

**UW SCHOOL OF MEDICINE AND PUBLIC HEALTH
OVERSIGHT AND ADVISORY COMMITTEE
WISCONSIN PARTNERSHIP PROGRAM
FINAL REPORT FORM – IMPLEMENTATION GRANT**

I. GRANTEE AND PROJECT INFORMATION

GRANTEE

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PROJECT

Project Title: <u>Strong Rural Communities Initiative</u>			
Project Start	Project End	Total Grant	
Date: <u>3-1-2007</u>	Date: <u>2-28-2009</u>	Award:	<u>\$150,002</u>
Total WI Partnership Program Grant Expenditures – Inception to Date** (A):			<u>\$148,601</u>
Total Amount of Match (cash or in-kind) – Inception to Date** (B):			<u>\$63,960</u>
Total Amount of Project Costs – Inception to Date** (A+B above):			<u>\$212,561</u>

** Provide details on the Final Financial Status Report (FSR)

II. PROJECT DESCRIPTION AND SUMMARY

PLEASE PROVIDE A CONCISE SUMMARY USING LAY TERMINOLOGY DESCRIBING THE FUNDED PROJECT AND THE RESULTS. (We will use this section to report to the public)

The goal of the Strong Rural Communities Initiative (SRCI) was to provide resources to three community coalitions to implement worksite and community wellness programs. The increasing cost of health insurance has many employers concerned about finding methods to reduce these costs. One proven method is employee wellness programming. The three projects (Hayward Area Memorial Hospital's More Energy/Energy at Work in Sawyer County, Black River Memorial Hospital's (BRMH) proACTIVE Wellness Initiative (pAWI) in Jackson County and Sauk Prairie Memorial Hospital's Fitness Improvement Teamwork (FIT) in Sauk County) all successfully engaged local employers, both public and private sector, in implementing worksite programs. On site programs are an effective method of involving employees in improving their health. Participating employees had pre- and post-program health risk assessments; these served the purpose of identifying any acute health problems and also established benchmarks to determine individual and program successes. In general, participants in programs across all worksites and communities showed evidence of improved health over the course of the program, including weight loss, smoking cessation and decreased blood pressure. Worksite program activities included healthy shopping and nutrition discussions, exercise demonstrations and smoking cessation presentations. In each community employers involved in the program became an important part of the program coalition. The three coalitions were also successful in expanding their programs, in different forms, to the larger community. Perhaps the most important lesson of the project has been that success breeds success. Each community experienced some reluctance from employers at the beginning of the project period; by the end of the project, employers were approaching the coalitions asking to participate.

Some program highlights include:

- Over 300 employees participated in worksite programs in the three communities
- The *Healthy Taste of Jackson County*, a community wellness project, attracts over 400 community members
- The UW Center for Health Systems Research and Analysis completed an evaluation of the community collaborative process
- All three hospitals will continue their programs after the formal end of the SRCI project
- Program participants contributed to a peer reviewed chapter for a book on community-based research, to be published March 2010

Probably the greatest challenges were staff turnover (at both the hospitals and key coalition partners) and the economy; several employers indicated they would not be able to continue wellness programs on their own because of cost.

1. Describe the project, summary of objectives and the significance, results or outcomes of the project.

The Strong Rural Communities Initiative grew out of a pilot program supported by the Rural Health Development Council (RHDC) and funded by the Office of Rural Health in 2006. Worksite wellness and the connection between health outcomes and economic development is a primary interest of the RHDC and SRCI was an opportunity to develop wellness models that could be replicated throughout the State in rural communities. The emphasis was to be on small employers, those that didn't have the financial or technical resources to develop and implement programs on their own. The RHDC created the SRCI Steering Committee, composed of community, academic, health care and economic development representatives to guide the program. The UW School of Medicine and Public Health secured funding for three community projects in the western part of the state and the Medical College of Wisconsin secured funding for an additional three communities.

Project objectives are described below in section III, along with discussion of their outcomes. Below are summaries of each of the three community projects.

Hayward Area Memorial Hospital; More Energy/Energy at Work in Sawyer County

Sawyer County's project has two parts, More Energy and Energy at Work, and a goal of building a coalition with several sectors in the community to expand on a highly successful healthcare campus program for the prevention and control of chronic disease (More Energy). Sawyer County, according to *Wisconsin County Health Ranking* ranks 67th out of 72 counties for health outcomes. The county population of 16,975 includes the Lac Courte Oreilles band of Ojibwa and has an economy based on tourism and forest products.

Energy at Work educated employees and employers on wellness and prevention and how lifestyles impact their health and that of their families. Energy at Work formed a successful coalition between Hayward Area Memorial Hospital, Sawyer County Public Health Department, the medical community, and local employers to provide a free worksite wellness programs to encourage employees and their families to adapt and maintain a healthy lifestyle. This was achieved through on site programs that included a cardiac risk profile, safe workout tips, education on proper nutrition, and baseline and follow-up assessments; heart disease, diabetes and obesity prevention; strategies for behavior modifications and on going support and encouragement. The goal was to recruit a total of six work sites; this was accomplished. The worksite programs were conducted by the coordinator (a registered nurse from Hayward Area Memorial Hospital) and a public health nurse (Sawyer County Health Department) with professional guest speakers from areas of health (physical and mental), nutrition, exercise, and finance. The tools used were pre- and post- questionnaires, Tanita Innerscan (body composition) monitor, pedometers, Dartmouth COOP (Primary Care Cooperative Information Project) (mental health) questionnaire, and direct interviews. Sessions were held on site with a guest speaker and materials for a 60 to 90 minute session each week. To help modify behaviors they also had a weekly non-threatening challenge with rewards. Challenges corresponded with the speaker topics. Results seen were healthier snacks in vending machines, employees drinking more water and walking on their lunch breaks, fresh fruits at company meetings and in lunch rooms. Two of

the employers (Hayward Area Memorial Hospital and Nursing Home and Duluth- Clinic, Hayward) plan to continue their wellness programs. The other employers who participated are not continuing formal wellness programs at this time because of the economy and financial concerns but are encouraging their employees to maintain physical activity and healthy food choices.

More Energy is a continuation of a successful community wellness program. It is based on physician referrals and is a medically supervised exercise and education program for patients with chronic health problems. It was implemented in collaboration with The Duluth Clinic-Hayward and Hayward Area Memorial Hospital for cardiac patients, but was expanded under SRCI to encompass additional chronic conditions. Due to its success, a registered nurse-coordinator was hired and additional late afternoon and evening classes were made available, resulting in an increase of 30 participants. The program shares the hospital's physical therapy room and equipment. Participants work at their own speed and ability, blood pressures and heart rates are taken before and after a session, educational materials are available and healthy recipes and tips are exchanged. Evaluation tools used are The Dartmouth COOP Wellness Tool, BMI's, and weigh in every three months. Blood sugar monitoring is also provided at participant's request. Results have reinforced evidence-based information on exercise and quality of life. Participants continually remark on how the program has changed their life; cholesterol levels, and A1C's have decreased, weights and BMIs have stayed the same or decreased, and they develop a strong social peer network which has helped with depression. As of the end of the SRCI program, Hayward Memorial Hospital has assumed operation of More Energy and runs five time slots, four days a week with a current enrollment of 66 clients. The program charges a small monthly fee with a limited amount of scholarship monies available from the Hospital. Hayward Hospital has committed to keeping the program running and has taken on the financial responsibilities.

