

Case Study

Moose Jaw – Thunder Creek
Health District's Wellness Program

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Introduction

This case study is one of a series of twelve such studies conducted by the Canadian Labour and Business Centre during 2001 – 2002.

Issues of workplace health and wellness are an ongoing priority for the Centre, which is a joint organization founded on strong membership from the main workplace parties – business and labour. We believe that approaches which promote workplace health and wellness are in the best interests of both employers and workers – a clear ‘win-win’. In particular, in a period of anticipated growing skill shortages, those employers who pay attention to workplace health issues will have a competitive advantage over others in recruiting and retaining workers with much-needed skills.

The following case study reflects the Centre’s main objective in undertaking this work, namely:

- To identify the key features of the wellness initiatives in each workplace;
- To document the role of both management and unions/workers in managing these initiatives;
- To assess the relationship between the initiatives and the organization’s business strategy and ‘culture’; and
- To document the ways in which the workplace monitors the impacts of its health/wellness activities.

In short, the case studies are as much about the *process* of workplace wellness as about the *content* and *impacts* of individual workplaces’ initiatives.

Taken as a group, the full set of cases has been deliberately assembled to reflect, as widely as possible, a broad diversity of workplaces in terms of geography, sector, size, and union/non-union status. As a group, the cases are intended to tap the experience and practice of a variety of workplaces, in order to maximize the benefit from the case study work. Readers will note, as a result, that no two cases are alike, and that the lessons to be learned from each case vary considerably.

The full set of case studies will be available on the Centre’s website at www.clbc.ca, where they will be published individually. The Centre is also preparing a summary commentary on the cases, which will identify key common features – and important differences – among them. Finally, the Centre is developing a series of regional seminars at which some of the workplaces featured in these case studies will share their experiences. As they are scheduled, the seminars will also be listed on the CLBC website.

The Canadian Labour and Business Centre welcomes readers’ comments and questions, which may be communicated to the Centre at (613) 234-0505, or to info@clbc.ca

Moose Jaw – Thunder Creek Health District’s Wellness Program

- The health district restructuring and a high incidence of stress provided the impetus for establishing in 1995 a provincially-sponsored Wellness Program; funding amounts to approximately \$35,000 a year.
- There is strong support for the program and management’s view is that *‘you cannot separate out staff well-being from client/patient satisfaction’*.
- A Lifestyles Committee, made up of 20 employees and managers, and assisted by a recreation technologist, is responsible for developing and implementing wellness initiatives.
- The Wellness Program is constantly evolving in response to workers’ changing needs; it started off with seminars and workshops, only to diversify and offer individual and family-oriented activities.
- Evaluation forms an intrinsic component of the program’s planning and implementation. Attendance records are kept on all activities, participant feedback is sought after, and district-wide participant surveys are conducted.
- While the program has not yet been linked to measurable improvement in health and safety indicators, it has been credited for increasing cohesiveness and *‘esprit de corps’* among employees, and changing the lifestyle of selected individuals.

I. Context

The Moose Jaw – Thunder Creek Health District (MJTCHD) covers a wide area located approximately 60 kilometers west of Regina, the capital city of Saskatchewan. The District is made up of eight separate facilities that offer a full range of health services, ranging from acute to long-term care, to mental health services. Three distinct unions represent the employees: the Saskatchewan Union of Nurses (SUN) represents 250 nurses from the health district, the Health Sciences Association of Saskatchewan (HSAS) represents 70 health professionals, while the Service Employees International Union (SEIU) represents the largest contingent of workers with 850 members. An additional 68 employees are considered ‘out of scope.’¹ The workforce’s average age is approximately 42 years old; approximately 90% of employees are female.

The MJTCHD was officially established on October 6, 1993 as part of the province’s efforts to move the management and delivery of health services from a centralized responsibility to 30 local district health boards. The move from hither to separate health facilities to a new health district resulted in the amalgamation, consolidation, and rationalization of activities, affecting all facilities and units. The creation of the new

¹ Non-unionized employees, typically professional or technical workers.

health district, combined with a \$1.8 million cut in hospital services, also meant that some jobs were lost.

One direct consequence of this extensive reorganizing was low employee morale. There was thus an immediate need to pull individual sites together and form a cohesive organization that would dispel suspicion among facilities, improve morale, and enhance career path opportunities and mobility of workers within and between sites. Furthermore, health care is marked by the inevitable trauma of loss and death, and employees are not immune to stress and emotions that accompany work in this area. Management recognized the importance of effectively dealing with this type of stress, providing a context and focus for employee health and wellness.

