate how many people answered each one.

How healthy do you feel? **(before starting challenge)**

Not healthy_____1 _____2 _____3 _____4 _____5 Very healthy

How many days a week do you exercise? (before starting challenge)

_____1 _____2 _____3 _____4 _____5 _____6 _____7

How healthy do you feel? (after completing challenge)

Not healthy_____1 _____2 _____3 _____4 _____5 Very healthy

How many days a week do you exercise? (after completing the challenge)

_____1 _____2 _____3 _____4 _____5 _____6 _____7

# of people recording weight loss **# of people recording weight gain**

_____lbs **_____lbs**

List individual weight loss in Space below	List individual weight gain in space below

Fruit and Vegetable Challenge

Month 3

Fruit and Vegetable Challenge

5 A Day for Better Health

Background and Purpose:

5 A Day for Better Health is the most widely recognized nutrition slogan in the world (National Cancer Institute, 2005). National organizations that have joined together to promote health by adopting this slogan include: the National Cancer Institute (NCI), the Produce for Better Health Foundation (PBH), the Centers for Disease Prevention and Control (CDC), the United States Department of Agriculture (USDA), the United Fresh Fruit and Vegetable Association, Produce Marketing Association (PMA), Dole Food Co., Inc., American Cancer Society, the National Alliance for Nutrition and Activity (NANA), and state health promotion programs (Minnesota Department of Health, 2005). The World Health Organization (WHO) has also adopted this slogan to promote health throughout the world (WHO, 2005).

The reason so many organizations are promoting fruits and vegetables is because they have a major impact on reduction of disease and illness (World Health Organization, 2005). The WHO also reported that modest increases in fruit and vegetable intake and exercise can significantly reduce chronic disease such as cancer, heart disease, strokes, and diabetes.

The Minnesota Department of Health (2005) reported that the leading cause of death in Minnesota is now cancer, with heart disease listed as the second leading cause of death.

Why are fruits and vegetables so good for us?

They are loaded with ***antioxidants.***

What are antioxidants?

These are substances such as vitamins, minerals, carotenoids, phytochemicals, and polyphenols that remove disease-causing molecules from the body (Kirschmann and Kirschmann, 1996). Antioxidants prevent diseases such as cancer and heart disease (Balch and Balch, 2000).

The Challenge

1. Try to eat at least 5 servings of fruits and vegetables a day
2. Obtain a fruit and vegetable challenge form from committee members
3. Record each serving of fruits and vegetables a day on the form provided
4. Measure and record your feeling of wellness before you start and again at the end of the month.
5. Be sure to also eat:
    a. Protein low in saturated fat (salmon, fish, chicken, etc)
    b. Essential oils: olive oil, flax seed oil (grind up flax and put on oatmeal)
    c. Complex Carbohydrates: oatmeal, whole grain bread
6. If you wish to lose weight by doing this challenge, record your weight at the beginning of the month and again at the end of the month on the form.
7. Hand in your completed fruit and vegetable form to committee members at the end of the first month. You do not need to write your name on it.
8. Continue doing this in your life. This is not a diet; it is a lifestyle habit.
9. This activity will be repeated as indicated on wellness program schedule.

Helpful Hint: Eat the fruits and vegetables first when you're most hungry

Fruit and Vegetable Challenge Form

	Not healthy				*Very Healthy*
How healthy do you feel?	1	2	3	4	5

(answer this before starting challenge)

What is your current weight? _____ pounds

(optional; answer this before starting challenge)

How many servings of fruits and vegetables do you eat a day? _____

Sun	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**

At the end of the month, answer these questions and hand this form into committee members:

	Not healthy				*Very Healthy*
How healthy do you feel?	1	2	3	4	5

What is your current weight? (optional) _____ pounds

Weight loss (if applicable) _____lbs **Weight gain** (if applicable) _____lbs

How many servings of fruits and vegetables do you eat a day now? _____

Did your fruit and vegetable intake improve this month? _____yes _____no

What helpful hints to increase your fruit and vegetable consumption, did you use?