Black River Memorial Hospital's (BRMH) proACTIVE Wellness Initiative (pAWI) in Jackson County

The proACTIVE Wellness Initiative (pAWI) was formed in the fall of 2005 and began its formal organization in March 2006. Since that time, the initiative has worked with seven different business populations in Jackson County. The programs and processes were established and piloted with strong support and success. Positive changes in many of the participants' health status have generated further interest from other area businesses.

To introduce the program to the community and elicit employee participation, program staff held meetings at the onset of programming, presenting the opportunity as a "pilot program" to help determine the future of wellness programming and noting the following goals of the project:

- 1) Reduce disease by identifying health problems;
- 2) Provide educational and instructional information to enhance health and reduce development of disease;
- 3) Provide motivational support and encourage behaviors that improve health and wellness indicators; and

- 4) Allow employees time to invest in their health - and make it fun and sustainable.

Wellness surveys were completed by interested employees at these introductory meetings (or at the time of the Health Risk Assessments (HRA) if employee selection was not necessary), and based on their responses, an array of individuals were randomly selected to make up the 25-30 budgeted by the grant. These surveys were instrumental in determining health indicators and habits of interested employees as they related to current nutritional habits, physical activity and other components that affect their wellness. Following selection of participants, program staff conducted HRAs. These HRA's included a complete Health Risk Screening Exam, measuring weight, body composition/body mass index, body temperature, blood pressure, pulse, respiratory rate, and drawing of blood for Total Cholesterol, Triglycerides, Glucose, Nicotine, GGT, and Chemistry Panel with a number of kidney and liver enzyme tests. There was also a Health and Wellness Evaluation conducted by the Business Health Nurse to review and evaluate Health History (personal, family, medications, and allergies) and to perform an overview of body systems. Shortly after the HRAs, private consultations were held with each participant, discussing results, concerns, and setting realistic goals to overcome any noted deficiencies or high risk areas. Referrals to a primary care physician were issued to individuals when certain high-risk conditions were noted or there were other warning signs of health issues. As an "extra credit option," they also completed a 3-day food diary. This testing process was strictly confidential; the employer was not given any individual results. If requested, results were forwarded to the participant's medical provider. The HRA summary report gave each participant a score based on the results of their laboratory tests and biometric measurements. The better the results, the higher the score was out of a possible 100. According to research from Healics[®] (the HRA processor and evaluator) for each point increase, there results a 1.8% savings in healthcare costs. The participating business received an aggregate summary report.

Upon signing a commitment to the proACTIVE Wellness Initiative along with a Consent to Participate waiver, 8-10 weekly programming sessions were scheduled, held at the worksite on work time. These sessions lasted 45-60 minutes and covered a wide range of topics including:

- Nutrition: Reading Labels and Understanding Portions
- Healthy Cooking/Grilling
- Exercise and You
- Hazards of Tobacco: Quitting for Life/Sleep Deprivation
- Dealing with Depression
- Complimentary Alternative Medicine

Participants were assigned challenges to complete as a review of the material presented in class. Throughout the process, the Business Health Nurse offered motivational interviewing during coaching sessions to all of the participants. The coaching sessions were designed to encourage the participant to stay on track with the goals set at the initial consultation as well as discuss any health concerns, barriers and successes. During these sessions, participants often discussed personal stresses and the nurse frequently had to encourage participants to seek counsel through their Employee Assistance Programs or other resources. Participants also competed in a team competition called Power-Up. This competition has a weight loss track, an activity track and a track that encompasses both. Incentives, such as fitness equipment, "Chamber Bucks", food scales, grilling utensils,

massages, fitness memberships and water bottles, were provided throughout programming and challenges.

Follow-up health risk assessments and wellness surveys were repeated approximately 4-6 months after the onset of the program to assess progress. In January 2009, a Final Evaluation was provided to all participants with a respectable response. 107 out of 186 participants returned these surveys (58%). The overall average score representing how important the respondents thought the program was in helping them make a desired health behavior change was 3.5 out of 4. When asked to indicate the areas of behavioral change(s) that have occurred since programming began 0-2 years ago, most changes were made in the areas of fitness – 68.2% and nutrition – 67%, with stress management and tobacco use noting insignificant changes. When asked how motivated they were to maintain their desired health behavior change, 52 (49%) noted they were most of the time.

The immediate objective of the proACTIVE Wellness Initiative was to collaborate with health agencies and employers to design and implement worksite wellness programs. Expected outcomes included modifying poor nutritional and fitness habits and encouraging early detection and reduction of preventable chronic lifestyle related problems. Addressing behavioral changes was vital and the positive influence on spouses, family members, co-worker, and students was a secondary benefit. (see Attachment 1 for detailed information on each worksite program)

Each business had participants that were considered “catches” - that is, anyone falling into high risk areas - and some became “success stories” because of intervention, motivational support, and changes in behavior. One participant was made aware of an extremely high glucose level in the first HRA and after establishing a medical provider, being put on medication and losing 17 pounds, the glucose level was decreased to within the moderate level and the Healics[®] score increased by 40 points at the follow-up HRA. Another participant lost seventeen pounds which had a tremendous impact on triglycerides and total cholesterol and increased the Healics[®] score by 22 points. And yet another decreased their cholesterol from 207 to 146 and triglycerides from 116 to 68. Many participants lost a substantial amount of weight. These “case studies” have made for some influential testimonials.

pAWI ended the SRCI program with a final eight-week challenge among businesses. This challenge was designed with employer input to provide some friendly competition between participating businesses and to promote health and wellness within their facilities. This challenge encompasses four key elements of wellness: nutrition, physical activity, prevention, and stress management. Each participant had to complete activities under each section to earn points. Participants were then entered into a prize drawing based on the amount of points that they earn. Forty nine employees from all participating businesses signed up to take part in this challenge. Their average HRA pre- score was 60 and their post- scores was 67, a significant improvement. (see Attachment 1a for business competition description)

A truly successful program in the entire SRCI project was the *Healthy Taste of Jackson County* events. The third annual event was held in March 2009. This event had been held at the end of each grant year since 2006 and served as the awards ceremony for pAWI participants. Prizes were awarded for perfect attendance, most amount of challenges completed, and to the Power Up Team competition winners in both weight loss and activity categories. Each year, pAWI has partnered with the Jackson County Health Alliance for these events. In 2007 this event drew 350 attendees;

2008 saw a jump to 450 attendees; 2009, 400. In 2009 seven area food vendors supplied a wide array of healthy food samples. Local businesses helped support the event by providing door prizes, donations, and advanced tickets sales for their employees. As in the past, many low income or disadvantaged individuals and families were provided free food tickets. Attendees also were able to view an educational presentation by BRMH's nutritionist on "Make Eating Out Magically Nutritious" in conjunction with entertainment by a magician.

Sauk Prairie Memorial Hospital's Fitness Improvement Teamwork (FIT) in Sauk County

The Sauk County FIT Coalition met on a quarterly basis during the SRCI project as an advisory group for the FIT program. The coalition had county wide representation, including Sauk Prairie Memorial Hospital, the Public Health Department, Sauk Prairie Police, Villages of Sauk Prairie and Prairie du Sac, Sauk Schools, representatives from participating businesses, the Hospital Foundation and the Sauk County Development Corporation.