II. Health and Wellness Initiative Background

i) History of the Initiative

In 1995, the Government of Saskatchewan established a pilot program aimed at promoting wellness in the health service industry, and it was looking for receptive health districts to implement the program. At the same time, the MJTCHD was increasingly concerned about the effect of the district restructuring on employee morale, and it was actively looking at ways to increase morale and provide a better, healthier work environment. There were also concerns about increases in the rates of injury and absenteeism among employees. The convergence of these factors resulted in the MJTCHD becoming in 1995 one of the first districts in the province to implement this provincially-sponsored Wellness Program.

In the context of the restructuring and with the technical assistance of Health Canada, the newly-created health district was used as a test site for a needs assessment on workplace health called *Health in the Workplace Survey*. In early 1995, the MJTCHD established its *Lifestyles Committee*, which was formed to monitor and direct this work. From the beginning, however, it was conceived as a “committee of and for the employees”² that would be responsible for designing and implementing wellness activities, and not just for implementing the needs assessment survey. The committee’s existence is even formalized in the district’s Policy and Procedure Manual (the district’s operations manual to be used by all managers and staff).

² Moose Jaw-Thunder Creek Health District, *Policy and Procedure Manual*, 1998, page 407.

Table 1
Milestones – MJTCHD Wellness Program

Milestone	Date
Creation of the Moose Jaw-Thunder Creek Health District	October 1993
Health Canada's Health in the Workplace Survey carried out in the health district	Summer 1995
Funding obtained from the Government of Saskatchewan to design a wellness program	Summer 1995
Establishment of the Lifestyles Committee	Fall 1995
Development and implementation of various Lifestyles activities	1995-2000
Hiring of a recreation technologist to work exclusively on the Wellness Program	Spring 2000
Employee Lifestyles Survey carried out by the Wellness Program	Summer 2000
District employee survey	March/April 2001

The comprehensive needs assessment survey – the *Health in the Workplace Survey* – was administered during the summer of 1995 throughout the health district.³ The survey – which included 37 questions in areas of personal health rating; level of physical activity; stress; behavior at risk; assistance at the workplace; and safety – provided the Lifestyles Committee with a foundation upon which to design and implement wellness activities. The survey enjoyed a 68% response rate. Among the important results, it was found that:

- 74% of surveyed employees would choose to exercise more as the best means to improve their health, and 64% would focus on losing weight (respondents were allowed multiple choices);
- Asked to identify the best means by which the employer could help improve employees' health, the respondents identified several initiatives, including the following:
 - communicate more openly with employees – 44%
 - provide or support stress control programs – 41%
 - provide recreational or exercise facilities – 36%
 - provide or support weight-control programs – 31%;
- More than 31% of respondents were identified as overweight, using data on height and weight;
- The risk of a physical strain was identified as the most important workplace health and safety concern.

These results and other (informal) consultations were used as a source of information to develop a plan for workplace health initiatives in the district and guide the selection of specific wellness activities. To this day, the Lifestyles Committee refers to this initial survey as its main yardstick for assessing the relevance of its mix of programs and activities.

³ This questionnaire has been developed and tested in Canadian workplaces over a period of four years. It was originally designed to as a means to analyze the health practices, attitudes, needs, and concerns of employees regarding health and safety issues.

ii) Main Features of the Wellness Program

Since its inception in 1995, MJTCHD's Wellness Program has been constantly evolving, in response to changing needs of the workers and growing recognition of the importance of health and wellness. It started off with a range of seminars and workshops on various topics, only to diversify and offer more individual and family-oriented activities. Currently, it proposes a fairly broad range of activities, including stress management seminars; weight reduction and smoking cessation programs; family swim days; barbecues; one-on-one counseling; and a gymnasium membership rebate program, to name a few (see Table 2). The mix of activities offered over the years cover the spectrum from mental to physical health programs, to social and family activities, and most of the early programs were developed to address the employees' health and wellness priorities identified in the Health Canada survey.

From the outset, MJTCHD's multiple-site nature presented it with the challenge of integrating the sites and developing programs and activities that can be accessed by all. The Lifestyles Committee has tried to respond to this challenge by running multiple sessions of its most popular activities, and by decentralizing them to the extent possible. Feedback received from employees and discussion with Committee's members reveal, however, that this challenge has only been met in part (see *Analysis* section for a more detailed discussion).

Funding for the Wellness Program amounts to approximately \$35,000 a year. The funding comes from the province and is disbursed annually. One problem is that it is not automatically recurrent, that is, the MJTCHD does not know from one year to the next whether the province will continue to fund the program. It is unclear whether the district would take over funding responsibilities should the province stop its contribution, but doing so would undoubtedly represent a measure of management commitment to the program.

Table 2 outlines the specific healthy workplace initiatives offered at MJTCHD under the Wellness Program, grouped according to the Conference Board of Canada's table of workplace health initiatives. The table shows that, overall, the range of initiatives offered at the district is quite extensive, and covers a majority of the Conference Board's categories. In and by itself, this extensive coverage suggests that there is a strong organizational commitment to provide a range of health, safety and wellness activities that goes beyond 'traditional' occupational health and safety.