(ideas will be shared with fellow employees)

Committee Member Duties

1. Meet with wellness coordinator and administrator to determine if organization would like to present a recognition reward for the person who eats the most fruits and vegetables and/or the person who loses the most weight. Other ideas may be employed as you wish.
2. Make an announcement to staff about the fruit and vegetable challenge.

   Ideas: 15 minute all staff meetings

   Announcement with paychecks

   Signs on breakroom doors
3. Make copies of the 3-page fruit and vegetable challenge
4. Distribute fruit and vegetable challenge to employees at beginning of month
5. Collect forms at end of month
6. Compile data using form provided
7. Report data to staff: signs, memos, etc
8. Announce winners if applicable
9. Share helpful hints with employees: memo, posted sign, individual index cards taped on breakroom wall (be creative)

Data Collection Form

Calculate how many people answered each one.

How healthy do you feel? (before starting challenge)

Not healthy_____1 _____2 _____3 _____4 _____5 Very healthy

How healthy do you feel? (after completing challenge)

Not healthy_____1 _____2 _____3 _____4 _____5 Very healthy

# of people recording weight loss **# of people recording weight gain**

_____ _____

List individual weight loss in Space below

List individual weight gain in space below

Did your fruit and vegetable intake improve this month? _____yes _____no

(record total number of yes and no answers)

What helpful hints to increase your fruit and vegetable consumption did you use?

(write their comments here and attach paper if more space needed)

Healthy Potluck Dinner and Recipe Exchange

Month 4

Instruction Sheet for

Healthy Potluck Dinner and Recipe Exchange Plan

Cindy Janssen, OTR/L

Introduction:

This is a healthy potluck dinner for employees. The challenge is for employees to choose one of their favorite recipes and substitute healthy ingredients for the unhealthy ingredients. They will then place many copies of their recipe by their dish during the dinner so that other employees may be able to prepare this dish also.

Suggestions:

To Decrease Saturated Fat: Substitute low fat or fat-free ingredients such as: low fat sour cream for dips, olive oil instead of butter, low fat cream cheese for spreads, low fat cheese whiz instead of regular, applesauce instead of butter, use buffalo or turkey breast meat instead of ground beef, rinse and drain meat after browning, be creative.

To Decrease Transfatty Acids (related to development of diabetes, cancer, and heart disease): *Choose organic whole wheat crackers, choose ingredients that do not have hydrogenated or partially hydrogenated oils, choose butter before margarine.*

To Add Nutrition without loosing taste: *Add canned vegetables such as carrots to hotdish and crockpot foods such as chili. Add frozen (thawed and drained) spinach to pasta dishes such as lasagna, add diced tomatoes to nacho dip. Try to sneak vegetables into any kind of food that you can.*

To Decrease Salt Without Losing Flavor: *Rinse canned beans, use low salt ingredients, tomatoes, powdered onion, and celery add flavor without adding much sodium.*

To Reduce Simple Sugars (Carbohydrates): *Decrease sugar in recipe, substitute fruit, and use part or all sugar substitute.*

To Increase Complex Carbohydrates for extended energy without hunger: *Add ground flax seed to recipes such as muffins, apple crisp, and breads. Use oatmeal whenever possible.*

Procedure:

1. *Sign up for the type of dish you would like to bring*
2. *Provide a copy of your recipe to a committee member (names will be on sign-up sheet)*
3. *Prepare the dish and bring to potluck*
4. *Take a copy of any dish(es) you like*
5. *Get excited about* giving yourself *nutritional food, while limiting (not eliminating) saturated fats, transfatty acids, calories, salt, and simple carbohydrates*

Potluck Dinner and Recipe Exchange Committee Duties:

1. Arrange time and place for the potluck and recipe exchange.
2. Provide employees with copies of instruction sheet.
3. Add committee member names to sign-up sheet and have employees sign up for dish to bring for dinner.
4. Make potluck announcement signs and place them where employees will see them.
5. Choose a location/method to collect recipes.
6. Make copies of recipes and choose method of distribution.
7. Feel free to add your ideas to this plan or change them as you see fit.
8. This activity will be repeated on the last month (July) of the wellness program as a festive wellness program conclusion.