Sauk Prairie Memorial Hospital and Clinics initiated the FIT project with one local employer and added more during the project (Sauk Prairie Police, Universal Die & Stampings (small manufacturer) and the Village of Sauk Prairie). Programs began with an initial meeting with management. This was essential to make sure they realized the potential benefits of a healthier work force and had complete buy in to the program. This was followed by an all-staff presentation at each worksite to explain the project, the benefits, and the confidentiality of their health results. Willing employees then signed up for an HRA. After the HRAs, opportunities were offered for Personal Training, exercise classes, fitness membership, nutrition counseling and classes, and presentations. Education in the form of email messages and handouts were provided regularly on stress, nutrition and exercise. HRAs were repeated every six month to identify areas for improvement and to motivate employees to continue a healthy lifestyle. They saw positive improvement in health outcomes within each organization, particularly in the areas of cholesterol (LDL, HDL and Triglycerides), blood pressure and body fat. (see Attachment 1b for challenge contest example)

III. IMPLEMENTATION

IMPLEMENTATION OF PROJECT AND PROGRESS IN MEETING THE SPECIFIC AIMS AND OBJECTIVES:

Objective A1) Promote the critical need for and benefit of collaboration among rural medical, public health, and business partners to increase preventive health services.

Throughout the SRCI Project, the SRCI Steering Committee, a committee of the Rural Health Development Council (RHDC), held quarterly meetings, including one annual face-to-face meeting—other meetings were conference calls. Meetings were attended (in person and by phone) by representatives from the six community projects in Jackson, Sauk, Sawyer, Langlade, Manitowoc and Waupaca counties, UW Office of Rural Health (ORH) and Medical College of WI (MCW) Project Managers, SRCI Steering Committee Chair, UW School of Medicine and Public Health (SMPH) and MCW academic partners, and members of the RHDC and RHEDF.

Meetings included updates from community project managers and served as an opportunity for communities to share information and lessons learned. The Committee meetings were also an opportunity to identify technical assistance needs and provide assistance and resources as needed. (see Attachments 2-5; SRCI Steering Committee Meeting Notes)

Objective A2) Identify and promote statewide public and private sector policies to support collaboration among rural medical, public health, and business partners.

The RHDC (and its sub-committee, the Rural Health and Economic Development Forum-RHEDF) featured SRCI at each bi-monthly meeting; worksite wellness was the Council's primary policy topic. The combination of public, private and not-for-profit members on the Forum, representing health, education, finance and other statewide interests, allowed for a wide-ranging discussion of wellness issues and policies. Council discussions and presentations enabled members to identify new areas for collaboration. (see Attachments 6-10; relevant 2008-09 RHEDF/RHDC Meeting Notes)

Objective A3) Disseminate best collaborative community and prevention practices learned to statewide audiences.

Community project managers were encouraged to work with local media to publicize their projects, including community, business and industry newsletters, local newspapers and radio and larger circulation media. These are detailed in section VI below. As mentioned, the RHDC discusses SRCI and worksite wellness at each meeting, including updates on community activities and methods of replicating the SRCI model. The SRCI Steering Committee drafted policy discussion papers for the Council, examining policy options for expanding worksite wellness programs in Wisconsin. These are available on the [Office of Rural Health website](#). (see Attachments 11-12) In September 2007, the Sauk County program was invited to make a presentation on their SRCI project, Fitness Improvement Teamwork (FIT), to the National Advisory Committee on Rural Health and Human Services. The presentation outlined the program and SRCI goals. The presentation and following discussion were an opportunity to disseminate information on SRCI to a national audience. (see Attachments 13 and 14)

Objective A4) Facilitate collaboration between the proposed UW and MCW Academic Partners.

The SRCI project has presented an excellent opportunity for SMPH and MCW academic partners to explore new avenues for collaboration around wellness and other health care areas. Both are active members of the RHDC and SRCI Steering Committee. They continue to provide significant input to the SRCI project, advise the Council on SRCI and worksite wellness policy and have contributed to the policy discussion paper mentioned above. SMPH and MCW both completed evaluations are part of the SRCI project. They expect these evaluations will be the basis of future collaboration; the partners will use the findings and recommendations to identify program improvements and directions. SMPH, MCW and other SRCI partners jointly wrote a book chapter on the SRCI project, discussed in section VI. (UWSMPH evaluation outlined below; see attachment 15 for overview of MCW evaluation)

Objective A5) Evaluate SRCI as a model to facilitate statewide adoption of multi-sector rural community collaboration to increase preventive health services in rural Wisconsin communities.

The UW Center for Health Systems Research and Analysis (CHSRA) completed an evaluation of the Jackson, Sauk and Sawyer collaborative processes in January 2008. The SRCI projects, the Steering Committee and RHDC used the evaluation findings for community program improvement. CHSRA staff completed a formative evaluation of the three community projects. They conducted in-depth interviews with key informants in each community and administered a comprehensive survey on stakeholder perceptions of the program. In addition, they convened stakeholders from all communities for a focus group to identify common issues between the three projects. The emphasis for this evaluation was the collaborative process and how the local coalitions worked together. It also touched on expected and actual program outcomes.

Key findings include:

- Program design (an emphasis on the collaborative process) was driven by the dictates of the SRCI contract. It is not clear how programs might develop in the absence of these requirements.
- All communities had difficulty engaging representatives from minority communities.
- All informants agreed that a combination of education and activity worked best to ensure individual worksite program success.
- SRCI program development and implementation cost more than anticipated.
- Trust, among members of the coalitions and between trainers and program participants, was an important issue.
- Communication among the coalition organizations increased, resulting in increased opportunities for collaboration outside of SRCI.

The Center's recommendations include:

- Provide ongoing support in the form of technical and financial assistance, until programs become self-sufficient.
- Adjust the SRCI model in order to foster and ensure program sustainability.

The CHSRA evaluator, Sara Karon, was a valuable contributor to the book chapter mentioned elsewhere. Her insight into the collaborative process, its successes and challenges, were an important part of the project description. Based on her work on this evaluation, Ms. Karon prepared a presentation, [Evaluating Community-Based Programs](#), which is available on the ORH website. This is a comprehensive introduction to program evaluation. It was shared with all SRCI community projects; ORH staff regularly refers groups to this resource. (see Attachment 16 for UWSMPH evaluation)

Objective B1) Strengthen county-wide coalition to implement, monitor, and evaluate progress toward preventive health. (Sawyer County)

Over the past two years, the Sawyer County Energy at Work program (Exercise, Nutrition, Education and Resources Geared to You, the worksite component of the program) developed a wellness coalition with members from the Sawyer County Public Health Department, Hayward

Area Memorial Hospital, Lac Courte Oreilles (LCO) Tribal Health Center, Indianhead Technical College, and area businesses. The coalition's SRCI goal was to implement worksite wellness programs at six area businesses. They met this goal; worksites included: Beehive Botanical, a small manufacturer, Sawyer County Courthouse, Duluth Clinic- Hayward, LCO Community College, Hayward Area Memorial Hospital and Nursing Home, and Louisiana Pacific (LP) Corp, large producer of building materials. During worksite programs, coalition members met weekly with employers to evaluate the program. The coalition as a whole met quarterly to review progress and make program adjustments. Several coalition organizations committed staff for worksite presentations, including the Tribal Health Center and Technical College. Additional instructors from the community, including a chef and fitness instructor, provided their services for a token travel/supply fee. All partners and presenters have committed to continuing their involvement beyond the end of the SRCI project. It is apparent from the level of commitment and interest in continuing the coalition's work that this group has developed a strong organization committed to pursuing worksite and community wellness goals.

