

**An Assessment of Wellness Programs Among Municipalities
Within the Austin-San Antonio Corridor**

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CHAPTER 1

INTRODUCTION

Employee assistance programs were originally implemented to help employees with alcohol dependency problems (Bromage, 2000) during the 19th and 20th centuries. Today, the programs assist with a wide range of issues, such as marital difficulties, financial problems, problems with raising teenage children or work-related stress (Pancratz, 2000: 56). This means that some of the problems the programs handle are not directly related to the job. Still, employers provide the programs because they believe healthy employees are more productive, hence more valuable to the organizations for which they work.

Increasingly, employers are offering employee wellness programs in an effort to make the work environment a better place. Employees tend to perceive employee wellness programs differently. Nevertheless, all employee wellness programs seem to encompass similar components that are intended to promote the overall health of workplace employees. Accordingly, health promotion programs aim to improve an employee's physical, emotional, psychological and mental health.

Case Examples

The following case examples represent a couple of likely experiences municipal employees face. These examples illustrate the necessity of a comprehensive wellness program within municipalities. Municipal employees are consistently faced with citizen complaints, and it is quite difficult to resolve problems to the taxpayer's full satisfaction. Moreover, municipal employees constantly mediate between competing interests, such as those from their immediate supervisors, citizens, and the city council.

Example 1: Stress Spills Over

It is 8:30 am, and Melanie woke up this morning expecting to have great day. But, she receives a call from Mrs. Smith, whose toilet is badly overflowing. Mrs. Smith is convinced this is the City's fault because she saw a City crew on her street yesterday. When she called to get help, she was told to find a plumber to fix the problem since it happened inside her home. An hour later, Mrs. Smith calls back very angry because she could not find her usual plumber and the toilet was creating a huge mess. She cannot believe that no one at the City can help her—the whole thing sounds impersonal and bureaucratic to her.

In the midst of the phone call with Mrs. Smith, Melanie gets another call from the animal control officer. Council member Chealsey's dog is out again. The neighbor is furious because she believes that the dog is getting special treatment. No other dog that barks all night and roams the neighborhood during the day could get away with it. The neighbor wants someone out there immediately to pick up the dog.

Then, as Melanie is contemplating how to handle both of these situations, the department director asks Melanie for the report that was due ten minutes ago. The director needs the report for a meeting she is going to.

Thankfully, Melanie is a multitask oriented person and uses effective relaxation techniques, so she takes a deep breath and handles all three of the issues beautifully. She is thankful that she is able to handle the stress of her job, but she is concerned about those employees who do not know how to manage their stress.

Example 2: Life's Little Complications

Ralph has been working on a special report for the City Manager for the past two days and has it pretty much finished. Council member Welch is visiting the office and overhears Ralph discussing it on the telephone. This is an area of special interest to the Council member and he wants a copy of the report—NOW. The City Manager is out of town and can't be reached. Ralph knows that eventually all Council members will receive a copy of the report. Ralph is caught between trying to satisfy the City Manager and Council member Welch.

Ralph's decision-making skills have not been very sound lately. He is in the midst of a divorce and just found out that he has high blood pressure and diabetes. Also, he does not know how he is going to afford the legal fees associated with the divorce. He is feeling very depressed and is on the verge of a mental breakdown.

The doctor told him that his health might improve if he watched what he eats and exercises. But, if Ralph cannot pay for his legal fees, how can he afford to pay for a membership at a local gym? In addition, he has constant meetings, so he constantly eats

on-the-go. How is Ralph to deal with all of these situations and remain an effective and productive municipal employee?

These case examples are presented as an attempt to illustrate the purpose of this study. Employees are valuable assets to their organizations, and in order to preserve their abilities to handle situations they face, employers should ensure that mechanisms are in place for employees to turn to if situations become unbearable. Having a comprehensive wellness program is one way in which employers can protect employee deterioration and aid with the financial costs associated with this loss.

Research Purpose

The purpose of the research is threefold. First, the purpose is to describe the ideal characteristics of an effective wellness program. The second purpose is to assess wellness programs among twenty-five municipalities within the Austin-San Antonio Corridor using the ideal characteristics. The final purpose is to make recommendations for improvements of wellness programs among the twenty-five municipalities.

This research project is founded upon previous studies about wellness programs conducted by Rosanna L. Church (1993), R. Ryan Gilliam (1999), and Arturo T. Hernandez (2000). While completing her applied research project in 1993, Rosanna L. Church outlined five components of an effective and comprehensive wellness program.

The first portion of this paper reviews the framework Church established, while linking each component to the current literature. The five components are as follows:

1. Physical Fitness
2. Stress Management
3. Psychological and Mental Health

4. Nutrition and Dietary Related Issues
5. Alcohol and Chemical Dependency

The second portion of this paper assesses the wellness programs among municipalities within the Austin-San Antonio Corridor by gauging how closely the wellness programs within these twenty-five municipalities compare to the practical ideal type characteristics as identified and developed through the literature and the Church, Gilliam and Hernandez studies. Through the use of surveys and content analysis, data in accordance with the practical ideal type characteristics is confirmed. After compiling the data obtained from these two methodologies, recommendations are made for improving the wellness programs among the twenty-five municipalities within the Austin-San Antonio Corridor.

Chapter Summaries

First, Chapter 2 provides a review of the current literature pertaining to wellness programs, describes the purposes as well as the benefits of providing well-integrated and comprehensive wellness programs, while also developing the conceptual framework. Then, in Chapter 3, the research setting for the project is described. Next, Chapter 4 outlines the methodology used to complete this study and describes how each of the components within the practical ideal type are operationalized. Subsequently, Chapter 5 describes and summarizes the results obtained from this study. Last, Chapter 6 assesses whether or not the municipalities meet the ideal characteristics developed throughout the course of the study and recommendations are made for the improvement of wellness programs among the twenty-five municipalities within the Austin-San Antonio Corridor.

CHAPTER 2

LITERATURE REVIEW

The purpose of this chapter is to review the current literature on employee wellness programs in an attempt to determine the necessary components that should be included in an ideal wellness program. The essential components are then used to develop an ideal type for assessing wellness programs. In addition, this paper expands upon the previous research concerning wellness programs conducted by Rosanna L. Church (1993), R. Ryan Gilliam (1999), and Arturo T. Hernandez (2000).

An Overview of Wellness Program Concepts

Employers offer employee wellness programs in an attempt to create a better work environment by promoting the overall health of workplace employees. Health promotion programs are one form of wellness program offered by employers. Health Promotion is a process that involves four major components: assessment activities, communication material, self-help material, and group programs (Powell, 1999: 17). While these components are listed separately, they are intended to be integrated and work in conjunction with one another. The first component, assessment, is used to differentiate among healthy and unhealthy employees within an organization. Techniques for assessment range from health screenings to health risk appraisals (Powell, 1999). Communication materials comprise the second component. Materials include newsletters, paycheck stuffers, and posters (Powell, 1999: 18), which provide a means for ongoing communication to employees and promotion of employee wellness programs. Self-help materials, the third component, are aimed at helping employees in their efforts to change

maladaptive behaviors on their own. Self-help materials include videos, CD-ROMs, audiotapes, and booklets (Powell, 1999: 18). The fourth component, “group programs” are classes that allow for interaction among employees and the instructor (Powell, 1999). Group programs seek to provide a therapeutic means for addressing health concerns while addressing health promotion initiatives. Nevertheless, the ultimate goal of health promotion activities is to create a culture that values and meets both individual and organizational needs for health improvement (Ochsner Health Plan of Louisiana, 2001: 1).

Research previously conducted by Church (1993), Gilliam (1999), and Hernandez (2000) identified five essential components needed to establish a comprehensive wellness program.¹ The components do not operate in isolation. Rather, the components are closely integrated. The five components are as follows:

1. Physical Fitness
2. Stress Management
3. Psychological and Mental Health Issues
4. Nutrition and Dietary Related Issues
5. Alcohol and Chemical Dependency (Church, 1993: 11).

Materials obtained from the literature overwhelmingly corroborate Church’s idea of an integrated framework.² For example, Rotarius et al (2000) suggest that employee assistance programs are increasingly becoming integrated into the organizational health care system as a means of cost control. Basically, employers are providing wellness programs through company health insurance plans in order to control costs. Companies may design their health insurance programs to pay for preventative measures, like annual

¹ Church (1993) originally identified the five components of an effective and comprehensive wellness program.

² See for example, Rotarius et al; Gilliam 1993; Knopf 2000.

physicals to detect problems at an early stage. In essence, employee assistance programs have become a close approximation to common fringe benefits provided to employees.

The literature suggests that by providing programs to assist employees and aid in health promotion, organizations are able to meet employee needs while trying to create a positive and productive work environment.³ Employee assistance programs were originally implemented to help employees with alcohol dependency problems (Bromage, 2000) during the 19th and 20th centuries. Today, the programs assist with a wide range of issues. Some of the issues include marital difficulties, financial problems, problems with raising teenage children or work-related stress (Pancratz, 2000: 56). This means that some of the problems the programs handle are not directly related to the job. Still, employers provide the programs because they believe healthy employees are more productive, hence more valuable to the organizations for which they work.