Stress Reduction

Month 5

Sharing Strategies for Stress Reduction

Introduction:

Many people exercise a variety of coping strategies to alleviate the negative effects stress has on physical and psychological wellness. Stress reduction strategies may include engagement in psychological, social, intellectual, physical, or spiritual activities that are meaningful to an individual. Sometimes the best resources of stress reduction strategies may be collected from peers or colleagues. Sharing ideas in peer to peer activity not only promotes learning, but also promotes social support networks which further reduces negative effects of stress (Sauter, et al., 2005).

Activity:

Participants will share their own personal strategies to reduce the negative effects of stress.

1. Write/describe your coping strategy on a recipe card
2. You do not have to sign your name on the card but may do so if you wish
3. Decorate the card if you wish with markers provided in breakroom
4. Tape your card on the wall in breakroom
5. Read the strategies other employees utilize to reduce stress as posted on the wall
6. Select 2-3 (or more) strategies to implement in your life
7. Implement the strategies into your routine

Committee Duties

(3 members)

1. Provide recipe cards, markers, and tape in the breakroom
2. Post instructions in breakroom
    a. Wall
    b. Make a simple table "tent" to place on tables in breakroom and/or throughout facility
    c. Other ideas are also welcome
3. Prepare an announcement of this wellness activity. Some suggestions are:
    a. mail with checks
    b. prepare/post announcement: you may do this as a poster by time clock or door to breakroom. You decide how you'd like to do this and what would be most effective.
    c Other ideas are welcome

Book Reading Activity

Month 6

Book Discussion Activity

Self-Empowerment

Introduction

Work is often the largest stressor in people's lives that often contributing to problems in physical and psychological health and well being (Colligan et al., 2005). Health care work in particular has been noted to be one of the most stressful jobs in the United States, (Service Employees International Union, 1997). Many factors contribute to work-related stress in health care. These factors may include: high work demand, low pay, impaired communication, and lack of resources. Most Americans are not prepared to cope with the stress associated with healthcare. Workers also experience stress in their personal lives that can impair overall sense of well being.

According to Colligan et al., (2005), challenges can energize workers whereas stress can produce harmful physical and emotional responses leading to poor health and injury. Since many of the demands of health care work are difficult to change, it is important to arm workers with helpful coping strategies to combat effects of personal and job-related stress.

Activity

This month will focus on *enabling* employees to be able to cope with stress. Employees can read 1 of 2 books or listen to audio versions of the books provided by the facility. The books are *7 Habits of Highly Effective People* (Covey, 2005) and *Who Moved My Cheese* (Johnson, 2005). Employees will check these out according to committee instructions.

After completion of the books, they may write thoughtful answers to discussion questions that will be posted in the break room. The committee will determine the date to post the questions. Employees may sign their name to their answer if they wish. Since it is difficult to join workers together regularly for a discussion group, it will be done on paper. This is a voluntary activity because enabling has to be a personal choice and meaningful to the person or else it is not effective (Law, Polatajko, Baptiste, and Townsend, 1997).

Committee Duties

1. Committee will meet with the administrator to determine how many books and tapes may be purchased.
2. Committee will order the books and tapes from vendor of their choice.
3. Committee will determine when to post the discussion questions.
4. Committee will write the discussion questions on very large blank posters in the break room, leaving enough space for employees to write their reflections for each question. They may decorate the poster if they wish.
5. Committee will conclude the activity and remove poster when they believe the activity is completed.
6. Committee will print answers to evaluation question and file in Wellness Program file for records.

Discussion Questions

(to be transcribed to posters in break room)

7 Habits of Highly Effective People

1. Which habit do you think will be the most helpful for you and how will this habit help you?
2. Briefly describe each habit for those who have not read the book.
   a. Habit 1
   b. Habit 2
   c. Habit 3
   d. Habit 4
   e. Habit 5
   f. Habit 6
   g. Habit 7

   (There is now an 8th habit but haven't seen it in stores yet. It suggests to Find Your Own Voice and Help Others Find Theirs.)

3. What did you enjoy the most about this book?
4. How can people incorporate these habits at work to promote a sense of community and support?

Who Moved My Cheese?

1. Describe the characters in the book as they deal with change

   Hem:

   Haw:

   Sniff:

   Scurry

2. Describe the moral of this story
3. Which character best describes you. Explain
4. Which message written on the wall as the book described meant the most to you. Explain
5. How will this book enable you to cope with the many changes involved in health care work?