Objective B2) Engage participants to improve health indicators and document ongoing involvement in effective fitness and nutrition. (Sawyer County)

Energy At Work conducted pre-program surveys to measure current physical activity and identify personal barriers to activity (using the US DHHS survey, *Barriers to Being Active*) and conducted pre- and post-program surveys on health status, and used body composition measurements and other tracking tools to set benchmarks for participants. Health risk assessments were completed prior to the program at one worksite. Program staff used the results to identify potential acute health problems and to help participants identify goals. The program manager used a variety of activities to engage participants, including presentations and demonstrations of exercise equipment, healthy shopping and cooking demonstrations by a dietician, and discussions of alcohol and smoking impacts. The goal was for participants to have a better understanding of their eating and lifestyle patterns, to recognize areas of needed improvement and present them to tools to achieve improvement. Participants were given journals to log daily activity. The program manager developed non-threatening challenges to help modify behavior, with small rewards (water bottles, etc.). The challenges corresponded with the guest speakers, e.g., which team walked the most steps after a fitness presentation.

More Energy is the community wellness component of Sawyer County's program. It is a physician referred, medically supervised exercise and education program for cardiac patients (expanded during the SRCI program to include patients with diabetes, COPD, obesity, and arthritis). Blood pressure and heart rates were monitored before and after each exercise sessions (one hour, three times/week). BMI/weight and the results of the Dartmouth COOP wellness survey were recorded every three months and glucose monitored at their request. Participants and their physicians also received reports at their request. The reports and regular monitoring allowed participants and their providers to monitor their progress and modify their program and goals.

Objective B3) To improve fitness, weight control, and lifestyle choices relating to cardiovascular and chronic diseases in the participating worksite employees. (Sawyer County)

As mentioned above, a variety of methods were used to engage worksite participants in program activities designed to improve health indicators. Weekly sessions ranged from 30-60 minutes, depending on the employer's preference. Through pre- and post-program surveys, Energy at Work staff identified some behavior change in all participants. Changes included an increase in daily exercise and making healthier food shopping choices. Weight loss was a significant success. Of the 98 participants, 49% lost weight (35% remained the same and 16% gained).

Objective B4) Improve participant social wellbeing by promoting positive social interaction through group activities. (Sawyer County)

This objective relates primarily to the More Energy program. As described above, the More Energy program helps participants with chronic health conditions (cardiac, diabetes, etc.) to improve their nutrition and increase their physical activity through a monitored program. Participants are generally older and this objective is aimed at increasing social interaction among a group that tends to be more isolated than others. The 66 More Energy participants exercise together for one hour up to three times/week. Program staff identified best practices, which provided evidence that long term participation in an activity like exercise is best achieved through ongoing support from multiple sectors, including peer group. This program experienced very low drop out rates, which staff attribute to the group/social aspect of the program. There was some seasonal fluctuation (attendance during winter dropped as travel became more difficult and some participants spent time away from the County). Program staff administered the Dartmouth COOP (Primary Care Cooperative Information Project) Wellness Tool on a quarterly basis to all participants to assess changes in their levels of pain, mental health and social interaction. Although scores fluctuated, staff observed positive changes in interaction and general mental health. In addition, participants' providers reported that depressive symptoms linked to isolation and chronic pain improved and attributed it to More Energy and the social interaction it provides. Energy at Work, the worksite program, also involved and encouraged social interaction and was integral to the program. Many worksites engaged in team challenges. Participants shared their successes and challenges at the weekly worksite meetings. The program manager observed that successful individual outcomes were dependent on interacting with their co-workers.

Objective B5) Provide progress reports to employee, employers, and community to increase area support for the program. (Sawyer County)

As noted above, program staff met with employers on a weekly basis to evaluate the worksite programs' success. Employees received regular feedback in the form of weigh-ins and blood pressure checks. Glucose and other measures were taken as requested. The Sawyer County Public Health Department continues to promote the program through articles and meetings with area businesses. The Energy at Work program achieved its goal of working with six area businesses. Much of this was achieved through positive word of mouth, which was also important to increase worksite participation. Several employers asked the Hospital to repeat the program for additional employees. More Energy participants and their providers also received regular feedback through weigh-ins and blood pressure checks. Participants and their providers were supplied with quarterly reports on several health measures. Both programs were also

promoted at a variety of venues, including community health fairs, fall prevention screening events and with providers.

Objective C1) Strengthen cohesive countywide coalition to improve health status of employee population in five worksites in Jackson County within three years (since the onset of pAWI). (Jackson County)

The Jackson County proACTIVE Wellness Initiative (pAWI) formed a coalition with a number of area professionals and organizations with a shared goal of impacting their community's health status. Black River Memorial Hospital's Therapy Department, Employee Health Nurse, Business Health Nurse, and Business Development Manager, along with Ho-Chunk Nation's Nutritional Services Department, Black River Falls School District Nurse and Food Services Manager, and the Public Health Department provided programming and design expertise assisted in coordinating the project. Participating employers allowed employees to participate on work time and were prominently engaged in the design, implementation, and evaluation of the programs. Other partners connected through the Jackson County Health Alliance included Krohn Clinic, UW-Extension and Western Dairyland Cooperative.

The Jackson County proACTIVE Wellness Initiative (pAWI) completed programming with seven different groups of employees from five area businesses over the course of the SRCI project: Ho-Chunk Nation Majestic Pines Casino, Black River Falls School District (three separate locations), Regal Beloit (small manufacturer), D&S Manufacturing, Hart Tie and Lumber. Participating businesses were engaged by attending pAWI committee quarterly meetings, with 3 representatives from the Ho-Chunk Nation, 2 representatives from the Black River Falls School District, 3 representatives from Regal Beloit, 2 representatives from D&S Manufacturing, and a representative from Hart Tie and Lumber. The pAWI committee always welcomed and encouraged new partnerships to improve the quality of health in the community.

Objective C2) Continue to recruit participants for proActive Wellness Initiative program. (Jackson County)

The pAWI committee worked with five different area businesses at seven locations and over 200 employees during the course of pAWI. Since the onset of the pAWI program, the BRMH Business Health Department expanded to offer similar wellness services to other area businesses. BRMH continued to work with several businesses after the SRCI project ended, including Regal Beloit Motor Technologies, Jackson Electric Cooperative, Lunda Construction, Hart Tie & Lumber, Community Dental, Coop Credit Union, Grandview Care Center, Land O' Lakes, Jackson County and Wal-Mart, to provide health assessments and/or wellness programming to their employees.

Objective C3) By December 31, 2008 nutritious food, snacks, and beverages will replace non-nutritious items in vending machines and cafeterias at the worksites participating in the program. (Jackson County)

The Jackson County project saw great improvements in this area. D&S Manufacturing made significant improvements to their vending machine selection. They began to stock their machines with a wide variety of fruits and vegetables and 500 Club[®] choices. They also revamped their

office potlucks, encouraging healthier meal choices. School District employees had access to the school lunch program, which already offered a well balanced menu and a wide variety of salad choices. They worked with their school nutritionist to plan 500 Club[®]- type cold lunches. Regal Beloit Motor Technologies researched and planned to implement a vending machine change. They offered free “lunch and learn” sessions on nutrition, including healthy cooking, for their employees. The Ho-Chunk Majestic Pines Casino plans changes to their “snack bar.” The majority of their employees as well as their customers utilize the snack bar for meals. The Casino’s wellness committee planned to improve meal offerings to include a wider array of healthier options. Since participating businesses had varying food delivery systems, suggestions and improvements were slow and sometimes difficult. One option they are pursuing is having BRMH deliver and stock fresh and healthy food items.