Benefits of Wellness Programs

By implementing employee wellness programs, both employers and employees can enjoy significant benefits. On the organizational level, employee assistance programs can lower risk and costs that certain employees pose.

Research has shown that 80 percent of all workers' compensation claims result from stress or trauma in employee's work lives or personal lives; 15 percent of all injured workers generate 85 percent of all workers' compensation costs; 9 percent of these injured workers suffer from back problems; and up to 65 percent of all back injuries are related to psychological and/or mental stress (Atkinson, 2000: 46).

³ See for example, Bromage, 2000; Pancratz, 2000; Arthur, 2000; Powell, 1999; Atkinson, 2000; Martinez, 1999.

Atkinson suggests that by providing employee wellness programs, companies can ultimately save money on workers' compensation claims. What's more, a recent American Association of Health Promotion study found that some companies may receive a return of between \$2 and \$6.15 for each dollar spent (Ochsner Health Plan of Louisiana, 2001: 1).

In addition, wellness programs may also alleviate common work-related problems. Studies show that wellness programs lead to significant improvement in work-performance indicators, reductions in absenteeism, grievances, disciplinary actions, work accidents, staff turnover, tardiness (Arthur, 2000:555), improved employee health, reduced health care costs, and improved morale (Atkinson, 2000: 42). This is important since one company found that employees who are emotionally troubled are sick, late, and absent almost three times more often than non-troubled employees, and lost work time can cost a company up to a 25% loss in productivity (Rotarius et al, 2000: 31).

On the individual level, health promotion programs can produce healthier employees. Employee assistance programs try to take a proactive approach by recognizing signs of employee stress or maladaptive behaviors. Therefore, the programs look for warning signs early in hopes that the program can prevent the problem from getting worse. In doing so, wellness programs can enhance awareness, assist employees with making lifestyle changes, and creating an environment that is supportive of healthy lifestyles (Hernandez, 2000: 10).⁴

Nonetheless promoting healthy lifestyles for employees still benefits the employer by reducing costs. For instance, a study conducted at Steelcase

⁴ Other sources that deal with these issues include: Church 1993; Gilliam 1999.

Corporation by the University of Michigan found that the company spent \$597.00 more per year in health costs for employees who drank alcohol excessively; for every employee who was sedentary, the company paid \$488.00 more; and for every employee who had hypertension, the company paid \$327.00 more (Powell, 1999: 15).

Belloc and Breslow (1972) conducted a study to investigate men who followed seven basic health practices. The practices included maintenance of an ideal body weight, regular consumption of breakfast, avoidance of snacks, vigorous physical activity, seven to eight hours of sleep daily, abstinence from tobacco, and moderate consumption of alcohol. In conducting this study, Belloc and Breslow found that men who adhered to six or more of the seven health practices lived 11.5 years longer than those did not (Gilliam, 1999: 7).

Employee assistance programs seek to promote healthy lifestyles that will aid employees in living longer, healthier, and happier lives. Wellness programs, however, are generally not successful unless there is a clear set of policies outlining the objectives of the programs (Knopf, 2000: 2). In addition, programs must have the support of all members of the organization, including top management. Having support from all members of the organization creates a support network that can assist an employee with problems he or she may encounter. Studies have shown that existing social support from friends, supervisors, co-workers, and family members are effective for encouraging employees to seek help through employee assistance programs (Delaney et al, 1998: 407). Individuals do not only need the support from within the organization, however, they also need external support.

Assessing Health Risks

Assessing employee health risks is typically used to identify the extent of an employee's healthy or unhealthy behavior. Health Risk Appraisals (HRA) are the most widely used tools for measuring employee health risks. These are confidential surveys that query employees about their habits and family histories (Martinez, 1999: 107).

Information obtained from the survey is then compared to other people who have the same demographics, thus predicting the likelihood that an employee will suffer from cancer, stroke, heart disease, or other major illnesses within the next ten to twenty years (Powell, 1999: 17). Common questions asked on health risk appraisals include information about the employee's level of physical activity, smoking, sleeping patterns, depression, stress, nutrition (Martinez, 1999: 107), how much they weigh, and how tall they are (Powell, 1999:17). If these factors are addressed early, employees can attempt to modify maladaptive behaviors before they suffer the harmful consequences these behaviors produce. Ways to modify maladaptive behaviors might include reorganizing their lifestyle on their own or by seeking professional counseling.

When wellness programs are developed, employers need to take all of these issues into account. By conducting health risk appraisals, companies are taking the first step to ensure that these concerns are addressed, which will enable the company to design an effective wellness program.

Wellness Program Development

Again, conducting a health risk appraisal is critical when developing wellness programs because they provide insight for assessing the needs of the organization. This is

not to say that companies should solely rely on health risk appraisals. Rather, they should study employee medical records, health care claims and costs, workers' compensation claims, absentee rates, and any information provided by health risk appraisals (Martinez, 1999). According to Patterson (1987), health appraisals are helpful for identifying group needs and establishing priorities for programs such as health education (Hernandez, 2000: 16).

Still, developing comprehensive wellness programs requires more. Martinez (1999) suggests that the employer must also examine workplace facilities when developing wellness programs, stating that facility assessments should review the health and safety of the office environment to include lighting, lunchrooms, security, cleanliness, temperature, fire safety, flooring and space limitations (107). This is important for understanding whether or not employees are working in an environment that is conducive to safety and productivity. If the environment is not an enjoyable place to work, then it may account for high rates of absenteeism or lack of job satisfaction.

Employee wellness programs have become prevalent throughout the workforce. Employers gain so much from emotionally, physically, and psychologically healthy employees. For this reason, employers are developing wellness programs that address the concerns of its employees with the assumption that wellness programs are a means to protect the organization's investments rather than costs. A national survey conducted in 1985 by the Research Triangle Institute for the Department of Health and Human Services (DHHS) found that 24% of private, nonagricultural US worksites with 50 or more employees offered an employee assistance program and the programs have experienced significant growth since 1993 (Hartwell et al, 1996: 807).

Employee wellness programs are a form of “tertiary” prevention of stress. Cooper and Cartwright (1997) explain:

Tertiary prevention is concerned with the treatment, rehabilitation, and recovery process of those individuals who have suffered or are suffering from serious ill health as a result of stress. Interventions at the tertiary level typically involve the provision of counseling services for employee problems in the work or personal domain. Such services are either provided by in-house counselors or outside agencies (9).

Accordingly, employers who seek to develop a comprehensive wellness program need to determine ways in which the company can aid in the prevention, treatment, rehabilitation and recovery processes. One way employers can inform employees about their dedication to health promotion is to formulate a clear set of objectives as to what the wellness program seeks to accomplish. In addition, employers need to describe some of the benefits that employees can enjoy through the wellness program. A Surgeon General’s report suggests that employers need to describe the rationale for integrating employee assistance programs with other benefits and describe how the employee wellness program can be used (Vernarec, 2000).

Another important factor to consider when developing a wellness program is employee participation. No matter how well-designed a wellness program is, it will fail if employees refuse to use it. One way to increase employee participation is to allow employees to aid in the design process. This way, employees are more likely to believe in the wellness program because they helped in its formulation, and thus are more likely to use the program (Hernandez, 2000). Also, companies can acquire input from employees and measure overall interests through surveys, focus groups, interviews, e-mails or meetings (Martinez, 1999).

One more way employers can prompt employees to use employee wellness programs is to provide incentives. In fact, using incentives has become a popular choice for encouraging employees to change their lifestyles. Almost 39% of companies offer an incentive to motivate employees to improve their health behavior (Powell, 1999: 20). Incentives can include a variety of things. For example, incentives can take the form of charging less for employee health plan contributions, offering lower health coverage levels, providing reimbursement for wellness programs, giving premium discounts to employees who engage in health lifestyles (Powell, 1999: 20). That's not all. Incentives can also include non-cash rewards. Some examples of non-cash rewards include giving water bottles, t-shirts, and golf equipment to employees who choose to participate in the wellness program (Powell, 1999: 20).

This is not to say that incentives are the magic trick for encouraging employees to seek help through the employee assistance program. Rather, incentives need to be combined with other methods described in this section. Perhaps, the best way to ensure employee participation is to make sure that the program takes into account the needs particular to that organization when developing its wellness program.

Components of an Ideal Wellness Program

As mentioned previously, there are certain essential components that a comprehensive and well-integrated wellness program should possess. In reviewing the literature and the research conducted by Rosanna L. Church, R. Ryan Gilliam, and Arturo T. Hernandez, the components have been enumerated. The five components include:

1. physical fitness;
2. stress management;
3. psychological and mental health issues;
4. nutrition and dietary related issues; and
5. alcohol and chemical dependency.

Arturo T. Hernandez explains that the five components are particularly pertinent to the public sector employees. This is true due to the fact that each component addresses the importance of maintaining a healthy lifestyle, thus contributing to an employee's ability to make sound judgments (Hernandez, 2000).