Evaluation Question:

How much has this book reading activity enabled you to cope with life's stressors?

1	2	3	4	5
very little		**somewhat**		**very much**

Wear Your Attitude

Month 7

Wear Your Attitude/Jeans Day

Introduction

Many of the employees at this facility have now read and learned about 7 Habits of Highly Effective People (Covey, 1989). All 7 habits are grounded by habit 1, being proactive. Being proactive infers that one has the gift to be able to *choose* their attitude and/or reactions. This month's activity attempts to enable employees to choose, implement, and advertise proactive attitudes. The purpose is to promote spiritual and psychological wellness in the work environment. Participants may choose to implement components of this activity into their personal lives also. It will be incorporated into the *jeans day* activity that is already utilized in the facility in order to promote participation.

Activity

For this month, employees may wear jeans on Friday if they wear an *attitude* nametag as well as continue donating 1 dollar for a charity as they already do.

The attitude nametags and markers will be placed in a basket at the nurse's station by the donation container.

Employees may choose any proactive attitude from the list provided and write it on the nametag to wear that day.

Decorate the *attitude* nametag with markers.

Wear this attitude on your shirt and then demonstrate this attitude throughout the day or indefinitely.

You may exaggerate the attitude for fun as long as it's within expected work behavior parameters.

Committee Duties

(2-3 members)

1. Obtain sticky-back nametags.
2. Prepare and place instruction sheet, nametags, and markers at nurse's station. by donation container.
3. Do this every Friday for this month.
4. Put items away at end of day.
5. You may, as a committee, decide to this everyday of the month or more.
6. Feel free to be creative in your implementation.

Substance Abuse

Month 8

Substance Abuse

Introduction

Alcohol and drug misuse is a major societal concern because it affects personal and work lives. National statistics indicate that 13.8 million people in the U.S. present problems associated with drinking (www.alcoholismstatistics.com/facts.php, 2005). The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention has been promoting work site substance misuse programs because of the high incidence of substance abuse (Lapham, Gregory, and McMillan, 2003). Some organizations offer Employee Assistance Programs but little evidence is reported on utilization of these programs. Psychological well-being is impaired when there is an issue of substance abuse. Many employees may have or know someone with a drinking problem and would like resources for this, however, may be afraid to ask for help. For this reason, education on substance abuse will be incorporated into this wellness program.

Activity

Since alcoholism is often a difficult subject for people to talk about, this activity will be introduced in a more private manner. This wellness program provides a variety of pamphlets on substance abuse. This committee will provide these pamphlets to all employees in the SNF. The committee and administration also has the option of organizing a guest speaker on substance abuse.

Committee Duties

(3 members)

1. Committee will arrange a system to distribute the pamphlets.
2. Committee may be respectfully creative with the distribution. It may be helpful to purchase or make a pamphlet holder in the break room so that the pamphlets are readily available at all times indefinitely.
3. Meet with wellness program coordinator/in-service director to determine possible times, dates, and place for the substance abuse presentation.
4. Contact the presenter (Cindy Janssen, OTR/L, wellness program developer) to establish time and date for the presentation.
5. Announce time and place for the presentation to staff
   a. posters
   b. mailings
   c. other
6. On the day of the presentation, set up overhead projector and announce the presentation on the intercom.

Medical Self-Care

Month 9

Medical Self-Care Activity

Introduction:

Because people experience a wide variety of common medical conditions, it is important to do an activity that provides education on a most of these conditions. This activity will provide resources that employees may easily access. There are 2 best selling books that provide information on a wide variety of conditions, including physical and psychosocial problems. These 2 books are: *Prescription for Nutritional Healing* (Balch and Balch, 2000) and *Nutrition Almanac* (Kirschmann & Kirschmann, 1996). The first book provides descriptions of a wide variety of conditions with suggestions for ways to manage the conditions. The second book also does this to a lesser extent but additionally provides information for food composition, describing amounts of calories, fat, protein, vitamins, minerals, and amino acids in each individual food. Additionally, there are pamphlets available through this wellness program on smoking cessation. Employees will be able to access these also.