Objective C4) By December 31, 2008 75% of the 120 participants who attend the 8-10 week ProActive program will increase their consumption of fruits and vegetables to adhere to current U.S. dietary guidelines. (Jackson County)

Jackson used a variety of tools to gather data on fruit and vegetable consumption. Participants completed pre- and post-program wellness surveys. The post-survey showed that 140 out of 186 (75%) of participants felt they already had adequate fruit and vegetable consumption when programming began or they significantly improved their fruit and vegetable consumption since the onset of programming. Food diaries were another tool used and were offered to all business locations *with the exception of the control site, Hart Tie and Lumber*, both pre- and post-programming. Only 87 of the 165 possible (53%) who participated in programming completed both food diaries. The food diaries were reviewed by BRMH’s dietitian for nutritional analysis which proved challenging in some instances due to lack of details pertaining to portion size, condiments used, etc. and some only completed one diary, not both. Dietitian staff changed twice during the course of the project, resulting in three slightly different viewpoints, potentially skewing the results. According to the dietitian, only 12 out of the 87 (14%) completing the diary consumed an adequate amount of fruits to adhere to current U.S. dietary guidelines; and 20 (25%) consumed an adequate amount of vegetables. This cannot be considered entirely accurate since the response rate was inadequate and some of the information was incomplete. It does appear that more importance and education should be placed on fruit, vegetable, and calcium requirements. Emphasis on the importance of appropriate intake of protein should also be noted as quite a few declined in this area during their programs. However, overall improvements were noted. For example, one Black River Falls School District group saw a 9% increase in fruit consumption and 18% improvement with vegetables after education. Another School group saw increases in same manner – 11% for fruit and 44% for vegetable intake.

In January 2009, a Final Evaluation was sent out to all participants who completed the program and 107 participants out of 186 responded. This evaluation was designed to see if participants maintained healthy changes long term after completing the worksite wellness program. The data from this evaluation revealed that 53 out of 107 (49.5%) continued to consume adequate amounts of fruits and vegetables. Although this data does not support meeting the 75% objective, 42% of the participants did *not* respond to this survey. The evaluations did show there were long-term positive effects from the program. When asked to indicate the areas of behavioral change(s) that have occurred since programming began 0-2 years ago, the most behavioral changes were made in the

areas of fitness at 68.2% followed by nutrition at 67%. The following quote from one participant revealed how powerful an effect this program had: *“The nutritional information on reading labels and cutting fats/calories will not only add quality years to my life, but my children’s lives as well”*. (see Attachment 17 for Final Evaluation results)

Objective C5) By December 31, 2008, 75% of the 120 participants in project above will increase their daily physical activity in concordance with the President’s Council of Physical Fitness and Sport recommendations of at least 30 minutes of moderately intense physical activity on all or most days of the week. (Jackson County)

The evaluation mentioned above showed that upon completion of the programming, 143 of the 185 (77%) participants had made improvements in their physical activity or they had not made any changes because they were already active when programming began. The survey also asked whether participants were currently active, defined as *intentional physical activity at least 30 minutes a day, 3-5 days per week*. 86 of the 185 (46.5%) were currently active prior to starting programming, with 134 out of 185 (72%) indicating they were currently active **after** completing the program. This represented an increase of 25.5% for participants who were previously inactive prior to programming. Data from the final, post program survey revealed that 44 out of the 107 (42%) respondents were currently exercising routinely and 54 (50.5%) noted they were exercising occasionally. Although this data from the final evaluation does not support meeting the 75% objective, 42% of the participants did not respond to this survey. Of those who did, there were indications of long-term positive effects. When asked to indicate the areas of behavioral change(s) that have occurred since programming began 0-2 years ago, the most behavioral changes were made in the areas of fitness at 68.2%.

Objective D1) Strengthen countywide coalition by including all governmental agencies in southern Sauk, county health department, and hospital, to plan community education, community awareness, coordination and/or expansion of existing health promotion programs, determination of need for additional programs. (Sauk County)

The Sauk County Fitness Improvement Teamwork (FIT) coalition met quarterly throughout the SRCI project. Coalition members included Sauk Prairie Memorial Hospital, the Public Health Department, Sauk Prairie Police, Villages of Sauk Prairie and Prairie du Sac, Sauk Schools, representatives from participating businesses, the Hospital Foundation and the Sauk County Development Corporation. Program staff reported on individual worksite program progress and solicited programming and implementation guidance from the coalition. Public Health, a valuable (and required by the grant proposal) member, was not represented for significant periods of time due to staff turnover. This may have impacted overall participation (the lowest of the three programs), but outcomes for those who did participate were positive.

Objective D2) Recruit employees to enroll in FIT program. (Sauk County)

The coalition recruited three businesses for the FIT program: Sauk Prairie Police, Universal Die & Stampings (small manufacturer) and the Village of Sauk Prairie. Limited programming was provided to Sauk Prairie School District staff. They encountered scheduling problems at the school, e.g., teachers unable to take time away from class and reluctant to use lunch time.

Objective D3) Improvements in individual clinical health outcomes (Sauk County)

The Sauk program had positive improvement in health outcomes in the areas of cholesterol (LDL, HDL and Triglycerides), blood pressure and body fat. These are listed in detail under the Evaluation results, outcomes and accomplishments section IV.

1. Describe any barriers, if any, to meeting the established goals and objectives within the project timeline as well as any modifications to the original project work plan.

The most significant barrier faced by Sawyer County was staff turnover. The original program manager took another position and there was a gap while the new manager was brought on board and got up to speed on the worksite wellness portion of the program (Energy at Work). She previously (and continued to throughout the program) worked closely with the More Energy portion of the program. Depending on the worksite, instructors/presenters thought the time (30 minutes over lunch) and the location were inadequate. At one site the location was a corner of the break room, which was distracting. The original plan was to run worksite programs six months (which was deemed too long) and they changed to 12 weeks; this was extended to 14-16 weeks to include behavior modification sessions based on presenter and participant feedback. They also decided to present group results (weight, blood pressure) to employers after completion of the program. They found this helped add to the value of the program to the employer and employees.

More Energy's obstacles occurred in the winter. Some of the generally older participants were reluctant to drive to the Hospital in bad weather or at night and there is little public transportation. Some also had "limited energy reserves" for evening classes. Classes were originally scheduled for one hour intervals beginning at 4:30. Classes were moved to earlier times and attendance improved. Program staff developed brochures and promoted the program to providers, which led to an increase in participants.

Jackson County faced some staffing challenges. For example, the food diaries were evaluated by three different dietitians, due to changes in staffing, affecting the consistency with how these were evaluated. Working around the schedules of the participants which encompassed many shifts was a challenge that was not in control of the facilitator. Another challenge was the contact person designated by the worksite as the liaison between the business and the facilitator. This person was a key influence on the participant's motivation and attendance. At some sites, the liaison was not completely involved and/or did not have complete "buy in" from all parties.