The first major component revolves around **physical fitness**. Collingwood (1995) describes physical fitness as relating to the body's ability to perform physical tasks or work (Gilliam, 1999:14). In his research, Gilliam draws upon factors cited by Collingwood that are included within the realm of physical fitness. These factors are: aerobic power or cardiovascular endurance (stamina); strength (the ability of muscles to generate force); flexibility (range of motion); and body composition (ratio of lean tissue to fat tissue) (Gilliam, 1999:15). All of these factors contribute to an employee's ability to lead a healthy lifestyle, which in turn, leads the employee to perform more productively without as much risk for injury.

A common method employed by companies is to offer some form of on-site exercise facilities or stretching programs (Atkinson, 2000). These programs are not only intended to help employees sustain a healthy lifestyle by maintaining physical fitness, but also seek to alleviate stress that any employee is experiencing. Although on-site exercising facilities are nice in that they provide an easy, convenient, and inexpensive way to

exercise, it is not necessary for companies to maintain their own on-site facilities. Rather, especially for small companies, it may be more cost-efficient to create partnerships with a local fitness center. With this approach, a company can opt to pay all or a portion of employees' memberships (Atkinson, 2000). No matter what the case, a company should find some way to promote physical fitness among its employees.

The second component is **stress management**. Stress is hard to define, but there are functional and dysfunctional levels of stress. Functional levels are those in which an employee can still operate productively. In contrast, dysfunctional stress is usually marked with a decrease in an employee's productivity level. It is dysfunctional stress that wellness programs seek to alleviate. In general, stress management techniques seek to relieve the symptoms of stress, improve employees' mental health, and increase productivity (Arthur, 2000). Stress management is imperative because it helps employees cope with the effects of stress. Some of the significant stressors employees face include the amount of work they are expected to produce. Furthermore, some people suffer from stress because personal expectations are set too high (Verespej, 2000).

Stress has different effects on different people. For some, it has temporary effects that go away after a few hours or few days. For others, however, stress is not as transient. Dr. Raul Rosch, President of the American Institute of Stress and a clinical professor of medicine and psychiatry at the New York Medical College, estimates that the cost of stress in the United States is approximately \$200 billion annually, and estimates that 75% to 90% of physician visits are for stress-related complaints and illnesses, and that 60% to 80% of industrial accidents are facilitated by worker stress (Verespej, 2000: 32). From this

perspective, it is in an employer's best interest to incorporate stress management within its wellness programs.

The third component addresses **psychological and mental health issues**. Some companies offer psychological tests as a way to assess the mental health of its employees. Some employees, however, may possess psychological or mental disorders prior to becoming employed with a particular company. In this sense, the company hires an employee and discovers later that the employee is experiencing mental health problems. Allowing psychological and mental health disorders to go undetected can prove detrimental to an organization.⁵ Disorders of this type can lead to serious problems, such as depression and suicide (Gilliam, 1999). When dealing with a person's psyche, it is important to pay attention to all of the circumstances surrounding the person's behavior and approach the situation cautiously.

A major advantage of employee assistance programs is the capability to refer people to long-term treatment if the employee does not qualify for treatment under the program. A mid-Atlantic state medical center has established criteria for determining people who should be referred to a long-term treatment center as opposed to an employee wellness program. People who should be referred to a long-term treatment center are those suffering from pervasive developmental problems, people with addictive disorders, people with dual diagnoses on Axis I and II of the American Psychiatric Association's Diagnostic and Statistical Manuals (DSM-IV), people who exhibit psychotic symptoms, people with homicidal or suicidal thoughts or a history of violent behavior, and people who have

⁵ See for example Church 1993; Gilliam 1999.

been ordered by the court to seek mandatory treatment (Rotarius et al, 2000: 24). These are limitations that companies need to consider when implementing a wellness program.

Low self-esteem and depression are common issues wellness programs address, but depression can be difficult to recognize, especially when dealing with its mild forms. With severe depression, the symptoms are fairly easy to recognize, but milder cases are harder to detect because symptoms are not as obvious (Vernarec, 2000). If left untreated, depression can have serious effects on the employee's health and job performance. Supervisors can help employees who are depressed or who feel stressed out by allowing the employee to have a reduced workload or a position with less responsibility (Cohen, 2001). Employees appreciate it when supervisors care enough to ask how he or she is doing. As a result of this compassion, employees become more loyal to the company.

The fourth component concerns **nutrition and dietary issues**. Nutrition and diet is important since in some people, diet directly affects organic causes of psychological distress.⁶ In order to help employees modify their diets, some organizations provide some form of nutrition or diet-related program. For example, Public Employees Insurance Agency (PEIA), the largest insurer in West Virginia, helped to develop a program called "Pathways to Wellness," which is a health promotion program that incorporates comprehensive health risk assessment and behavior modification data to assess the costs associated with employing high-risk people (Abresch et al, 2000). The program has conducted research and determined that comprehensive pre and post-program evaluations showed that people with a high risk for cardiovascular disease cost significantly more to insure per year than low risk employees. Through the pathways program, 43 percent of

⁶ See for example, Church 1993; Gilliam 1999; Hernandez 2000.

high-risk blood glucose participants were demoted to a low- risk classification, 99 percent of low-risk participants stayed in the same category, and decreased medical costs by approximately \$125 per employee per year (Abresch et al, 200: 58).

Companies who address nutrition and dietary issues may use education programs to help employees understand the importance of weight loss, smoking cessation, proper diet, exercise, and illness detection (Atkinson, 2000). Understanding these issues are ways in which an employee can take a proactive approach in an attempt to prevent from acquiring a destiny that is filled with illness and disease.

Addressing nutrition and dietary related issues does not have to be costly. There are types of programs that can be implemented for \$5 to \$10 per employee per year, such as a weight loss program that simply puts a scale in the hall and posts a diet plan of the week or having a nutrition program that involves replacing potato chips and candy in vending machines with yogurt and fresh fruit (Powell, 1999: 21). These are simply a few of the ways in which employers can promote nutrition among their employees.

Alcohol and chemical dependency comprise the fifth and final component of a comprehensive wellness program. This is an important component because alcohol and illegal substance abuse are major problems within the American culture. Results of studies reported in July 1998 by the National Council on Alcoholism and Drug dependence (NCADD) found:

12 percent of employees in the work force are heavy drinkers (these are employees who say they consumed five or more drinks on five or more days in the past 30 days); 40 percent of workplace fatalities and 47 percent of workplace injuries can be linked to alcohol consumption; and absenteeism among problem drinkers and alcoholics is four times to eight times greater than absenteeism among other workers (Atkinson, 2000: 47).

The NCADD found similar results on their study of illegal drug use. The council's findings were as follows:

71 percent of all adult illegal drug users are employed; approximately half of those who test positive for drugs in the workplace say they use drugs on a daily basis; absenteeism among illegal drug users is up to 16 times greater than absenteeism among other workers; and illegal drug users use three times as many sick day benefits as other workers and are five times as likely to file workers' compensation claims (Atkinson, 200: 46).

These findings overwhelmingly offer support for an employer's need to include alcohol and chemical dependency within its wellness programs. A person under the influence of drugs or alcohol not only poses a safety threat to him or herself, but also threatens the safety of others. From this perspective, the person is a serious threat to the employer and coworkers as well.

Becker et al (2000) discuss a model called PeerCare, which involves using coworkers rather than mental health and substance abuse professionals in an employee assistance program. A key element of PeerCare is peer confrontation to prevent substance abuse in the workplace. If a worker drinks, uses drugs, or is incapacitated, the worker calls a PeerCare team member to leave the job, or not report to work (Becker et al, 2000: 168). Employers use PeerCare as a way to help employees experiencing problems with drug or alcohol. Essentially, the program targets individuals who are intimidated by the idea of confronting a supervisor to talk about the issue.

No matter which approach a company takes, it is essential for the company to preserve employee confidentiality (Cohen, 2001). Even more importantly, supervisors should be trained to recognize signs of employees who are under the influence of alcohol or illicit drugs. Early detection of substance abuse problems is key, but early detection is

not always possible because employees with early and middle stage substance or alcohol abuse problems may not display a significant decline in work performance (Delaney et al, 1998). This means substance abuse problems may not be detected until later stages, thus making it more difficult for a supervisor to motivate an employee to seek the proper treatment (Schneider et al, 2000).

Nevertheless, if warning signs are detected early, employee assistance programs can have positive effects on combating alcohol or drug problems. Many times workplace substance abuse prevention programs directly present employees with alcohol and other drug abuse prevention messages. This approach is typically not effective at reaching the populations most in need of attention because employees are hesitant about participating in a program that directly addresses the issue of substance or alcohol use. Perhaps a better way to target employees with alcohol or chemical dependency problems is to integrate substance prevention materials into health promotion programs that are widely used and do not stigmatize employees, such as stress management programs (Hersch et al, 2000).

Firms may decide to incorporate alcohol and chemical dependency mechanisms in their wellness programs if the firm has a drug testing policy. In this sense, the wellness programs are intended to help an employee who tests positive for drugs (Zarkin et al, 1994) in order to improve the individual's health, family functioning, and workplace performance (Zarkin et al, 2000).