Powel's (2003) research indicated that use of a medical self-care program may decrease medical costs by $55/year in MD office visits and by $360/year in ER visits per household. When multiplying this by total number of SNF employee households, a profound savings in medical costs may be noted when employees have better knowledge about what they can do for certain medical conditions.

*Having access to these resources listed above provides employees with an avenue to take control of their health and well-being.

*It is important to note that this self-care program should not replace medical help in individual and more critical situations. If employees are not well, they should see a medical doctor.

Activity:

Employees may access these books in designated areas. They may read them and take notes as they wish. The committee will decide how to make these books available to employees. Pamphlets on smoking cessation will also be made available.

Committee Duties

1. Committee will access the 2 books from vendors of their choice and find out the cost.
2. Committee will meet with administrator to determine how many of each book may be purchased.
3. Committee will purchase books after obtaining permission from administrator and coordinating purchase with business office manager.
4. Committee will obtain smoking cessation pamphlets from staff education director and place these in strategic locations near time clock, breakroom, or another location in which employees can pick these up privately.
5. Committee will determine method to communicate with employees about availability of these books and pamphlets as well as where they can locate them in the facility. This may include a check-out system for the books and/or placement in the break room and/or lounges. It is suggested that at least 2 of each be available in strategic locations and 2 of each be available through a check-out system. The pamphlets may be given to employees at no cost.
6. This activity will initiate during designated month but may continue indefinitely for employees.

Exercise Challenge

(repeated)

Month 10

Exercise Challenge

Introduction

The Minnesota Department of Health (2005) is sponsoring fitness through the Do.campaign. MDH suggests that moving 10 minutes, 3 times a day can significantly improve your health and well-being.

The U.S. Department of Health and Human Services (2005) suggests that housework requiring moderate exertion can burn up to 300 calories an hour.

It is possible to get your exercise in the form of everyday meaningful activities.

Some suggestions include: walking to work, parking far away at shopping centers, taking the stairs, carrying groceries instead of using a cart, walking the dog (15 minutes at a moderate pace equals about 1 mile), doing toning activities, biking, vacuuming, etc.

Challenge Description

For this month, you will challenge yourself to do activities that require moderate exertion for at least 10 minutes, 3 times a day.

You may record 1 point for every 10 minutes that you move at a moderate level of exertion.

You will know you working at a moderate level if your breathing is faster than normal and you can talk short sentences with minimal difficulty.

Prior to starting the challenge, answer the questions on the top of the page provided.

On the graph provided record total points for each day and list activities throughout the entire month.

After completion, answer the questions on the bottom of the page provided.

Exercise Challenge Record

	Not healthy				*Very healthy*
How healthy do you feel?	1	2	3	4	5

(answer this before starting the challenge)

What is your current weight? _____lbs

(optional: answer this before starting challenge)

How many days a week do you exercise? 1 2 3 4 5 5 7

Sun	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**

At the end of the month, answer these questions and hand this form into committee members.

	Not healthy				*Very healthy*
How healthy do you feel?	1	2	3	4	5

What is your current weight? _____**lbs**

(optional)

Weight Loss (if applicable) _____**lbs** **Weight gain** (if applicable)_____**lbs**

How many days a week did you exercise this month?	**1**	**2**	**3**	**4**	**5**	**6**	**7**

Committee Duties

(4-6 members)

Meet with wellness coordinator and administrator to determine if organization would like to present a recognition reward for the person who exercises the most and/or the person who loses the most weight. Other ideas may be employed as you wish.

Make an announcement to staff about the fruit and vegetable challenge.

Make copies of the 2-page exercise challenge

Distribute the challenge handouts to employees at the beginning of the month.

Collect forms at the end of the month (committee to determine method)

Compile data using form provided

Report data to staff: signs, memos, etc

Announce winners if applicable

This program will be repeated as indicated on wellness program schedule

Data Collection Form

Calculate how many people answered each one.