Table 2
Wellness initiatives offered at MJTCHD
 By type of program

Category	Specific Initiatives	Comments
Physical Work Environment (Factors that affect the safety of the work environment and the physical health of an employee)	Injury prevention	Zero-Lift Program (mechanical aid for lifting patients)
Health Services (Initiatives which have a direct impact on health)	Employee-family assistance programs	Provided by Human Resources (HR)
	Workplace fitness appraisals; health risk screening	Done jointly by HR and the Wellness Program
	Self-care education	How to Workshops
	Occupational health and safety information systems	Posted on Wellness Board
	Ergonomic assessments	Part-time ergonomics consultant
General Working Environment (General workplace practices which could affect personal health and safety, socio-economic or career opportunities, and employees' sense of well-being at work)	Work-related skills development	Workshops organized by either HR or the Lifestyles Committee (i.e. Money management workshops)
Workplace Culture (Psychosocial [non-physical] aspects of the workplace that affect mental, physical and social health)	Incentive/recognition programs	Annual awards program and events
Healthy Living (Individual lifestyle factors, promotion of healthy living, prevention of illness)	Smoking cessation/control	Offered on a need basis
	Nutrition/weight control	Workshops on healthy eating or herbal medicines
	Stress management and mental health	Periodic seminars, Stress Relief Days
	Active living and fitness: wide range of classes/activities	Aerobics, walks, special events such as Fitness Challenge Days
	Active living and fitness	Gymnasium membership rebate program
Others	Wide range of family and social activities	Family swims, Barbeque

What the table does not show is that overlapping exists between occupational health and safety programming, and wellness programming. For example, the *employee assistance program* is officially part of occupational health and safety, but its funding comes from the wellness budget. According to the Wellness Program manager,⁴ this arrangement was seen as a way to expand the reach of the program. Another example is the workplace fitness assessment program, which traditionally falls under *occupational health and safety* but which in this case is heavily promoted by the Wellness Program.

⁴ The district's occupational health & safety officer, officially the Chairperson of the Employee Lifestyles Committee, is considered here to be the program manager.

The program does not formally target high-risk employees – those in injury-prone occupations or in poorer state of health – but some of them have been approached and encouraged during one-on-one counseling sessions to participate in the wellness activities that may directly benefit them. When probed on the desirability of targeting high risk employees, a majority of respondents – ranging from managers to employees to union leaders – did not support targeting for a number of reasons, including the desire not to offend or single-out any employees.

III. Health and Wellness Initiative Process and Structure

i) Links to the Organization’s Goals

The Wellness Program can be linked to MJTCHD’s goals and mission in several ways. First, workplace wellness has been singled out by the MJTCHD’s Board of Directors as a strategic goal to be pursued. The organization’s most recent long-term strategic plan (September 2001) has identified *support to workplace wellness* as one of nine goals under its Human Resources strategic goals. It should be noted that, under this *support to workplace wellness* goal, MJTCHD has defined three objectives: *healthy lifestyles, occupational health and safety, and staff immunization*. The *Healthy Lifestyle Objective* states that “[e]mployee programs shall be developed that encourage active living and a healthy lifestyle... [and] programs will be developed by a Lifestyles Committee consisting of a cross section of district staff.”⁵

This combination of objectives could suggest that ‘traditional’ health and safety programs and healthy practices are viewed by management as distinct but complementary components of workplace wellness. In this regard, one interviewed manager mentioned that ‘traditional’ occupational health and safety and wellness are indeed complementary, the former focusing on safety in the work environment and the latter on individual well-being.

Further indication of management support for creating a healthy workplace can be found in the recent implementation of the *Quality Workplace Program*. This new program, announced in the spring of 2001 by the provincial government, is administered by the Saskatchewan Registered Nurses’ association (SRNA), and MJTCHD was selected as the program’s first pilot site. The program’s objectives are to: improve nurse, retention; improve ‘quality outcomes;’ increase staff morale; and create excellence in the workplace. There is no indication as to whether the degree of objective achievement will be measured. The program is based on a consultation model that involves management and employees working jointly in assessing the workplace, and planning and implementing changes through shared decision-making and consensus building. The program’s documentation also makes

<p>‘You cannot separate out staff well-being from client/patient satisfaction.’ Health district CEO</p>

⁵ Moose Jaw-Thunder Creek Health District, *Long Term Strategic Plan*, 2001, page 30.

reference to the fact that “research clearly links quality workplaces with the recruitment and retention of nurses.”⁶