Church, Gilliam and Hernandez Findings

Church and Gilliam used the conceptual framework outlined above to gauge how well law enforcement agencies compare to the practical ideal type. Arturo T. Hernandez

applied the same conceptual framework to study wellness programs within Texas Health and Human Services agencies.

In her applied research project, Church studied wellness programs within the fifty state police agencies. Church's study found that although approximately sixty percent of the fifty state police agencies had wellness programs, many of them were deficient. For example, most of the surveyed state police agencies said physical fitness was important, but only thirty-eight percent had a mandatory physical fitness program requirement. In addition, Church's study found that stress management as well as psychological and mental health issues were sufficiently addressed by most state police agencies in that most provide training to recognize the signs of stress and mental exhaustion. Finally, the study revealed that a majority of the surveyed state police agencies had wellness programs that addressed the nutritional and dietary as well as the alcohol and chemical dependency components. Still, the study showed that additional education and training are necessary.

In surveying Texas police departments in cities with populations of 40,000 or greater, Gilliam found that more than 60% of those police departments provided wellness programs for their employees. As previously revealed in Church's study, Gilliam found that most of the wellness programs within the cities he surveyed were inadequate. Although most of the police departments provided workout facilities for their employees, the majority did not require employees to take part in mandatory physical fitness programs. Also, Gilliam found that most of the surveyed police departments teach some form of stress management, but less than fifty percent of them failed to provide supervisors with training to recognize the signs of stress. In addition, Gilliam found that while most of the police departments had strong programs for addressing psychological and mental health,

more post-employment psychological testing is necessary, especially for at-risk employees. Gilliam's study also revealed that even though most wellness programs within the surveyed police departments addressed nutrition and dietary related issues, more education in these areas is needed. Above all the other components, alcohol and chemical dependency seem to be the strongest area of concentration within the police departments' wellness programs. Still, however, more education and training is necessary in these areas.

In his study of wellness programs within Texas Health and Human Services agencies, Arturo T. Hernandez found that seventy-eight percent of the fourteen health and human services agencies who responded to the survey provided wellness programs for their employees, and more than one-half of these agencies had the five essential components found in an ideal wellness program. Nevertheless, the wellness programs within the surveyed health and human services agencies failed to adequately address all five components comprehensively. For example, none of the agencies required employees to participate in a mandatory physical fitness program, and none of the agencies provided on-duty time for employees to exercise. In addition, only 33 percent of these agencies train supervisors to assist subordinates in dealing with stress. In addressing psychological and mental health issues, Hernandez's study revealed that from the nine agencies that responded, none of them require pre or post-employment psychological tests, and only 33 percent reported that supervisors are provided with training to assist in recognizing signs of psychological or mental distress. Also, less than half (44%) of the agencies reported providing training on diet and nutrition. Last, only 44% of the agencies felt that the current substance abuse program met the needs of the agency and its employees.

Conceptual Framework

In reviewing the literature and examining the studies previously conducted by Church, Gilliam, and Hernandez, the ideal characteristics that a comprehensive wellness should include have been established. These components form the practical ideal type wellness program. “Practical ideal types provide benchmarks with which to understand (and improve) reality” (Shields, 1998: 219). The elements of an ideal type are not inflexible. Rather, there is more than one way to envision the ‘ideal’ and the elements are meant to direct us toward realization of potentialities in experience (Shields, 1998: 219).

The ideal components that make up the conceptual framework are listed under the following subheadings: physical fitness; stress management; psychological and mental health; nutrition and dietary related issues; alcohol and chemical dependency. It is important to note that the first section in **Tables 2.1, 4.1, 4.2, and 5.1** entitled *Wellness Program Overview* is not part of the practical ideal type. Rather, this section provides an outline of the essential components a well-integrated and ideal wellness program should include, such as an explanation of the organization’s wellness program, physical fitness, stress management, psychological and mental health care, nutrition and dietary related issues, and alcohol and chemical dependency components. The literature identified that wellness programs should also include health risk appraisals and states that programs should have the commitment and support from top management (Powell, 1999) (Martinez, 1999: 107) (Knopf, 2000: 2) (Delaney et al, 1998: 407).

After reviewing the Wellness Program Overview section, the practical ideal type becomes clearer. The five components of a practical ideal type wellness program, then, include the above-mentioned five umbrella categories. **Table 2.1** enumerates each of the subcategories included within each of the subheadings, while linking each component to the literature.

Table 2.1: Summary of Conceptual Framework Linked to the Literature

Category and Ideal Type Component	Source(s)
<p>WELLNESS PROGRAM OVERVIEW</p> <ul style="list-style-type: none"> • Explanation of Wellness Program • Physical Fitness • Stress Management • Psychological and Mental Health Care • Nutrition and Dietary Related Issues • Alcohol and Chemical Dependency • Health Risk Appraisals • Commitment and Support from Top Management 	<p>Arthur, 2000 Powell, 1999 Atkinson, 2000 Gilliam, 1999 Delaney et al, 1998 Hernandez, 2000 Ochsner Health Plan of Louisiana, 2001 Knopf, 2000 Martinez, 1999 Vernarec, 2000 Bromage, 2000 Hartwell et al, 1996 Church, 1993</p>
<p>PHYSICAL FITNESS</p> <ul style="list-style-type: none"> • Provide mandatory physical fitness program • Provide voluntary physical fitness program • Types of incentives offered • Provide on duty time to exercise • Provide workout facilities for all employees 	<p>Atkinson, 2000 Gilliam, 1999 Church, 1993</p>
<p>STRESS MANAGEMENT</p> <ul style="list-style-type: none"> • Teach stress management for all employees • Provide supervisors training to assist subordinates • Protect employees from stress before it occurs • Departmental attempts to control stress from supervisor/other agencies • Excessive paperwork, administrative/management • Stress sufficiently addressed 	<p>Arthur, 2000 Verespej, 2000 Church, 1993</p>
<p>PSYCHOLOGICAL and MENTAL HEALTH</p> <ul style="list-style-type: none"> • Types of pre-employment psychological testing • Types of post-employment psychological testing • Psychological or mental health test requirements • Provide supervisors training in recognizing signs of psychological and mental distress • Psychological and mental health needs of employees being met • Provide follow-up psychological or mental health tests for at-risk employees • Protect employee confidentiality • Employee career status after seeking help for psychological or mental health problems • Encourage employees to seek voluntary help 	<p>Gilliam, 199 Vernarec, 2000 Rotarius et al, 2000 Cohen, 2001</p>
<p>NUTRITION and DIETARY RELATED ISSUES</p> <ul style="list-style-type: none"> • Provide nutrition/diet education to employees • Provide training on importance of nutrition/diet • Provide behavior modification classes or programs to assist in nutrition and diet control 	<p>Atkinson, 2000 Abresch et al, 2000 Powell, 1999</p>
<p>ALCOHOL and CHEMICAL DEPENDENCY</p> <ul style="list-style-type: none"> • Provide alcohol dependency treatment for employees • Provide chemical dependency treatment for employees • Provide supervisors training to recognize substance abuse • Current substance abuse program meets needs of the employee • Encourage employees to seek voluntary help • Protect employee from receiving disciplinary action for receiving assistance • Protect employee confidentiality • Employee career status after seeking help for alcohol or chemical dependency • Provide for the comprehensive needs of employees with current level of service 	<p>Atkinson, 2000 Becker et al, 2000 Cohen, 2001 Delaney et al, 1998 Schneider et al, 2000 Hersch et al, 2000 Zarkin et al, 2000</p>

Conclusion

Reviewing the literature and examining the previous research conducted by Church, Gilliam, and Hernandez has provided a comprehensive understanding of the essential components that should be integrated into a quality employee wellness program. Furthermore, the literature and previous research have helped with the development of a conceptual framework for assessing wellness programs by comparing them to the practical ideal type.

In the following chapter, the research setting is described. This is important to better understand the work environment under which municipal employees function.

CHAPTER 3

THE RESEARCH SETTING

Purpose

The purpose of this chapter is to provide a clearer understanding of the conditions under which municipal employees perform, particularly within the research population. The research setting is the twenty-five municipalities who are members of the Greater Austin-San Antonio Corridor Council (See **Appendix A** for a list of the municipalities).

The Greater Austin – San Antonio Corridor Council

In 1982, local leaders met to discuss economic development issues for the fast-growing Central/South Texas region. At the conference, area leaders perceived the need for an institution to define joint opportunities and problems, and coordinate efforts to resolve them. As a result, the Greater Austin – San Antonio Corridor Council was formed in October 1983, but the organization was not officially incorporated until February 1984 (The Greater Austin—San Antonio Corridor Council, 2001).

The Corridor Council, a private non-profit corporation, is composed of members from the region's business and public sectors. The Corridor Council is not a political subdivision of the State of Texas, nor does it have any statutory authority. Rather, the Corridor Council is governed by a Board of Directors, which discusses regional issues, sets policy for the Corridor Council's programs, and hires and provides oversight to the Council staff (The Greater Austin—San Antonio Corridor Council, 2001).

