“We changed our diet[s] permanently!”

A Qualitative Evaluation of the *Maryland Works* Worksite Wellness Program

Natasha A. Brown, MPH, PHASE Intern

Ann Walsh, MHS, CHES, PHASE Preceptor

May 16, 2008

Presentation Outline

- Worksite Wellness & *Maryland Works*
- Targeted Worksites & Wellness Programs
- Methods
- Results
- Limitations
- Conclusions & Discussion

Why worksite wellness?

- Obesity impact
  - 61% of Maryland adults are overweight or obese
  - $1.5 of medical expenses in the state are obesity related
- Worksites may be a venue for reaching a large segment of Maryland adults
- Surgeon General's report calls for multilevel approach
  - Social Ecological Model
  - Workplace is a target site

What is *Maryland Works*?

- CDC & Maryland Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases (NPAO)
- Grant for worksite interventions to prevent obesity and chronic disease
- Local health departments (LHDs) use evidence- and practice-based programs
  - Healthy eating
  - Physical activity
- Received by 7 LHDs in Maryland
  - 2 worksites per county

Washington & Kent County Worksites

- Washington County Health Department (WCHD)
  - 321 employees
  - 80% primarily sit or stand
  - 32% participate in physical activity or consume fruits 2-3 times/week
- Hub Labels
  - 136 employees
  - 50% primarily sit or stand
  - 26% participate in physical activity or consume fruits 2-3 times/week
- Kent County Health Department (KCHD)
  - 114 employees
  - 78% do not engage in regular physical activity
  - 61% do not eat 5 servings/day of fruits and vegetables
- Kent County Public Schools (KCPS)
  - 380 employees
  - 64% do not engage in regular physical activity
  - 87% do not eat 5 servings/day of fruits and vegetables

Active for Life & Take Action!

- Active for Life
  - 10 weeks
  - Stages of change model
  - Focuses on physical activity
- Take Action!
  - 10 weeks
  - Stages of change model
  - Focuses on physical activity AND fruit & vegetable intake
  - Incentive-based

Methods

Approach

- Qualitative approach to improve understanding of the “why” and “how” of the programs’ impact
- Employees asked to complete open-ended questionnaires
  - Electronic or handwritten responses accepted

Data Sources

- Participating employees
  - Tracking fruit & vegetable intake
  - Eating patterns (i.e. vending machines, restaurants)
  - Individual goal achievement
  - Program completion
- Team leaders
  - Challenges & benefits
  - Suggestions for improvement

Data Sources (cont.)

- Nonparticipating employees
  - Decision to not participate
  - Influence of participating coworkers
  - Contemplation of future participation
- Key informants
  - Observation of improved team-building skills, employee morale
  - Appropriateness of program for employees
  - Goodness of fit between program and existing company policies

Results

Questionnaire Respondents

- 42 Respondents

	HL	WCHD	KCPS	KCHD
Employees	0	1	17	21
Key Informants	1	1	0	1
Total	**1**	**2**	**17**	**22**

General Program Feedback

- Most enjoyable aspect of the program
  - Increased awareness of FV intake & healthy food options
  - Appreciation
    - Structured program
    - Incentives
    - Management's interest in employee health
- Least enjoyable aspects of the program
  - "Paperwork" required to track FV intake
  - Duration of the program
  - Lack of information regarding some program components

"It was fun to see people compete with each other. Some employees who never ate fruits and vegetables started as a result of this program. I liked that the principals supported it."

Tracking Fruit & Vegetable Servings

- Perceived as a useful activity
  - Allowed employees to see their progress
  - Increased awareness of dietary practices
  - Provided motivation
    - Teamwork
    - Friendly competition
- But…
  - Time requirements
  - Sometimes forgot to track FV servings
  - Confusion in determining serving sizes & amounts

Goal Promoters & Inhibitors

- Promoters
  - Teamwork & competition
  - Informational handouts
  - Daily FV tracking
- Inhibitors
  - Personal sickness
  - Time of year
  - Work responsibilities
  - Previous dietary habits

"It made me really aware of what I was eating, and although I didn't reach my goal I still did better than when I started. So that's good right?"