In an interview, MJTCHD’s Chief Executive Officer mentioned that, although no hard data currently exist to measure it, he intuitively saw a clear link between the organization’s capacity to achieve its strategic goals – ultimately measured by client/patient satisfaction – and employee wellness. He pointed out that the organization is keen on developing a monitoring and evaluation system that will provide evidence of that link. For now, both client/patient and employee surveys are carried out at regular intervals, as a means to identify trends in satisfaction and well-being and, by extension, areas for improvement. Management has also put in place a system designed to assess the effectiveness of the Wellness Program by means of Staff Development Evaluation forms, which are provided to participants during most wellness activities. The results of these evaluations are compiled and discussed during Lifestyles Committee meetings and with senior management. These efforts are based on the recognition that wellness activities are only relevant if they improve employee well-being and increase client/patient satisfaction.

ii) Decision-making Structure

The *Lifestyles Committee* represents the main structure responsible for developing and implementing wellness initiatives. There are currently 20 members on the Committee – most of them unionized employees representing the different facilities and agencies – but the membership composition has fluctuated over time. Besides unionized workers, one manager, two out-of-scope employees and the occupational health & safety (OHS) officer make up the committee’s membership. Members are volunteers and normally stay for two years. The Committee meets once a month, except for July and August, and decisions about activity selection are made by voting. Sub-committees are sometimes formed for specific purposes (such as developing and implementing special events). The Committee controls the Wellness Program budget but, in exceptional circumstances such as when large disbursements are required, the Director for Human Resources can make decisions.

It is interesting to note that, in 1995, management representation reached approximately 50% of the Committee’s membership. Over time, there has been a ‘natural’ (meaning unplanned) evolution in the Committee’s composition, as it now has only one manager directly involved in it. Interviews with both managers and employees reveal that this evolution has been beneficial to the Wellness Program, and a consensus seems to exist that the current membership composition is optimal. In a sense, the Committee’s actual membership reflects the original intent to have a “committee of and for employees,” as discussed earlier.

⁶ SRNA, *Quality Workplace Program Description*, 2001, page 2.

**Table 3
Stakeholder roles and responsibilities for the Wellness Program**

Group or structure	Composition	Roles and responsibilities
Human Resources Department	<ul style="list-style-type: none"> • Director 	<ul style="list-style-type: none"> • Administration and budget management capacity to program • Liaison with the City senior management
Occupational Health and Safety Consultant	<ul style="list-style-type: none"> • Full-time nurse 	<ul style="list-style-type: none"> • Overall program support • Strategic planning • Liaison with City recreation department
Lifestyles Committee	<ul style="list-style-type: none"> • 20 volunteer employees and managers (mostly employees) 	<ul style="list-style-type: none"> • Communications • Goal setting • Event and activity organizing • Employee surveys
Recreation Technologist	<ul style="list-style-type: none"> • Part-time technician 	<ul style="list-style-type: none"> • Event and activity organizing • Program development • Liaison with recreation facilities

While the Lifestyles Committee clearly plays the most important role in the Wellness Program, other stakeholders also play meaningful roles. For one, the OHS Consultant has functional responsibilities for the program. Officially the Chairperson of the Lifestyles Committee (according to the Policy and Procedure Manual), the OHS Consultant provides overall program support, undertakes strategic planning, and liaises with the Director of Human Resources. In this capacity, she allocates an average of two to three hours a week on wellness-related tasks. The Director of Human Resources, for his part, provides overall supervision and budget management to the Wellness Program, and reports to the MJTCHD C.E.O. on its achievement.

One important development has been the hiring in 2000-2001 of a Recreation Technologist. This part-time technologist is the only district employee who works strictly on wellness activities and his salary comes out of the Wellness Program budget. The hiring of this technician has brought needed impetus to a program that, until then, was essentially run by volunteers. Several surveyed employees commented that hiring the technician has been the most significant demonstration of management support for employee wellness.

iv) Communications

From the program manager’s perspective, communications represent an important determinant of program participation and careful attention has been paid to communicate program information to senior management, on the one hand, and to employees, on the other. Each district facility has a bulletin board where notice of wellness events and other news are posted. Other means of communications include the public announcement system, posters, articles in the health district’s monthly newsletter, and direct contact by the Recreation Technician. Despite this arsenal of communications tools, however,

interviews with employees and managers suggest that the level of program awareness among employees could be improved upon.

In fact, the issue of communications emerged during several of the interviews with employees. There is a general sense that the information about the program structure and activities does not always get to employees. For instance, mention was made that at the program's inception, tension arose as a result of employees not knowing that funds for the Wellness Program were earmarked for that purpose out of a special provincial budget. This lack of knowledge meant that these employees believed that, in a context of severe financial restraint, MJTCHD should have used the money to hire more staff or provide additional staff support. Other employees commented that a perception existed early on to the effect that the Wellness Program was run by managers, which might have resulted in lower employee participation. These comments suggest that communications to employees may have been problematic at some points in the program's history. To be fair, other employees reported that they feel well-informed about the Wellness Program's features and events.