How healthy do you feel? **(before starting challenge)**

Not healthy_____1 _____2 _____3 _____4 _____5 Very healthy

How many days a week do you exercise? (before starting challenge)

_____1 _____2 _____3 _____4 _____5 _____6 _____7

How healthy do you feel? (after completing challenge)

Not healthy_____1 _____2 _____3 _____4 _____5 Very healthy

How many days a week do you exercise? (after completing the challenge)

_____1 _____2 _____3 _____4 _____5 _____6 _____7

# of people recording weight loss **# of people recording weight gain**

_____lbs **_____lbs**

List individual weight loss in Space below	List individual weight gain in space below

Nutrition Challenge

(repeated)

Month 11

Fruit and Vegetable Challenge

5 A Day for Better Health

Background and Purpose:

5 A Day for Better Health is the most widely recognized nutrition slogan in the world (National Cancer Institute, 2005). National organizations that have joined together to promote health by adopting this slogan include: the National Cancer Institute (NCI), the Produce for Better Health Foundation (PBH), the Centers for Disease Prevention and Control (CDC), the United States Department of Agriculture (USDA), the United Fresh Fruit and Vegetable Association, Produce Marketing Association (PMA), Dole Food Co., Inc., American Cancer Society, the National Alliance for Nutrition and Activity (NANA), and state health promotion programs (Minnesota Department of Health, 2005). The World Health Organization (WHO) has also adopted this slogan to promote health throughout the world (World Health Organization, 2005).

The reason so many organizations are promoting fruits and vegetables is because they have a major impact on reduction of disease and illness (World Health Organization, 2005). The WHO also reported that modest increases in fruit and vegetable intake and exercise can significantly reduce chronic disease such as cancer, heart disease, strokes, and diabetes.

The Minnesota Department of Health (2005) reported that the leading cause of death in Minnesota is now cancer, with heart disease listed as the second leading cause of death.

Why are fruits and vegetables so good for us?

They are loaded with ***antioxidants.***

What are antioxidants?

These are substances such as vitamins, minerals, carotenoids, phytochemicals, and polyphenols that remove disease-causing molecules from the body (Kirschmann and Kirschmann, 1996). Antioxidants prevent diseases such as cancer and heart disease (Balch and Balch, 2000).

The Challenge

*Try to eat more than 5 servings of fruits and vegetables a day

*Obtain a fruit and vegetable challenge form from committee members

*Record each serving of fruits and vegetables a day on the form provided

*Measure and record your feeling of wellness before you start and again at the end of the month.

*Be sure to also eat:

*Protein low in saturated fat (salmon, fish, chicken, etc)

*Essential oils: olive oil, flax seed oil (grind up flax and put on oatmeal)

*Complex Carbohydrates: oatmeal, whole grain bread

*If you wish to lose weight by doing this challenge, record your weight at the beginning of the month and again at the end of the month on the form.

*Hand in your completed fruit and vegetable form to committee members at the end of the first month. You do not need to write your name on it.

*Continue doing this in your life. This is not a diet; it is a lifestyle habit.

*This activity will be repeated as indicated on wellness program schedule.

Helpful Hint: Eat the fruits and vegetables first when you're most hungry

Fruit and Vegetable Challenge Form

	Not healthy				*Very Healthy*
How healthy do you feel?	1	2	3	4	5

(answer this before starting challenge)

What is your current weight? _____ pounds

(optional; answer this before starting challenge)

How many servings of fruits and vegetables do you eat a day? _____

Sun	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**

At the end of the month, answer these questions and hand this form into committee members:

	Not healthy				*Very Healthy*
How healthy do you feel?	1	2	3	4	5

What is your current weight? (optional) _____ pounds

Weight loss (if applicable) _____lbs **Weight gain** (if applicable) _____lbs

How many servings of fruits and vegetables do you eat a day now? _____

Did your fruit and vegetable intake improve this month? _____yes _____no

What helpful hints to increase your fruit and vegetable consumption, did you use?

(ideas will be shared with fellow employees)

Committee Member Duties

*Meet with wellness coordinator and administrator to determine if organization would like to present a recognition reward for the person who eats the most fruits and vegetables and/or the person who loses the most weight. Other ideas may be employed as you wish.

*Make an announcement to staff about the fruit and vegetable challenge.