Other challenges included a noisy and smoky environment at Majestic Pines. No e-mail access and limited use of employee bulletin boards made communication somewhat challenging for Regal Beloit Motor Technologies and Majestic Pines participants. This led to more difficulty in scheduling and lower-than-anticipated participation in the one-on-one coaching sessions.

Paperwork and time were issues. Some did not participate in challenges and assignments due to the inability to complete the required forms. The final business challenge was a good example of this. It was also difficult to get participants to complete the food diaries in a sufficient manner to include

complete and detailed information. This made it extremely challenging for the dietitian to do a fair and accurate job of analyzing their nutritional habits. Coaching sessions were challenging, particularly with the school district. Teachers were unable to just leave their class and many were not willing to do these on their own time. pAWI staff came up with a form to communicate with participants to attempt to keep them thinking about their goals and allow them to ask questions or discuss any challenges.

Sauk's primary obstacle was staff turnover at the Health Department. As noted above, this may have had an impact on participation. In other communities the Health Department was a valuable partner who contributed significantly to program outreach and worksite education.

Jackson County program staff mentioned several times over the project that a major challenge with the objective to *improve health status* is the lack of control over an individual's lifestyle habits. Of course, this is common to any wellness program. Encouragement to make improvements to current lifestyle habits can often be difficult to influence depending on individual's motivation to change behaviors.

2. What opportunities, obstacles, challenges, or changes did the project encounter?

Other than challenges participants faced from the holidays (which all three communities faced) Sawyer County experienced no obstacles, challenges or changes beyond those outlined above. Just prior to the SRCI Project beginning, the Programs were transferred from the Duluth Clinic to Hayward Memorial Hospital. This transfer led to more time and space commitment for the More Energy program in the Hospital's rehabilitation facility, along with staff and equipment resources. In addition, some of the Hospital's Nursing Home patients were able to participate in the More Energy program, which they would not have been able to do before the transfer.

Jackson County found that five to six months between HRAs may not be long enough to produce a substantial change in some tests; the recommendation is twelve months. Participants starting the program at different levels are a challenge. How do you determine the impact on someone who is already "healthy?" Some participants started out healthier than others, so it is difficult to compare individual and worksite progress. Different levels of behavioral modification were anticipated; however they are difficult to determine and compare. Even within the same business, it was a challenge. The pAWI found a substantial difference between D&S Manufacturing's "Group One" and "Group Two" - the level of interest and motivation was not nearly the same with "Group Two" seeming to feel slightly detached from the program. The pAWI found a substantial difference between communication systems at all the different business sites. Some sites had no access to email which made communicating difficult.

Some Jackson forms were modified during the course of the program - only to clarify questions, not interfere with data compilation. Some forms were shortened or eliminated. Less paperwork has been easier on everyone involved. The pAWI also changed the timing of the initial incentive. Twenty dollars was awarded to all participants who completed the initial HRA. Starting in 2007, the monetary award was provided only after the participant completes the *follow up* HRA. It was noted in the Final Evaluation with an overall average score of 2.8 out of 5 that the incentives used

during programming were not entirely effective in improving participation. Quotes representing this point included: “Everyone likes gifts – but I need to have the power within myself to change;” “They weren’t needed but it made it more fun;” and “They were nice but I would have done it without them.”

Jackson also found that it would be good to have a nurse or someone with a medical background in the role of Worksite Wellness Program Coordinator, someone who can assist with blood pressures, understand test results, and have a good understanding of data compilation. They also found that mandatory orientations were helpful - both for spreading the word of the project and for recruiting participants.

Sauk discovered that incentives were a great motivator for participation, but they had not budgeted enough. A budget revision allowed them purchase incentive gifts. As can be expected, they still found it difficult to motivate some employees that did not demonstrate readiness to change.

Sauk did face one significant problem. The firm they contracted to evaluate HRAs produced unreliable lab results and had a HIPPA violation where the company sent a participant’s results to a co-worker. The hospital had to redo the tests at additional expense. They subsequently completed tests internally and used the contracted firm to compile statistics and note progress, with the reports being sent to the Hospital for distribution. This firm was also unable to provide group reports due to the smaller numbers of participants at each worksite. They could only provide results for groups over 20 people and some of worksites had fewer than 20 participants.

Sauk learned that the formation of a Worksite Wellness Committees is a key component for a successful program, with the motivation and ideas coming from the worksite staff. They learned from this and were able to implement a strong, dedicated wellness committee with the last worksite, Universal Die.

IV. EVALUATION AND OUTCOMES

EVALUATION RESULTS, OUTCOMES AND ACCOMPLISHMENTS

1. Describe your evaluation plan, outcomes and project results.

Sawyer County’s goal was to engage six local employers in a worksite wellness program, resulting in measurable increases in participating employee’s health. They were also committed to building a community coalition around worksite and community wellness. They achieved both of these goals during the SRCI project. Energy at Work sites became smoke-free, employers put healthier snacks in vending machines, employees were drinking more water and walking on their lunch breaks and reading food labels to make healthier food choices. Many participants lost weight, increased activity levels, and decreased BMI measurements. Two worksites (Hayward Area Memorial Hospital and Nursing Home and Duluth- Clinic, Hayward) implemented permanent wellness programs. (While it may seem obvious that health care organizations would have formal wellness programs, this is not always the case. There was

initially significant employee resistance to the Hospital program, but they appear to be successful.) The other employers who participated are not continuing formal wellness programs because of the economy and financial concerns but are encouraging their employees to maintain physical activity and healthy food choices. The More Energy program was able to expand resources and participants with the transfer of the program to the Hospital. Through an outreach effort to providers, the program expanded from a cardiac care-centered program to include patients with other chronic conditions.

The SRCI project allowed the area Hospital, Public Health Department, local clinics and area businesses to conceive of new ways to work together for the benefit of the community's health. The partners are working together on a community effort, Healthy Lifestyles, which is addressing issues and goals related to Healthy People 2010.

Some limited clinical worksite outcomes included:

10 out of 17 people lost weight;

Based on pre- and post-program questionnaires, 11 out of 17 increased activity;

16 out of 17 reported an increase in attention to food labeling; all were making a conscience effort to make healthier food choices.