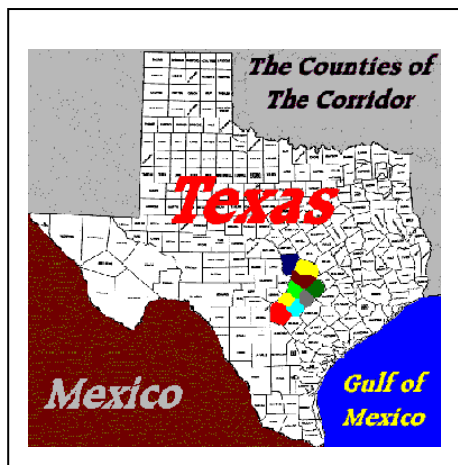
Along with a broad array of members, twenty-five municipalities are among the Corridor Council's membership (see **Appendix A** for a list of the municipalities).

Maps of the Austin-San Antonio Corridor are available on the Greater Austin-San Antonio Corridor Council’s web page. The information, however, is listed according to counties the Austin-San Antonio Corridor encompasses rather than by cities, but most of the twenty-five municipalities used for this research study fall within the nine counties listed⁷. Hence, a map of the counties within the Corridor will be used to provide a general illustration for where the municipalities within this area are located.

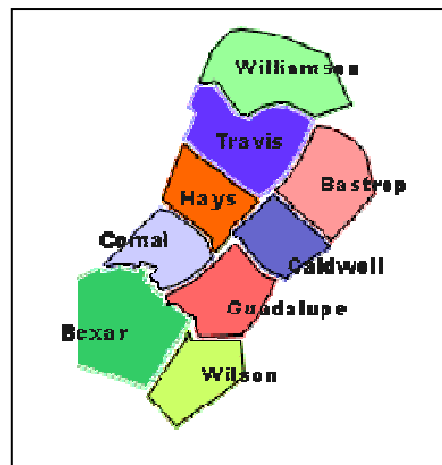
Profile of Corridor Cities/ Counties

Maps 3.1 and 3.2 provide visual aids for understanding where the Corridor cities/ counties are within the State of Texas, while Table 3.1 lists the counties that correspond to each of the municipalities. Then, Table 3.2 provides an overview of the characteristics that comprise the Corridor area.

Map 3.1: Texas with Corridor Counties



Map 3.2: Corridor Counties



⁷ All counties fall within the nine counties, with the exception of Boerne, which is a part of Kendall County, and Temple, which is part of Bell County.

Table 3.1: Counties Corresponding to Municipalities within the Corridor*

Municipality	County Corresponding to Municipality
Austin	Travis-Williamson
Bastrop	Bastrop
Boerne	Kendall
Buda	Hays
Cedar Park	Williamson
Elgin	Bastrop
Georgetown	Williamson
Kyle	Hays
Lockhart	Caldwell
New Braunfels	Comal
Cibolo	Guadalupe
Converse	Bexar
Garden Ridge	Comal
Live Oak	Bexar
Schertz	Guadalupe-Comal-Bexar
Selma	Bexar-Comal-Guadalupe
Universal City	Bexar
Pflugerville	Travis
Round Rock	Travis-Williamson
San Antonio	Bexar
San Marcos	Hays
Seguin	Guadalupe
Taylor	Williamson
Temple	Bell
West Lake Hills	Travis

Table 3.2: Corridor Profile*

Area:	5,320 sq. miles or 13,779 sq. kilometers
Population:	3.2 million
Workforce:	1.4 million
University Enrollment:	Approximately 200,000
Cities Include:	Austin, San Antonio, Georgetown, Schertz, San Marcos, Seguin, New Braunfels, Lockhart, Round Rock, Bastrop and Cedar Park
Counties:	Bastrop, Bexar, Caldwell, Comal, Guadalupe, Hays, Travis, Williamson and Wilson
Colleges & Universities:	17 including, The University of Texas at Austin and San Antonio, Southwest Texas State University, St. Edward's, Trinity, St. Mary's, Southwestern University, and the University of Texas Health Science Center
Location:	200 miles south of Dallas (321 kilometers) 150 miles west of Houston (241 kilometers) 120 miles northwest of the Port of Corpus Christi (193 kilometers) 200 miles northeast of the Mexican border at Laredo (321 kilometers)
Major Corporations:	Dell Computer Corporation, USAA, Southwestern Bell, Motorola, Texas Instruments, Diamond Shamrock, Advanced Micro Devices, Apple Computers, Mission Pharmacal, Bausch and Lomb, Pace Foods, HEB, Westinghouse, IBM and Sony
Major Tourist Attractions:	The Alamo, Sea World of Texas, Fiesta Texas, The State Capitol, Sixth Street, Austin-Live Musical Capital of the World, The San Antonio River Walk, and the Texas Hill Country
Major Research Organizations:	MCC, Southwest Research Institute, Texas Technology and Research Foundation, SEMATECH, The J.J. "Jake Pickle Center, Texas Foundation for Biomedical Research

* Obtained from the Greater Austin-San Antonio Corridor Council website: <http://www.corridorcouncil.org>.

Since there are a wide range of positions and duties for which municipal employees are responsible within each of these cities, it is difficult to comprehensively explain the conditions under which every municipal employee functions. In addition, each city has different constituencies, resources, demands, priorities, and tax bases, thus making it difficult to compare the cities. Therefore, for purposes of this paper, the form of government under which each of these municipalities operates is discussed. All twenty-five municipalities operate under the council-manager form of local government.

Council-Manger Form of Local Government

The council-manager form of local government was born out of the progressive reform movement and combines the strong political leadership of elected officials in the form of a council, board, or other governing body with the strong professional experience of an appointed local government administrator—or city manager. The council-manager form is different from systems that operate at the federal and state levels in that this form does not provide for a separation of powers--all power is concentrated in the elected council (International City/ County Management Association, 2001).

The elected council hires a professional administrator to carry out the administrative responsibilities and implement policies adopted by the council. Functioning similar to a Chief Executive Officer (CEO) in the private sector, the appointed professional manager administers the daily operations of the community. Through the manager's professional staff, he or she ensures services are provided to citizens and enforces policies approved by the council. In this sense, the manager's ability to respond to both council and citizens is tested on a daily basis.

In selecting a manger, the council closely considers qualifications and performance. Accordingly, the manager is selected on the basis of education, training, and experience. With no guaranteed term of office, appointed local government managers can be dismissed by the council at any time, for any reason. In order to circumvent dismissal, managers must continuously respond to both citizens and the council (International City/County Management Association, 2001).

In the council-manager government, council members are the leaders and policy makers elected to represent various segments of the community and to concentrate on policy issues that are responsive to citizens' needs and wishes. The Council is the legislative body; its members are the community's decision makers. The council is responsible for such things as approving the budget and determining the tax rate. The Council also focuses on the community's goals, major projects, community growth, land use developments, capital improvements plans, capital financing, and strategic planning. This is not to imply that the manager plays an inactive role in the policy-making process. Actually, the city manager makes policy recommendations to the council, but the council makes the ultimate decision whether or not to adopt the policy or modify the recommendations (International City/County Management Association, 2001).

Mayors in council-manager communities are key political leaders and policy developers. The mayor is responsible for soliciting citizen views in forming these policies and interpreting them to the public. The mayor presides at council meetings, serves as a spokesperson for the community, facilitates communication and understanding between elected and appointed officials, assists the council in setting goals and advocating policy decisions, and serves as a promoter and defender of the community. In addition, the mayor

serves as a key representative in intergovernmental relations. The mayor, council and manager constitute a policy-development and management team (International City/ County Management Association, 2001).

Not all council-manager governments are structured the same way. Rather, one of its most attractive features is that the council-manager form is adaptable to local conditions and preferences. For example, some communities have councils that are elected at large, while other councils are elected by district. Some local governments have mayors who are elected by the voters at large, while others are elected by their colleagues on the council (International City/ County Management Association, 2001).

The council-manager form of local government is widely used among many communities. In fact, more than 71 million Americans live in council-manager communities today. This form has become the most popular system of local government for communities with populations of 5,000 or over (International City/ County Management Association, 2001).

CHAPTER 4

RESEARCH METHODOLOGY

This research project assesses how closely the wellness programs among municipalities within the Austin-San Antonio Corridor compare to the practical ideal type. The techniques selected to aid in the completion of this project are survey and content analysis. In this chapter, the research methods and methodology are discussed. In addition, the operationalization of the practical ideal type categories developed in the conceptual framework is described.

Survey Research

Given that the purpose of this project is to gauge how closely wellness programs within the twenty-five municipalities within the Austin-San Antonio Corridor compare to the practical ideal type, a survey appears to be the most appropriate methodology. The survey is used to describe each of the twenty-five municipalities' wellness programs in order to assess how they are performing when compared to the practical ideal type.

According to Earl Babbie, survey research is helpful for “describing the characteristics of a large population” (1998: 251). In addition, surveys are helpful when a study is descriptive and if people are the main units of analysis (Babbie, 1998: 256). In this study, the main unit of analysis is each individual city. Still, there are more advantages to survey research. For example, it is easy to standardize responses obtained from survey research into categories (Babbie, 1998: 273), and the use of standardized questionnaires is a very reliable research tool (Babbie, 1998: 255).