In addition, mention was made that several members of the Lifestyles Committee – whose role is, among other things, to communicate to co-workers information about upcoming events and to gather inputs from them – do not readily pass on information in their place of work. Likewise, several respondents mentioned that they did not know who their representative on the Committee was, nor was it clear to them how to provide inputs and make suggestions about the Wellness Program. In retrospect, it is clear from the information gathered that effective communications may have been hampered by the fact that employees are spread out in eight different locations. This difficulty is compounded by the fact that employees working on shifts and those who are relatively 'footloose' – such as home care workers – have traditionally been more difficult to reach.

iv) Demonstration of Management Commitment and Support

Employees' perception about management commitment to wellness is mixed. When probed about their perception of management commitment to the Wellness Program, several of the surveyed employees considered that there is a definite willingness from senior management to increase employee well-being and wellness, citing the creation of a Lifestyles Committee, the hiring of a recreation technician, and the gymnasium membership rebate program as probing examples of such commitment. By contrast, a minority of surveyed employees pointed out that funding for the Wellness Program comes entirely from a special, dedicated provincial budget, meaning that the MJTCHD management did not commit any new resources to employee wellness. This view, however, must be tempered by the fact that staff time and infrastructure have been committed to various wellness activities, out of the district budget.

'If the line item [funds earmarked from the province] disappears, our commitment to wellness will remain, whatever form it takes.'
Health District CEO

The research has also shown that individual facility or agency managers have generally been supportive of the Wellness Program, by providing their employees with the

opportunity to attend specific wellness events – typically professional development-type of seminars – on the employer’s time, or by providing access to facilities to hold wellness events. One long-term care facility, for example, provides space every week for holding aerobics classes. By and large, management support and commitment to the Wellness Program appear to be broad and systematic.

v) Employee Participation and Union Involvement in the Program

Statistics on employee participation in wellness events are compiled on a regular basis. Analysis of these data show that participation has been uneven throughout the years and dependent on the type of activities. Some activities – stress management seminars, “how to handle burnout” workshops, family swims, aerobics, to name a few – were generally well attended, averaging over 100 participants (of a total workforce exceeding 1,500 employees). By contrast, a few activities had to be cancelled for lack of participants. Overall, participation does not exceed 10-15% of the total workforce, which is not necessarily bad considering the large number of events offered and, more importantly, the fact that employees are dispersed on eight different sites.

For one, the multi-site nature of the organization has been identified as a significant barrier to widespread participation. The fact that employees work on shifts is the second factor of importance explaining current participation levels. In addition, more mobile employees like the home care workers have more difficulty accessing information about wellness activities, and their work schedule often does not allow them to participate in the in-house wellness activities, translating into a lower participation rate for this group. Some of these workers have in fact expressed frustration at not being able to participate more fully in the Wellness Program.

From the program manager’s perspective, participation in healthy workplace activities should be considered adequate, even if participation rates average approximately 10-15% of all employees. The fact that activities are not offered at all sites and because of the shift work nature of the organization, a large segment of the workers’ population cannot realistically attend all wellness events. Furthermore, the range of activities is relatively wide, which means that not all activities cater to the taste of every employee.

To be fair, some wellness activities were organized several times a day in order to accommodate shift workers, while other activities have been transported to different locations within the health district. Given the cost and the logistics involved, there are real limits to the potential for duplicating wellness activities to the extent that they will become accessible to all employees.

The question of whether providing incentives to employees represents an effective means of increasing attendance has been asked during the interviews with both management and employees. The view seems to prevail that providing financial incentives probably would not make a difference in employee participation, at least for seminars and other events of this nature. That said, interviewees also pointed out that it could make a difference in the case of activities carrying a large ‘sticker price,’ such as the gymnasium membership rebate program. A few respondents believed that the financial incentives made available

for programs such as smoking cessation and swimming classes, albeit small, may have contributed to increase participation. Given the absence of consensus on this issue, it will probably merit more discussion at the Lifestyles Committee level.

As mentioned earlier, some facility/agency managers have from time to time provided employees with the opportunity to attend wellness activities during work hours, although there is no clear policy at the health district level governing participation in wellness activities during work hours. The perception exists, thus, that some managers are more supportive of the wellness program than others. Several respondents – from both the employee and the management sides – argued that, in the final analysis, participation in wellness activities boils down to questions of personal choices and lifestyle. In their view, increased incentives or communications will not result necessarily in increased participation, at least for this segment of the employee population that does not wish to embrace a healthier lifestyle.

On a separate note, it is interesting to observe that, although the Lifestyles Committee relies heavily on employees, there is little formal union involvement. The general view is that the unions are supportive of the Wellness Program – by way of promoting the program to members – but there is no active union involvement in it. There is little evidence to suggest that a lack of formal union involvement has been detrimental to the wellness program, although at least one manager commented that “in retrospect, unions should have been more formally involved.” A majority of respondents, including union leaders, feel that the direct and extensive participation of employees is preferable to more union involvement but less employee commitment. One union official confirmed that the union is supportive of the wellness program because it is considered a joint labour-management structure and process, and because there is a belief that wellness initiatives are generally beneficial to employees.