The Team Leader Experience

- Enjoyable aspects
  - Able to meet & interact with other employees
- Challenges
  - Additional responsibility
  - Keeping participants motivated
  - Making contact to collect forms

KCHD & Hub Labels Key Informant Perspectives

- Positively influenced team-building skills and morale
- Complemented existing wellness policies

"Employees like to work at a company they perceive as progressive. It increases the pride they have in their job and their company… Employees enjoy having activities that break the monotony that work can be and they feel good about completing a challenge that is good for their health."

Limitations

- Collecting stories long distance and via questionnaires
  - Journaling, focus groups, and/or interviews may yield better results
- Administrative decisions and changes in Washington County
- Lack of quality data from nonparticipating employees

Conclusions

- Behavior change through stages of change model is not always progressive
- Future efforts may be more effective if focused is placed beyond individual behavior change
  - Wellness policy development, implementation and maintenance
  - Structural changes to promote healthy eating and physical activity

Discussion

- *Take Action!* was well-received by and beneficial to participating employees at KCPS and KCHD

"It was good to see what I was eating. I have started making changes when I go shopping, and my daughters started eating more vegetables at dinner."

- Potential to reach other individuals in the community

"I think you should offer this program to the guys at Brambles. They are really overweight and need some advice on eating better! It would be neat if this was a county competition. Just a thought…"

References

American Cancer Society. (2004). *Activity for Life Worksite Physical Activity Program: Program Manual*. Atlanta, GA: American Cancer Society.

Bunton, R., Baldwin, S., Flynn, D., & Whitelaw, S. (2000). The 'Stages of Change' Model in Health Promotion: Science and Ideology. *Critical Public Health, 10*(1), 55-70.

California 5 a Day Campaign. (2005). *Take Action! Choose Fruits, Vegetables, and Physical Activity for a Productive Workforce*. Sacramento, CA: California Department of Public Health.

Centers for Disease Control and Prevention. (2006). *Behavioral Risk Factor Surveillance System Survey Data*. Retrieved November 14, 2007 from http://apps.nccd.cdc.gov/brfss/display.asp?cat=OB&yr=2006&qkey=4409&state=MD. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

Centers for Disease Control and Prevention. (2007). *Overweight and Obesity: State-Based Programs: Social-Ecological Model*. Retrieved November 14, 2007 from http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm. Atlanta, GA: U.S. Department of Health and Human Service, Centers for Disease Control and Prevention.

Fredriksson, L., & Eriksson, K. (2001). The Patient's Narrative of Suffering: A Path to Health? *Scandinavian Journal of Caring Sciences, 15*(1), 3-11.

Green, B.B., Cheadle, A., Pellegrini, A.S., & Harris, J.R. (2007). Active for Life: A work-based physical activity program. *Preventing Chronic Disease: Public Health Research, Practice, and Policy, 4*(3), 1-7.

Hinyard, L.J., & Kreuter, M.W. (2007). Using Narrative Communication as a Tool for Health Behavior Change: A Conceptual, Theoretical, and Empirical Overview. *Health Education & Behavior, 34*(5), 777-792.

National Cancer Institute. (2005). *Theory At A Glance: A Guide For Health Promotion Practice* (2nd ed., NIH Publication No. 05-3896). Washington, DC: U.S. Department of Health and Human Services.

Maryland Department of Health and Mental Hygiene. (2006). *Maryland Nutrition and Physical Activity Plan, 2006-2016*. Baltimore, MD: Maryland Department of Health and Mental Hygiene.

McLeroy, K.R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An Ecological Perspective on Health Promotion Programs. *Health Education Quarterly, 15*(4), 351-377.

Overcash, J.A. (2003). Narrative Research: A Review of Methodology and Relevance to Clinical Practice. *Critical Reviews in Ocology/Hematology, 48*(2), 179-184.

Riemsma, R.P., Pattenden, J., Bridle, C., Sowden, A.J., Mather, L., Watt, I.S., et al. (2002). A Systematic Review of the Effectiveness of Interventions Based on a Stages-of-Change Approach to Promote Individual Behaviour Change. *Health Technology Assessment, 6*(24).

Spencer, L., Adams, T.B., Malone, S., Roy, L., & Yost, E. (2006). Applying the Transtheoretical Model to Exercise: A Systematic and Comprehensive Review of Literature. *Health Promotion Practice, 7*(4), 1-16.

U.S. Department of Health and Human Services. (2001). *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General.

Thank You