Although survey research has many strengths, there are also weaknesses that should be taken into account when choosing to administer a survey. According to Babbie, the primary weakness is that the information contained in the survey may be artificial and superficial due to the standardization of the questionnaire (Babbie, 1998: 273). Also, surveys tend to be inflexible, and they cannot always measure social action (Babbie, 1998: 273-74). For this research study, however, a survey seemed to be the most appropriate technique to employ.

In order to compensate for some of the shortcomings and to provide support for the survey research, multiple sources of evidence should be used. Using multiple sources of evidence enables a researcher to address a broader range of historical, attitudinal and behavioral issues through the use of converging lines of inquiry—or triangulation—to reach accuracy and corroboration (Yin, 1994: 91). For these reasons, content analysis was used to measure features that the survey failed to capture.

Content Analysis

By using content analysis as an unobtrusive method of observation, social scientists and researchers can examine a class of social artifacts, typically written documents (Babbie, 1998: 308). Babbie acknowledges that content analysis methods can be utilized with a wide range of communication modes, such as books, magazines, poems, newspapers, letters, documents, or any other components or collections thereof. Furthermore, content analysis is useful for answering the basic questions of communications research, such as “Who says what, to whom, why, and with what effect?” (Babbie, 1998: 311).

Content analysis is also used to verify data obtained from survey research. In this study, the artifacts selected for content analysis are employee handbooks, policies and procedures manuals, pamphlets, or any other documents that address the municipality's wellness program.

Population

Only municipalities who are members of the Greater Austin-San Antonio Corridor Council were surveyed (See **Appendix A** for a list of surveyed cities). This population was chosen because the Greater Austin-San Antonio Corridor Council encompasses all cities within the Austin-San Antonio metropolitan area.

The Survey Instrument

A self-administered survey was used to assess the components of wellness programs among the twenty-five municipalities within the Austin-San Antonio Corridor. **Appendix A** enumerates the twenty-five municipalities who were surveyed. On September 2, 2001, surveys were mailed, along with a cover letter and a self-addressed stamped envelope, to human resources officers in these municipalities. A copy of the draft survey is attached as **Appendix D**. Follow-up phone calls were made on September 24, 2001, asking that the surveys and content analysis documents be mailed back as soon as possible.

Survey Design and Construction

The survey used to complete this project was originally developed from previous research conducted by Rosanna L. Church, and was used by R. Ryan Gilliam and Arturo Hernandez in their follow-up studies. Since this survey has been tested by Church, Gilliam, and Hernandez, who are all graduates of the Master of Public Administration program at Southwest Texas State University, and the instrument provided empirical results in those previous research studies, it was not necessary to pre-test the survey instrument.

The survey consists of 37 closed-ended questions, in which each respondent was asked to evaluate their existing wellness programs in regard to rules, policies, and perceptions about the effectiveness of their wellness program. Each question was answered by the respondent by marking “yes,” “no,” or “unknown.” Also, respondents were asked to provide any additional information. **Appendix C** provides a copy of the cover letter and the survey instrument (**Appendix D**) that was mailed to each of the human resources officers.

Operationalizing the Conceptual Framework

Operationalizing the methods for the conceptual framework is used as a means to link the practical ideal type categories to the data collection methods. **Tables 4.1** and **4.2** indicate how the conceptual framework is linked to the survey instrument and content analysis. The tables describe how the questionnaire items are operationalized in relation to the concepts found within the practical ideal type categories. Each of the wellness program components listed in the tables are similar to those found in the actual survey (See

Appendix D for a copy of the survey). Also, a code sheet (**Appendix E**) is used for each of the municipalities surveyed.

Table 4.1 Operationalizing the Conceptual Framework

<u>Category and Ideal Type Component</u>	<u>Research Methods</u>	<u>Source(s)</u>
<p>WELLNESS PROGRAM OVERVIEW</p> <ul style="list-style-type: none"> • Explanation of Wellness Program • Physical Fitness • Stress Management • Psychological and Mental Health Care • Nutrition and Dietary Related Issues • Health Risk Appraisals • Alcohol and Chemical Dependency • Commitment and Support from Top Management 	<p>Content Analysis Survey</p>	<p>Arthur, 2000 Powell, 1999 Atkinson, 2000 Gilliam, 1999 Delaney et al, 1998 Hernandez, 2000 Ochsner Health Plan of Louisiana, 2001 Knopf, 2000 Martinez, 1999 Vernarec, 2000 Bromage, 2000 Hartwell et al, 1996 Church, 1993</p>
<p>PHYSICAL FITNESS</p> <ul style="list-style-type: none"> • Provide mandatory physical fitness program • Provide voluntary physical fitness program • Types of incentives offered • Provide on duty time to exercise • Provide workout facilities for all employees 	<p>Content Analysis Survey</p>	<p>Atkinson, 2000 Gilliam, 1999 Church, 1993</p>
<p>STRESS MANAGEMENT</p> <ul style="list-style-type: none"> • Teach stress management for all employees • Provide supervisors training to assist subordinates • Protect employees from stress before it occurs • Departmental attempts to control stress from supervisor/other agencies • Excessive paperwork, administrative/management • Stress sufficiently addressed 	<p>Content Analysis Survey</p>	<p>Arthur, 2000 Verespej, 2000 Church, 1993</p>
<p>PSYCHOLOGICAL and MENTAL HEALTH</p> <ul style="list-style-type: none"> • Types of pre-employment psychological testing • Types of post-employment psychological testing • Psychological or mental health test requirements • Provide supervisors training in recognizing signs of psychological and mental distress • Psychological and mental health needs of employees being met • Provide psychological or mental health tests for at-risk employees • Protect employee confidentiality • Employee career status after seeking help for psychological or mental health problems • Encourage employees to seek voluntary help 	<p>Content Analysis Survey</p>	<p>Gilliam, 199 Vernarec, 2000 Rotarius et al, 2000 Cohen, 2001</p>
<p>NUTRITION and DIETARY RELATED ISSUES</p> <ul style="list-style-type: none"> • Provide nutrition/diet education to employees • Provide training on importance of nutrition/diet • Provide behavior modification classes or programs to assist in nutrition and diet control 	<p>Content Analysis Survey</p>	<p>Atkinson, 2000 Abresch et al, 2000 Powell, 1999</p>

<p>ALCOHOL and CHEMICAL DEPENDENCY</p> <ul style="list-style-type: none"> • Provide alcohol dependency treatment for employees • Provide chemical dependency treatment for employees • Provide supervisors training to recognize substance abuse • Current substance abuse program meets needs of employees • Encourage employees to seek voluntary help • Protect employee from receiving disciplinary action for receiving assistance • Protect employee confidentiality • Employee career status after seeking help for alcohol and/or chemical dependency problems • Provide for the comprehensive needs of employees with current level of service 	<p>Content Analysis Survey</p>	<p>Atkinson, 2000 Becker et al, 2000 Cohen, 2001 Delaney et al, 1998 Schneider et al, 2000 Hersch et al, 2000 Zarkin et al, 2000</p>
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Table 4.2: Linking Conceptual Framework to the Survey Instrument and Content Analysis

<u>Category and Ideal Type Component</u>	<u>Survey***</u>	<u>Content Analysis****</u>
<p>WELLNESS PROGRAM OVERVIEW</p> <ul style="list-style-type: none"> • Explanation of Wellness Program • Physical Fitness • Stress Management • Psychological and Mental Health Care • Nutrition and Dietary Related Issues • Alcohol and Chemical Dependency • Health Risk Appraisals • Commitment and Support from Top Management 	<p>*Q1 Q2a Q2b Q2c Q2d Q2e Q3 Q4</p>	<p>**I A I A1 I A2 I A3 I A4 I A5 I A6 I A7</p>
<p>PHYSICAL FITNESS</p> <ul style="list-style-type: none"> • Provide mandatory physical fitness program • Provide voluntary physical fitness program • Types of incentives offered • Provide on duty time to exercise • Provide workout facilities for all employees 	<p>Q5 Q6a Q6b,c Q7 Q8</p>	<p>II A II B II C II D II E</p>
<p>STRESS MANAGEMENT</p> <ul style="list-style-type: none"> • Teach stress management for all employees • Provide supervisors training to assist subordinates • Protect employees from stress before it occurs • Departmental attempts to control stress from supervisor/other agencies • Excessive paperwork, administrative/management • Stress sufficiently addressed 	<p>Q9 Q10 Q11 Q12a, b Q12 c, d Q13</p>	<p>III A III B III C III D1, 2 III D3, 4 III E</p>
<p>PSYCHOLOGICAL and MENTAL HEALTH</p> <ul style="list-style-type: none"> • Types of pre-employment psychological testing • Types of post-employment psychological testing • Psychological or mental health test requirements • Provide supervisors training in recognizing signs of psychological and mental distress • Psychological and mental health needs of employees being met • Provide follow-up psychological or mental health tests for at-risk employees • Protect employee confidentiality • Employee career status after seeking help for psychological or mental health problems 	<p>Q14 Q15 Q16 a, b Q17 Q18 Q19 Q20 Q21</p>	<p>IV A IV B IV C IV D IV E IV F IV G IV H</p>