Jackson County performed evaluations throughout their program. Each program session was evaluated individually and at the end of programming, the participants at each business location were asked to complete an overall survey of the entire program. Participants were asked to evaluate the program and the Business Health Nurse. (see Attachment 18 for results) As a final wrap-up to all three years of the pAWI project, a Final Evaluation was sent to all participants (noted above). Additional findings included: 49.5% were eating well-balanced meals – either within the last six months or more; 25% quit using tobacco – 3% within the last six months; and 25% were using stress management techniques regularly within the last six months or more. 96.2% of the respondents recommended holding a wellness program at their worksite, with 40% recommending monthly or more often and 37% recommending annually. The effectiveness of the programming was rated with a 3.3 out of 5 total possible points, with 65% indicating that it was effective for them during programming and they have maintained some positive behavioral changes - one comment being “it was a great program and worked well for me while I was in it but then I slowly went back to my old ways.” As far as the weekly and team challenges, 94% of the respondents noted they were effective in keeping them motivated sometimes, most of the time, or always. Clinical outcomes are detailed in the supplemental report. Some highlights from one worksite, Majestic Pines with 26 participants, include:

- HRAs resulted in 9 participants being referred to a physician for further follow up
- Twelve participants followed up with a primary care provider
- Fourteen participants reported they have made changes related to more physical activity since the pAWI Worksite Programming began
- A total of 71 pounds were lost by twelve participants with three losing more than 8 pounds each
- Two participants quit using tobacco during the course of programming
- HRA average scores increased from 54 to 57 (out of 100)

(see Attachment 19 for detailed worksite results)

Sauk County achieved their program goals of collaboration and recruiting new worksites and participants for wellness programs. More complete clinical outcome results are in the attached report. Some examples include:

- Out of 13 employees at one worksite, nine improved in both nutrition status and fitness status, while seven improved in stress status.
- Six employees lowered their blood pressure, total cholesterol, LDL and Body Mass Index
- Five participants improved their coronary risk
- Four increased their HDL, lowered triglycerides and percent of body fat

(see Attachment 20 for detailed worksite results)

2. Did the project produce the desired results as stated in the grant application? Why or why not?

In all cases the communities achieved or exceeded their stated goals. The number of worksite wellness programs in total exceeded expectations. Coalitions were developed and strengthened. All three coalitions plan to continue to meet and work on wellness in their communities. Participants' results illustrated that the worksite programs were effective in improving health and giving people the tools to make healthy changes in their lifestyles. While improvements fell short of 100% of participants, the improvements that did occur were significant.

Each community reported a “snowball effect;” after some initial reluctance by employers to participate, they found it easier to implement new worksite programs as news of their success spread in their community. This may be a significant reason the coalitions plan to continue working together—they have seen evidence that the community as a whole is interested in wellness programming, from individuals to employers. Unfortunately, the economic situation has made many employers reluctant to implement new programs in uncertain times.

3. Describe the population served. Include numbers served, age, ethnicity, race, gender, sexual orientation and socio-economic status, if appropriate. Describe the project impact on the target population.

Demographic information:

	Sawyer	Jackson	Sauk	TOTAL
Male	68	88	28	184
Female	96	97	11	204
TOTAL	164	185	39	388
Average Age	Energy/Work 48 More Energy 72	43.5	43	

Participants were overwhelmingly white, with 1 Hispanic and approximately 10 Native Americans. The population varied from factory workers to management and teachers to retirees. The overall impact is described previously; the majority of participants experienced some level of improvement to their health, including weight loss, glucose improvement and blood pressure decrease.

4. Describe the significance of the project outcomes and the potential impact on the broader public health domain including national or state benefits (economic, social, cultural, environmental, etc.).

There have been some significant community-wide impacts from each program. Beyond the obvious public health impacts (decreased weight, etc.) for program participants, changes in their lifestyle have in many cases transferred to their families. In addition, all three programs included a community-wide wellness aspect that wasn't originally in their proposal. Jackson County's Healthy Taste events and Sauk's community holiday cooking classes are examples of extending the impact and outcomes beyond the original scope of the SRCI project. There have also been tangible economic results; the insurance carrier of a participating Sawyer employer is offering employees discounts for participating in wellness programs after the success of their SRCI program. Another employer, the Duluth Clinic, is working with their insurance carrier in developing an on-line wellness program. Program staff has found the More Energy program has kept some participants out of the hospital or nursing home, improving quality of life and avoiding major medical expenses. Many employers implemented wellness committees to continue the programs after the hospital sponsored programs ended. The coalitions developed through SRCI are likely to have lasting impact on their communities. All three hospitals are committed to continue to offer worksite and community wellness services and programs. BRMH was recruited as a member of the Jackson County Wellness Committee and several businesses have requested their assistance in implementing their own programs. (see Attachment 21 for Business Development promotional presentation) These programs and the method in which community coalitions were developed, can serve as a model for successful worksite programming. The Office of Rural Health, for our 2009-10 Rural Community Grant cycle, highlighted worksite wellness by offering additional scoring points for worksite wellness program proposal. Four of the ten funded projects are worksite wellness related. Funded proposals are available on [the ORH website](#).

5. Have any policy changes resulted from the project? Specifically, who will be affected by the policy change?

Each community reports that participating employers have committed (to varying degrees) to continuing and supporting wellness policies. This includes the insurance discount mentioned above, implementing worksite wellness committees, changing vending machine items, etc. Sawyer County reported that three worksites have become smoke free as a result of their program, affecting the health of employees and customers. Coalition partners, such as schools and public health departments, have made commitments to working with the coalition to expand wellness programming through outreach and education, affecting all segments of the community. The hospitals have also made commitments to wellness. For example, BRMH has designed and implemented the program "Wellness Works" and

will apply for the Governor's Worksite Wellness Award this year. Hospital employees now must complete a Health Risk Assessment to receive all of their cafeteria dollars (portable benefits) in 2010. Other area employers are implementing similar programs and are working with BRMH on implementation.

6. Is there a commitment to moving forward with implementation of results? Why or why not?

As noted above, employers, coalition members and the hospitals are committed to move forward with worksite and community wellness programming. They have seen tangible results proving that these programs are effective in improving employee health and therefore decreasing costs due to absenteeism and higher insurance premiums. Employees and their co-workers and families have seen tangible results and learned valuable tools and skills in changing to more healthy lifestyles. In Sawyer, the hospital intends to expand their rehabilitation resources to allow more participants in the More Energy program.

7. Please describe the project's long-term plans for funding and sustainability and the organization's commitment to this effort.

In general, the hospital/coalition's sustainability plans generally rely on a business model where wellness services are provided on a fee basis to employers. For example, in October 2008, BRMH created a position dedicated to worksite health, wellness, and safety. Although costs for services were kept to a minimum, the current economy has had an impact on their business. Sauk's program will continue as a fee for service model. Hayward Hospital will pick up costs of their own worksite program; More Energy has a small (\$25) monthly co-pay to offset some costs. While all the hospitals are committed to worksite wellness, the economy may hamper their efforts.

8. Describe how the project helped to advance population health in Wisconsin.

The Sauk program manager summed up the way SRCI has impacted population health:

The FIT project provided education and support for lifestyle changes to a diverse segment of our population. They, in turn, shared this information with their family and friends and also show, by example, the benefits of healthy living. The employers involved realize the importance of employee health and will commit to continue these efforts in the future.

Programming has helped participants, and the wider community, become more aware of the affect of bad food choices, inactivity, and other lifestyle on their and their family's health. Employers have seen evidence of the impact wellness programming can have on their bottom line. Communities have become more aware of wellness, through community programs like *Healthy Taste*. Some participant comments best illustrate the changes that can occur through programs like these:

- “Thank you for helping me! It has been great that D&S is helping employees for a better life and working place.”
- “Dick discovered that he had Type 2 diabetes - something that did not come out in his yearly physical. We feel this is definitely something other companies should pursue.”
- “This program helped me see more options to a better life and make changes for me and my family.”

9. Describe how the project helped to advance the goals and priorities of the state health plan, *Healthiest Wisconsin 2010*.

As outlined elsewhere, the three SRCI programs each demonstrated success (to varying degrees) in improving participant’s health indicators through their participation in worksite wellness programs. The most important way in which SRCI helped advance the Plan’s goals was to demonstrate that these programs can be successful, if properly designed and implemented. There is no one size fits all approach to wellness. However, there is nothing that unique about these community coalitions, except their enthusiasm and dedication, that can’t be replicated elsewhere. There are strong lessons to be learned here, as outlined below in #10. These programs are evidence that worksite wellness can improve rural Wisconsin’s health and go far in reducing employer health care expenses.