As of yet, there are no specific provisions in any of the three collective agreements dealing specifically with wellness activities. However, measures that promote work-family balance, such as family leaves, or personal health, such as chiropractor visits, etc., have recently been integrated into the latest SUN’s collective agreement.

vi) Evaluation Component

A review of internal documents and interviews with senior managers confirms that evaluation forms an intrinsic component of strategic and operational planning at all levels of the organization. Mention was made earlier that, at the district level, client/patient surveys and surveys of employees are regularly conducted as a means to monitor organizational performance. With respect to the latter, the Human Resources Department is responsible for designing and implementing bi-annual employee surveys. Survey forms are sent to a sample of 100 employees, and response rates normally vary between 60-75%. Questions evolve around stress at the workplace, decision-making power, overall job satisfaction, safety at the workplace, and so on. The results are circulated throughout the health district, and senior management actively seeks to integrate survey findings into long-term strategic planning. The last employee survey was conducted in March/April,

2001 and it is interesting to note that the popularity of Lifestyles Committee initiatives was singled out by the MJTCHD C.E.O. as an important finding.

The organization also systematically collects data on health and occupational safety indicators such as absenteeism, sick leaves, injury rates, and others. These types of data are also viewed by management as an inherent component of organizational performance. In addition, most of the individual activities carried out under *occupational health and safety* are assessed using a so-called *Process and Outcomes Measurement System (POM)*. This system calls for the collection and analysis of either process, outcome or so-called *risk*⁷ indicators, and the identification of sources and expression of data. Each application of POM results in a detailed report which outlines the indicators, summarized participants comments, and identify a specific course of action for follow-up.

At the level of the Wellness Program, there is also a strong evaluation component built into activity planning and implementation. Attendance records are kept on most activities by way of signing sheets. In addition, participants are systematically asked to record on survey forms their satisfaction with the activities, and they are encouraged to make suggestions for improvement. It is worth noting that POM has occasionally been used to assess some of the wellness activities. In the eye of the program manager, these participant assessments are extremely helpful in making decisions about future programming. These activity-level evaluation activities are seen as part of a feedback loop that allows a good fit between employee needs in the area of wellness and programming. As said earlier, this feedback is used during meetings of the Lifestyles Committee to decide on future activity selection.

District-wide participant surveys are also conducted by the Lifestyles Committee as a means to assess needs, identify areas for improvement, and assess satisfaction in relation to the Wellness Program. One such survey was in June 2000. It achieved a 40% response rate and highlights include:

- 62% of surveyed members are aware of the Lifestyles Committee and 23% have attended wellness activities;
- 68% of respondents indicate that they exercise regularly (at least three times a week), but 84% want to be more physically active;
- 68% of surveyed employees would change their physical activity level, if there were one thing they would change about their health and wellness; and
- 70% of respondents feel that the Wellness Program will contribute to increase morale among employees.

An interview with the program manager indicates that there is growing concern about demonstrating the impacts of wellness activities on employee health and safety outcomes such as absenteeism, rate of injury, and so on. In this regard, the program manager is currently contemplating the implementation of a more sophisticated impact assessment approach, using 100 participants to the gymnasium membership rebate program as the

⁷ Indicators measuring the factors that may jeopardize the success of the activity.

target group and using a control group of a similar size of employees who do not take part in this program as a way to assess impacts.

By and large, the level and sophistication of evaluative activity at the district and program levels are impressive, and the consultations suggests that there is a genuine management concern about using evaluation tools as a means to increase patient/client, as well as employee well-being. One could argue, however, that even with all the evaluation pieces being in place, an overall integrative framework – one that could measure the extent to which organization performance can be linked to employee satisfaction and to wellness activities – is still not fully developed. This limitation demonstrates that the assessment of program impact on organizational performance is extremely challenging.

IV. Impacts and Analysis

i) Management Assessment of Impacts, Benefits and Drawbacks

Based on the interviews, the general view from district and facility/agency managers is that the Wellness Program has had the following impacts:

- district-wide events such as family picnics and swims have contributed to increase interaction between facilities and agencies and, within them, between wards and departments, thereby increasing cohesiveness and ‘esprit de corps’;
- there does not appear to be widespread, apparent changes in employees’ fitness level or lifestyles (based on direct observation).

That said, the respondents told several personal stories of employees who made drastic changes in lifestyle as a result of the program. The most visible change has been seen in some of those who have taken part in the gymnasium membership rebate program. One story involves a nurse who, following attendance at a program-sponsored stress management seminar, reduced her working hours from a full to a part-time status as a stress reduction measure, only to eventually go back to work full-time after her situation stabilized.