<ul style="list-style-type: none"> • Encourage employees to seek voluntary help 	Q22	IV I
NUTRITION and DIETARY RELATED ISSUES		
<ul style="list-style-type: none"> • Provide nutrition/diet education to employees 	Q23	V A
<ul style="list-style-type: none"> • Provide training on importance of nutrition/diet 	Q24	V B
<ul style="list-style-type: none"> • Provide behavior modification classes or programs to assist in nutrition and diet control 	Q25	V C
ALCOHOL and CHEMICAL DEPENDENCY		
<ul style="list-style-type: none"> • Provide alcohol dependency treatment for employees 	Q26	VI A
<ul style="list-style-type: none"> • Provide chemical dependency treatment for employees 	Q27	VI B
<ul style="list-style-type: none"> • Provide supervisors training to recognize substance abuse 	Q28	VI C
<ul style="list-style-type: none"> • Current substance abuse program meets needs of the employee 	Q29	VI D
<ul style="list-style-type: none"> • Encourage employees to seek voluntary help 	Q30	VI E
<ul style="list-style-type: none"> • Protect employee from receiving disciplinary action for receiving assistance 	Q31	VI F
<ul style="list-style-type: none"> • Protect employee confidentiality 	Q32	VI G
<ul style="list-style-type: none"> • Employee career status after seeking help for alcohol and/or chemical dependency problems 	Q33	VI H
<ul style="list-style-type: none"> • Provides for the comprehensive needs of employees with current level of service 	Q34	VII
Key: *Q = Survey Question Number ** = Content Analysis Coding Number	***See Appendix D	****See Appendix E

Statistics

Simple descriptive summary statistics are used to present data obtained from this project. For each category in the practical ideal type, the percentage of municipalities that meet each criterion is presented. A summary of the results will explain the extent to which municipalities within the Austin-San Antonio Corridor meet the specified criteria outlined in the practical ideal type.

CHAPTER 5

RESULTS

Introduction

The purpose of this study is to assess the availability and comprehensiveness of wellness programs among municipalities within the Austin-San Antonio Corridor as compared to components of an ideal wellness program. This chapter presents the results of a survey conducted in which each of the twenty-five municipalities were asked to answer questions regarding its current wellness program.

Response Rate

Surveys were mailed to Human Resources officers of municipalities within the Austin-San Antonio Corridor Council, a total of twenty-five cities. Of the twenty-five municipalities, nineteen returned the survey within two weeks without contact from the researcher. Of the nineteen municipalities who returned the survey, only two (the City of San Marcos and the City of Seguin) returned the requested documentation needed to complete the content analysis portion of this project. Thus, for the survey portion, the response rate is seventy-six percent. For the content analysis portion of this project, the response rate is eight percent. All of the collected data was usable for purposes of this project.

Analysis of Survey Results

The primary purpose of the survey was to assess the wellness programs employed by municipalities within the Austin-San Antonio Corridor Council. The survey questions

were developed as a means to provide an overview of the services offered within these municipalities. The responses collected were compared to the ideal characteristics as set forth by the current literature and conceptual framework. The ideal wellness program components are: physical fitness, stress management, psychological and mental health, diet and nutrition and alcohol and chemical dependency.

The questions asked in the survey are designed to determine the existence of wellness programs, the contents of the program, and the nature and extent to which each component is used. Although optional, information was also requested regarding the number of employees each city employs and number of days used for sick leave per year.

The remainder of this chapter describes the results of the data obtained from the survey. Each component of the conceptual framework is discussed separately, with the results given for each one. The results are discussed either by the raw numbers or by the percentage that answered each way.

Wellness Program Overview

Again, it is important to note that “Wellness Program Overview” is not part of the practical ideal type. Rather, it provides a means to get a snapshot profile of the components that comprise a comprehensive wellness program. **Table 5.1** illustrates the results found for this particular section of the survey.

As revealed in **Table 5.1**, the majority of municipalities do not have many of the components outlined in the practical ideal type. In fact, less than one-half of the municipalities who responded to the survey answered “yes” to having a wellness program for their city employees. Of that, only six municipalities said they offer employees

physical fitness programs; seven address stress management and dietary and nutrition issues; eight address psychological and mental health care and alcohol and chemical dependency; six conduct health risk appraisals; and seven feel they have commitment and support from top management.

Table 5.1: Wellness Program Overview Results

<u>Element</u>	<u>n</u>	<u>% Yes</u>	<u>% No</u>	<u>Total</u>
Wellness Program	19	42%	58%	100%
• Explanation of Wellness Program				
Physical Fitness	17	35%	65%	100%
Stress Management	18	39%	61%	100%
Psychological and Mental Health Care	18	44%	56%*	100%
Nutrition and Dietary Related Issues	18	39%	56%	100%
Alcohol and Chemical Dependency	18	44%	56%	100%
Health Risk Appraisals	19	32%	68%	100%
Commitment and Support from Top Mgt.	18	39%	50%**	100%

* 1 city indicated “Unknown”

** 2 city indicated “Unknown”

Physical Fitness

Table 5.2 reveals that none of the municipalities who responded to the survey provide mandatory physical fitness programs, and almost one-half provide voluntary physical fitness programs. Furthermore, almost one-quarter offer incentives, less than one in ten provide on-duty time to exercise, and one-fifth provide workout facilities for their employees.

Table 5.2: Physical Fitness Results

<u>Element</u>	<u>n</u>	<u>% Yes</u>	<u>% No</u>	<u>Total</u>
Provide mandatory physical fitness program	19		100%	100%
Provide voluntary physical fitness program	19	47%	53%	100%
Types of Incentives offered	16	24%	63%*	100%
Provide on-duty time to exercise	19	11%	89%	100%
Provide workout facilities for employees	19	21%	79%	100%

* 2 cities indicated “Unknown”

Stress Management

Table 5.3 enumerates the results obtained from the survey regarding stress management. Of the responses received, one-quarter of the municipalities teach stress management for all employees, while a majority provide supervisors with training to assist subordinates. In addition, almost forty percent attempt to protect employees from stress before it occurs and attempt to control stress from supervisors and administration/management. Only one-third of the municipalities feel that stress is sufficiently addressed.

Perhaps even more interestingly, over one-fourth indicated “Unknown” when asked if their supervisors protect employees from stress before it occurs. Moreover, twenty-one percent marked “Unknown” when asked if the department attempts to control stress from supervisors, excessive paperwork, and administration/management.

Table 5.3: Stress Management Results

Element	n	% Yes	% No	% Unknown	Total
Teach stress management for all employees	19	26%	74%		100%
Provide supervisors with training	19	63%	37%		100%
Protect employees from stress before it occurs	19	37%	37%	26%	100%
Department attempts to control stress from:					
• Supervisors	19	37%	42%	21%	100%
• other agencies	19	21%	53%	26%	100%
• excessive paperwork	19	21%	58%	21%	100%
• administration/management	19	37%	42%	21%	100%
Stress sufficiently addressed	19	32%	58%	10%	100%

Psychological and Mental Health

Table 5.4 depicts the results from the psychological and mental health portion of the survey. Almost three-quarters of the municipalities who responded to the survey said their city utilizes pre-employment psychological testing, while none of them employ post-employment psychological testing. Only one-third said that their city requires

psychological or mental health testing on an as needed basis. Of those cities that require these types of tests, a majority said their city uses the requirement when needed.

Moreover, more than one-third provide supervisors with training to assist in recognizing signs of psychological or mental distress, while less than half feel that the psychological or mental health needs of employees within the city are being met. In addition, less than one-fifth provide follow-up psychological or mental health tests for at-risk employees, almost all of them protect employee confidentiality for those who seek psychological or mental health care, more than three-quarters said seeking help for psychological or mental health problems would not harm an employee’s career, and the majority said employees are encouraged to seek voluntary help.

Table 5.4: Psychological and Mental Health Results

Element	n	% Yes	% No	% Unknown	Total
Pre-employment and psychological testing	19	74%	26%		100%
Post-employment psychological testing	19		100%		100%
Psychological or mental health test requirements	19	32%	42%	26%	100%
Requirement provided when needed	10	60%	30%	10%	100%
Provide supervisors training in recognizing signs of psychological and mental distress	19	32%	63%	5%	100%
Psychological and mental health needs of employees being met	19	42%	32%	26%	100%
Provide follow-up psychological or mental health tests for at-risk employees	19	16%	63%	21%	100%
Protect employee confidentiality	19	84%	11%	5%	100%
Employee career status after seeking help for psychological or mental health problems	19		79%	21%	100%
Encourage employees to seek voluntary help	19	79%	10.5%	10.5%	100%

Nutrition and Dietary Related Issues

The results for the portion of the survey regarding nutrition and dietary related issues are presented in **Table 5.5**. Only thirty-seven percent of the municipalities said it provides nutrition/ diet education to employees, while only one-third provide training on

the importance of nutrition/ diet. Also, only one-fourth provide behavior modification classes or programs to assist in nutrition and diet control.