10. What were the key elements to the success of your project? What advice would you give to others conducting a similar project?

Probably the most important element of success across all projects was employer/management buy in. It appears that the more successful programs were those that had enthusiastic management support. This includes serving on the project coalition, organizing worksite wellness committees and allowing programming to occur on site during work hours. A worksite wellness committee composed of employees, management and SRCI program staff providing support allows employees to be part of the planning process. An initial confidential health risk assessment was also cited as a key to success. This sets a benchmark for employees and employers to measure progress. But not only is simply maintaining confidentiality important—the process must be **perceived** by employees as being completely confidential and not provided to their employer or insurance company. Additional elements for success include persistent education through various media—presentations, demonstrations, e-mail updates/reminders, bulletin boards, etc. Challenges and rewards, even small rewards for all participants, were also successful in maintaining interest and enthusiasm. Before beginning challenges, participants must feel comfortable with program staff, so these should not be started at the first sessions. As noted in the CHSRA evaluation, trust is vital to a program’s success.

V. PARTNERSHIPS & COLLABORATIONS

1. Please describe your community academic partnership. How did the partnership developed over the period of the grant. What barriers affected the partnership? This may include organizational or physical barriers, or level of commitment toward a common goal.

The community academic partnership developed into a solid collaboration during the SRCI project period. The primary academic partner working with communities was the Office of Rural Health. ORH staff provided support and resources (in one case, to BRMH, a grant). One program staff requested assistance with developing their grant proposal writing skills. She was invited to an ORH grant workshop and given some one on one coaching assistance. ORH in some cases acted as a sounding board for program developments. ORH also hosted community conference calls where the three programs could provide updates, compare notes and share successes and challenges. Site visits were made to each community to see the programs “in action.” The major barrier was probably distance (only one site visit to each location) and the fact that community program staff were more experienced than ORH at worksite wellness. We could only provide limited program technical assistance. The Office’s primary function was to provide support and some resources.

2. What new partnerships or collaborations were developed during the grant period?

The very nature of the SRCI project, involving three communities (plus three additional communities working with MCW), allowed for extensive experience and idea sharing. The SRCI Steering Committee provided a forum for sharing successes and challenges. Participants are interested in continuing regular meetings/calls to follow up on their progress. Each individual program developed valuable partnerships, many outlined above. For example, the local health department was required to become part of each coalition. In some cases this was an opportunity to begin or develop a stronger partnership between departments and hospitals. Other significant partners included school districts and technical colleges, who often provided programming or meeting space, various providers (doctors, nutritionists, etc.) who provided referrals and programming and of course businesses. In several cases employers became part of the community coalition. This was important in involving additional businesses in the programs; the snowball effect mentioned above. The hospitals have now become known to the community, especially the business community, as a wellness resource.

3. What, if any, new funding sources supported this project because of the grant award? Describe the amount and type of funding.

As mentioned above, one employer’s insurance carrier is offering discounts to employees who participate in wellness programming. A carrier Sauk worked with has committed to provide free HRAs along with a complimentary health benefit of up to \$300 per family to cover health promotion services. They will also assist companies in promoting this benefit. Hayward Memorial Hospital, as mentioned, will cover the cost of their wellness program. BRMH received a Small Hospital Improvement Program grant of \$4,000 in 2009 from the Office of Rural Health to support their wellness programming. All hospitals are committed to a fee for service wellness program.

VI. DOCUMENTATION, DISSEMINATION, AND KNOWLEDGE TRANSFER

DOCUMENTS, INFORMATION AND MATERIALS DEVELOPED

1. How have you documented the results of the project and disseminated or shared with others? Are you planning to publish the results of the project? If so, what publication? Please describe any books, journals, articles, major reviews, conferences, recording, software or other outputs for dissemination of project results.

In January 2008, Sara Karon with the UW Center for Health Systems Research and Analysis completed an evaluation of the SRCI community collaborative process. The evaluation was prepared after a series of interviews and surveys of program participants in all three communities. Key findings included:

- Leadership was found to be key, both for the collaborative and at each worksite. Buy-in and commitment from others also was essential.
- Turnover in key collaborative members was a challenge in all communities.
- The design of each program was driven, in part, by the dictates of the contract which required a collaborative inclusive of the local hospital, public health department, and one or more businesses/worksites. Absent that requirement, it is not clear how programs might develop or how they might evolve over time.

The evaluation was provided to all participants and on the Office of Rural Health website.

Many members of the SRCI project contributed to a book chapter, *Strong Rural Communities Initiative: A Tale of One Statewide Rural Council, Two Medical Schools, and Six Rural Communities*. This will appear in Case Studies in Community-Based Participatory Research, which will be released Spring 2010. This chapter focuses primarily on the collaborative process and the longer range impact of worksite wellness programs, rather than specific outcomes. It provides evidence of the broader community impact of these programs and their potential benefits. (see Attachment 22 for a draft)

Each hospital regularly reported on their SRCI programs in their internal newsletters and bulletins. In addition, they disseminated information and data to partners, employers and community organizations, including service organizations and chambers of commerce. BRMH has posted promotional and other material on the Department of Health Services [Worksite Wellness “Favorites”](#) site. They have also received extensive local media coverage for the *Healthy Taste* events. Liz Lund and Randi Arneson with the BRMH project, Sandy Scola and Linda Bishop of Sauk Hospital and John Eich, Director of the Office of Rural Health, presented on a panel, Hospital and Community Relations, at the 2007 Wisconsin Rural Health Conference. The topic was worksite wellness programs. The Jackson County program was also featured in the Rural Assistance Center’s online newsletter, *Rural Monitor*, in the [Winter 2008 edition](#).

2. Describe and submit any documents or materials (reprints, patent applications or other forms of intellectual property) that you developed through the grant award.

Promotional material and reports are attached or hard copies are submitted separately.

- 3. Please submit copies of any public recognition, press releases, awards, acknowledgement of your program in local media, community newsletters, organization bulletins, or news articles pertinent to this project, if any.**

Attached or hard copies are submitted separately. (see Attachment 23 for examples)

- 4. Please include the most recent audited financial statements for the community applicant.**

Submitted separately by the Rural Wisconsin Health Cooperative.

VII. SIGNATURE

By signing this form, each respective organization agrees that the information provided in this submission is accurate, complete, and current and the individual signing affirms that s/he has authority to execute this form on behalf of the organization.

Community Organization		
Contact:	<u>Kevin Jacobson</u>	Date: <u>10-20-09</u>
Signature*:	<u><i>Kevin M. Jacobson</i></u>	
Community Project Director:	<u>Tim Size</u>	Date: <u>10-30-09</u>
Signature*:	<u><i>Tim Size</i></u>	
Person submitting this report:	<u>Kevin Jacobson</u>	Date: <u>10-20-09</u>
Signature*:	<u><i>Kevin M. Jacobson</i></u>	
Academic Partner:	<u>Byron J. Crouse, MD</u>	Date: <u>11/7/2009</u>
Signature*:	<u><i>Byron J. Crouse</i></u>	

* - Electronic signature is acceptable. See guidelines and instructions for further details.