Ideas: 15 minute all staff meetings

Announcement with paychecks

Signs on breakroom doors

*Make copies of the 3-page fruit and vegetable challenge

*Distribute fruit and vegetable challenge to employees at beginning of month

*Collect forms at end of month

*Compile data using form provided

*Report data to staff: signs, memos, etc

*Announce winners if applicable

*Share helpful hints with employees: memo, posted sign, individual index cards taped on breakroom wall (be creative)

Data Collection Form

Calculate how many people answered each one.

How healthy do you feel? (before starting challenge)

Not healthy_____1 _____2 _____3 _____4 _____5 Very healthy

How healthy do you feel? (after completing challenge)

Not healthy_____1 _____2 _____3 _____4 _____5 Very healthy

# of people recording weight loss **# of people recording weight gain**

_____ _____

List individual weight loss in Space below

List individual weight gain in space below

Did your fruit and vegetable intake improve this month? _____yes _____no

(record total number of yes and no answers)

What helpful hints to increase your fruit and vegetable consumption did you use?

(write their comments here and attach paper if more space needed)

Final Wellness Program Activity:

Sharing Wellness Outcomes

And

Healthy Potluck Dinner

Month 12

Sharing Wellness Outcomes and Health Potluck Dinner

Introduction:

When individuals gain new skills and experience improvements in their lives, it helps to reinforce these skills and improvements by acknowledging them to others in a fun, social setting such as a potluck dinner.

Activity:

Employees will participate again in a healthy potluck dinner and recipe exchange but will additionally share which wellness program activity over the past year has been of most value to them individually and then describe how it helped them. This will be written separate recipe cards and then posted on the wall in the break room or as indicated by committee. They may choose if they want to sign their name or not.

Committee Duties

1. Committee will follow instructions in the same manner for the first potluck dinner and recipe exchange.
2. Committee will determine method of sharing favorite wellness activity and how it helped them individually.

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CHAPTER V

SUMMARY

The purpose of this program is to promote wellness in SNF employees through integration of a holistic approach including both physical and psychosocial aspects of wellness. The program will be implemented over the course of one year with different activities offered each month. The wellness program originated from a thorough literature review, which collected data from wellness programs that have been implemented and from reputable organizations cited earlier in this project. This provided guidance toward wellness programming strategies that would promote positive wellness outcomes in SNF employees who participate in this program. The unique component of this wellness program is that it is designed to be employee-operated. This allows employees to become more invested in the wellness activities because they have ownership of the activities. It also promotes teamwork since implementation is dependent on committee work. Finally, sharing of responsibility among many staff members assures that implementation is not overly taxing in one area of finances or for individual staff.

This wellness program has some significant limitations that are noteworthy. First, an employee health risk assessment is not included at this time due to restrictions identified by the Institutional Review Board (IRB) at the University of North Dakota

indicating that researchers need IRB training in order to conduct research. This author will complete IRB training and will add a health risk assessment to this program prior to implementation proposed in August of 2006.

Another limitation is the lack of complete outcomes measurement. Currently the program has minimal outcomes measurements within the context of some, but not all, activities to provide improvement validation to SNF employees and administrators. A comprehensive outcomes measurement system will be developed and included in this program prior to implementation.

Implementation of the wellness program is planned to start at the Good Samaritan Nursing Center (GSNC) in Warren, MN in August 2006. Arrangements for this have started in communication with administrative personnel from the GSNC. August 2006 was selected because this is when GSNC has their annual all-staff training at which time 2 days are scheduled for all staff to meet for education and announcements. This is an opportune time to inform staff about this wellness program and complete the all-staff back safety training.

It is concluded that this wellness program will be a benefit to employees of an SNF by promoting a holistic approach to wellness, addressing a variety of wellness issues. It is designed to be easily implemented through sharing of responsibility among employees.

Future recommendations are for inclusion of a health risk assessment and a system for outcomes measurement. This author plans to explore avenues for grant approval to support implementation of this wellness program with funds allocated for tangible incentives as described by Chapman (2005). It is recommended that SNF

administrative personnel read Chapman's (2005) article to generate ideas for incentives that are meaningful to their employees. Once all proposed recommendations are in place, it would be valuable for this author to complete IRB approval, then research on efficacy of this wellness program followed by national publication.

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