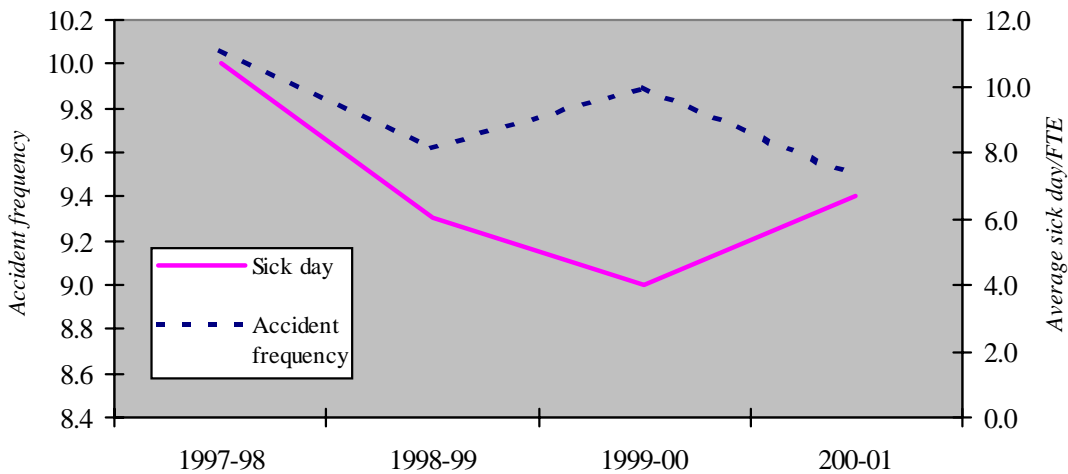
‘The fact that the activity selection process is driven by needs assessment survey ensures some measure of success.’
Program manager

Opinions about the impact of the Wellness Program on employee morale differ markedly from one manager to the next. Some facility managers have not detected any discernible change in employee morale since the program’s inception, while others commented that they have seen improvement in morale attributable to the Wellness Program. On this issue, the district C.E.O. mentioned that, although the employee surveys do not specifically probe for morale, comments made by respondents in the March/April, 2001 survey suggest that the Wellness Program has been beneficial. The same survey reveals that 57% of sampled workers rate the MJTCHD as an ‘above average’ or ‘one of the best’ place to work. Again, the lack of consensus on this issue may indicate that there are real difficulties in, first, developing ‘morale’ indicators and, then, linking program activity to trends in these indicators.

'In the past eight years that I have worked here, there has been a significant change in the corporate culture... there have been important improvements in communications and inter/intra departmental relations.'
Employee

As said earlier, MJTCHD systematically collects health and safety indicators and views them as an intrinsic component of organizational performance. It was not possible to obtain time series data and Chart 1 portrays two standard indicators of health and safety over a four-year period. There are obviously not enough data to be able to speak with authority about trends. That said, the chart shows that two years after the Wellness Program's inception (in 1997-1998), a downward trend was evident in terms of accident frequency, although the rate has been climbing up starting in 1999-2000. It is difficult to identify any trend in average sick days. When probed on the incidence of the Wellness Program on these types of indicators, most managers recognized that it is impossible at this stage to attribute causality.

Chart 1
Average sick days and accident frequencies – MJTCHD
1997-98 to 2000-01



Source: MJTCHD, *Operational data*, 2001.

In the area of patient/client satisfaction, a September, 2001 survey showed that overall satisfaction with the services offered by the health district was 95% (ratings of 'more' and 'most' satisfied on a four-point scale). The management concluded that, to the extent that survey results are positive, 'staff may be more encouraged by the evaluation processes for service delivery and will participate more fully in the future.'

On this issue of attribution, mention was made that the pressure is on to demonstrate that every healthy workplace activity is effective because, although the Wellness Program funds are earmarked for wellness activities, they can be spent on a wide range of activities, meaning that existing activities must demonstrate effectiveness. This concern about demonstrating impacts explains the recent decision by the program manager to utilize a more sophisticated methodology (the use of a control group) as a means to assess the impacts of the most expensive healthy workplace initiative, the gymnasium membership rebate program.

"The very idea of setting joint labour-management committee is bound to have some positive outcomes."
Health District CEO

ii) Employee Assessment of Impacts, Benefits and Drawbacks

While no consensus exists on the impacts of the Wellness Program on organizational performance and employee well-being, comments gathered from the employee interviews leave the impression that, overall, the program has had positive impacts. Several respondents corroborated their managers' assessment (discussed earlier) by mentioning that there has been an increase in interaction between facilities and agencies as a result of the family events sponsored by the program. This view is reinforced by comments made by one union official who stated that "the wellness activities are clearly breaking down barriers between departments".

The gymnasium membership rebate program is considered by many as the wellness activity that brought about the most visible impacts. The program was made available at five different fitness facilities, and it involves a one-time \$200 rebate. A measure of impact is provided by the fact that approximately half of those who participated in the program were not active gymnasium users prior to participating in the program. Given the cost of the program, senior management is currently assessing whether to continue with it or not. In this regard, the assessment of impacts currently contemplated by the program manager will undoubtedly provide essential inputs into the decision-making process.

"The gymnasium membership reimbursement program is the most impressive thing that the organization has done for employee well-being in 25 years."
Employee

On a different note, mention was made that the Wellness Program may have contributed to increase friction between groups of employees, because of the perception that access to activities and services is better for some categories of employees than for others. One surveyed union leader observed that a large proportion of the healthy workplace activities are more readily available to daytime employees, since not many wellness activities are organized for or made available to nighttime workers. In the same vein, some workers from the more remote locations have complained about the fact that wellness activities tend to occur in central locations, thus creating unequal access. By and large, one could argue that such friction is probably unavoidable given the characteristics of the health district.

In the final analysis, it may be that the positive impacts to be expected of healthy workplace initiatives can sometimes pale in comparison to external and internal forces such as layoffs and organizational restructuring. Such forces have the potential to overwhelm attempts to make the work environment a better and healthier place to be. However, such a consideration does not make wellness programming less relevant; on the contrary, it makes it even more relevant.

iii) Analysis and Future Directions

Several lessons can be derived from looking at the six-year history of MJTCHD's Wellness Program. First, the importance of achieving a balance between the various types of healthy workplace initiatives – the social, fitness, healthy lifestyle and family events, and those catering to different age groups, etc. – should be highlighted. The evidence shows that there has been a trend over time to reduce the number of professional

'Employees are more capable of selling [healthy workplace] activities to their peers than managers are.'
Manager

development-type seminars (stress management, etc.) and increase the frequency of family, fitness and social events.

From the program manager's perspective, this shift has been a desirable evolution. Above all, it suggests that there needs to be flexibility in the programming of healthy workplace practices, and the Lifestyles Committee has done well by systematically assessing participation in and satisfaction with its activities, and using this information to select new activities. The aging workforce at MJTCHD and early retirement trends will result in the years to come in a different employee profile, and the need for flexible programming is likely to increase. For instance, this trend may require the Wellness Program to take a closer look at elder care, since the proportion of employees with very old parents is likely to increase.

The change in membership at the Lifestyles Committee – evolution that saw the number of managers active on the committee decrease over time – suggests that flexibility needs to be built into not only programming, but also in terms of a labour-management balance in the decision-making process and structure. As said earlier, this change has been considered positive since, by creating a sense of ownership, it may have contributed to increase employee participation in the healthy workplace activities. The change has been gradual, allowing employees to build their capacity to design and implement healthy workplace activities.

Several suggestions have been made by survey respondents for making the Wellness Program more effective. In the area of communications, for instance, it was suggested that information about upcoming wellness events should be provided during staff meetings; members of the Lifestyles Committee should be encouraged to do more for raising program awareness, possibly by way of word-of-mouth; and other communications tools such as inserts in the pay slip envelopes should be used.

Other suggestions made by employees during this project's consultations on how to improve the program include:

- Focus more on stress and anxiety alleviation, since these problems are recurring;
- Place a heavier emphasis on family wellness – as opposed to individual wellness – since it would broaden the range and depth of potential benefits.

When asked to comment on the main lessons learned from the wellness experience to date, MJTCHD C.E.O. had the following advice to provide:

- Assess what the needs are;
- Identify a group of champions and make them part of the design/implementation team;
- Set performance indicators in advance and collect baseline data;
- Look at best practices, attend conferences and other learning events;
- Do not work in a vacuum and pick up on the good examples; and
- Commitment from Board and management is crucial.

In retrospect, most of these steps have been implemented at MJTCHD – perhaps not in this order – and they help explain the relative success of the Wellness Program. While much work remains to be done in the area of impact assessment, the components of an evaluation system are in place to ensure that a stronger case can be made about the benefits achieved by promoting a healthy workplace culture.

One important feature of this Wellness Program is indeed the feedback loop built into program design and implementation, starting with the systematic evaluation of healthy workplace initiatives in areas of employee participation and satisfaction, and moving into the monitoring of safety, health, client satisfaction, and employee wellness indicators. This case also exemplifies the importance of management and employee commitment to wellness and the variety of forms this commitment can take, from time off work to attend selected wellness activities to the provision of infrastructure to management time to organize a wellness program. Another important finding is that it takes time to develop effective approaches to wellness; trials and errors have to be expected in the drive to match employee needs with suitable activities and to fit future programming with constantly evolving needs and workforce composition. In the final analysis, MJTCHD's Wellness Program has taken on this challenge with efficacy and dedication.