Table 5.5: Nutrition and Dietary Related Issues Results

<u>Element</u>	<u>n</u>	<u>% Yes</u>	<u>% No</u>	<u>Total</u>
Provide nutrition/ diet education to employees	19	37%	63%	100%
Provide training on importance of nutrition/ diet	19	32%	68%	100%
Provide behavior modification classes or programs to assist in nutrition and diet control	19	26%	74%	100%

Alcohol and Chemical Dependency

In **Table 5.6**, the results for the alcohol and chemical dependency portion of the survey are presented. Almost all municipalities said that their city provides alcohol dependency treatment for employees, almost three-quarters provide chemical dependency treatment for employees, more than half provide supervisors with training to recognize substance abuse in their subordinates, and a majority said the current substance abuse program meets the needs of the employee. Furthermore, sixty-three percent encourage employees to seek voluntary help, almost three-fourths said employees are not subject to disciplinary action for receiving assistance for substance abuse, more than three-quarters protect the confidentiality of employees who seek alcohol or chemical dependency treatment, seventy-four percent said an employee’s career would not be harmed for seeking help for alcohol or chemical dependency, and most municipalities said the city provides for the comprehensive needs of employees with the current level of service.

Still, what is interesting is that over one-fourth indicated “Unknown” when asked if employees are given disciplinary action for receiving assistance for an alcohol or chemical dependency problem. In addition, twenty-one percent answered “Unknown” when asked if an employee’s career status is affected after seeking help for alcohol and/or chemical dependency problems.

Table 5.6: Alcohol and Chemical Dependency Results

Element	n	% Yes	% No	% Unknown	Total
Provide alcohol dependency treatment for employees	19	89%	11%		100%
Provide chemical dependency treatment for employees	19	74%	21%	5%	100%
Provide supervisors training to recognize substance abuse	19	63%	26%	11%	100%
Current substance abuse program meets needs of the employee	19	69%	26%	5%	100%
Encourage employees to seek voluntary help	19	63%	26%	11%	100%
Disciplinary action for receiving assistance	19		74%	26%	100%
Protect employee confidentiality	19	79%	16%	5%	100%
Employee career status after seeking help for alcohol and/or chemical dependency problems	19	5%	74%	21%	100%
Provide for the comprehensive needs of employees with current level of service	19	69%	26%	5%	100%

Content Analysis Results

As mentioned earlier, only two municipalities (City of San Marcos and City of Seguin) returned the documentation needed to complete the content analysis portion of this project; therefore, the researcher could not perform content analysis. Thus, for purposes of this paper, the components enumerated in each of the documents submitted for each city will simply be outlined.

First, it is important to understand that wellness programs are a relatively new practice for smaller cities. The fact that each of these cities has any form of a wellness program, is a positive sign. Second, each of the documents the two municipalities included may not explain all of the components each city uses as a wellness program for its employees. In other words, these documents only provide an overview of the wellness programs employed by each of these cities. The documents should not be interpreted as an all-inclusive and comprehensive explanation about each aspect the municipality uses to form its wellness program.

City of San Marcos

The City of San Marcos enclosed a brochure along with its completed survey. The brochure is entitled *Your Employee Assistance Program*, and outlines the various problems in which the program can aid employees. In particular, the brochure highlights help for the following concerns: relationship problems, depression or anxiety, child and elder care, legal issues, financial issues, alcohol and other drug problems, or other problems.

In addition, the brochure answers four common questions. First, it explains that employees can receive help simply by calling a 1-800 number any time of day or night. At this time, employees can speak with a professional counselor or set an appointment with a counselor at a later time. Second, the brochure explains that there are never any charges for participation in an EAP program. Third, the brochure assures employees that their confidentiality will be protected. Finally, it explains that in a crisis situation, licensed clinicians are available 24 hours per day, 365 days a year to help employees deal with the crisis situation.

City of Seguin

The City of Seguin mailed a pamphlet entitled *A Brief Look at Your Employee Assistance Program*. Within this pamphlet is a description of the employee assistance program. The city advertises the program as a “mental health benefit” for employees and their families. Further, it describes a 24-hour crisis hotline available at any time and explains that employees are entitled to six free counseling sessions per problem, per year. Moreover, the pamphlet answers the three most frequently asked questions. First, it

explains that the employee assistance program can help with any type of problem. Second, the pamphlet says that if an employee is thinking about calling, he or she should. The employee does not need to wait until the problem gets “bad enough.” Third, the pamphlet assures employees that state and federal laws protect their confidentiality. The City is not notified unless the employee gives written permission. Last, the pamphlet lists the following as common concerns: overwhelming stress, anxiety, depression, drug and alcohol abuse, parenting issues, adolescent issues, marital conflicts, anger, emotional pain, spiritual conflicts, grief, workplace conflicts, legal, financial, relationships, and more. By looking at the pamphlet, it is clear that the City of Seguin’s employee assistance program is administered by a third party—Guadalupe Valley Hospital/ Employee Assistance Services.

This chapter presented the results of the survey and content analysis portions of the project to assess the wellness programs employed by municipalities among the Austin-San Antonio Corridor. Chapter 6 explains the overall results and determines whether or not the municipalities’ programs meet the ideal type developed throughout this study.

CHAPTER 6

CONCLUSION

This chapter presents the overall results of this study, while identifying whether or not the wellness programs within the municipalities meet the practical ideal type as identified in the preceding chapters. Finally, recommendations are made for improving wellness programs within the cities surveyed in order make the programs more comprehensive and well integrated.

As demonstrated in the Chapter 5, only forty-two percent of the municipalities within the Austin-San Antonio Corridor who responded to the survey provide a wellness program for their employees. Less than one-half of these municipalities, however, provide the five essential components that should be found in an ideal and comprehensive wellness program. From the data collected, it is apparent that cities are meeting some of their employees' needs yet failing to meet others. In other words, by not providing a comprehensive wellness program for their employees, the employees within these municipalities will not receive adequate help in areas related to physical fitness, stress management, psychological and mental health, nutrition and dietary related issues, and alcohol and chemical dependency.

In an attempt to aid these municipalities in establishing more comprehensive and well-integrated wellness programs, recommendations about how to improve wellness programs within the Austin-San Antonio Corridor are included. Each set of recommendations has been broken down to focus separate attention on each one of the five components.

Physical Fitness Recommendations

As established by the current literature, physical fitness is a necessary component of any wellness program. Although almost one-half of the municipalities provide a voluntary fitness program, less than one-quarter provide workout facilities for their employees. It is unclear, however, if there are other modes of exercise that are encouraged besides working out at a gym, such as walking, bicycling, jogging, or swimming. Because only two of the municipalities provide on-duty time to exercise, it may not be practical or cost-efficient to provide on-site workout facilities for employees. Rather, a better alternative might involve working with the county, local university and other public entities to share workout facilities, or perhaps, it might be possible for the municipality to team up with local gyms and healthcare facilities to establish physical fitness plans for employees. Still, even if the employee decides to become a member of a local workout facility, the municipality could pay a portion of the employee's monthly or yearly membership dues. The money could be budgeted in the municipality's budget as part of professional development and could prove to be a tremendous benefit for the entire organization, since employees who feel better and more confident, will probably perform more productively than their less fit counterparts.

Another way in which municipalities can increase motivation to participate in physical fitness programs is to provide incentives, such as three days of extra vacation days per year. Also, peer support based exercise programs, team competitions, and walking partners might increase participation and motivate employees to achieve fitness goals.

Stress Management Recommendations

As noted in the current literature, stress management is imperative due to the detrimental results high levels of stress can produce. Although sixty-three percent of municipalities provide supervisors with training to assist subordinates in dealing with stress, only twenty-six percent claim to teach stress management to employees. This is an area in need of improvement. It is important for supervisors to recognize early signs of stress in order to ensure that employees receive the appropriate care in a timely manner. At the same time, it is essential for employers to find ways of teaching stress management to employees. Perhaps the employer can hold sessions to teach relaxation techniques. Also, as identified in the Literature Review Chapter, many employees suffer from stress that arises from problems with supervisors, other agencies, excessive paperwork, and pressures from administration and management, but less than half of the municipalities seem to address these issues. Furthermore, only thirty-seven percent said that supervisors protect employees from stress before it occurs, and a mere thirty-percent feel that stress is sufficiently addressed. Clearly, this demonstrates the prevention of stress, stress management, and control of stress is inadequately addressed within these municipalities.

What is needed is more training and education for supervisors as well as employees. Supervisor training for recognizing the signs of increased stress and its negative effects is important, but it is equally essential for municipalities to provide education and training to aid employees in recognizing stress. In doing so, employees are provided with the necessary tools to healthily cope with stress and communicate their need for assistance to supervisors and co-workers. One education and training strategy is for employers to require all employees to have a personality profile in order to understand

where causes of stress might arise. Once the person knows the sources of his or her stress, then he or she can learn ways (i.e., relaxation techniques) that might alleviate or provide an outlet for some of the pressure an employee might be experiencing.

Psychological and Mental Health Recommendations

Psychological and mental health testing seems to be an important concern for municipal employees, especially for fire and police. In fact, almost three-fourths require pre-employment and psychological testing, but only thirty-two percent provide supervisors with training in recognizing signs of psychological and mental distress among its employees. This is fundamental when considering the nature of many high-stress jobs within municipalities. At-risk employees, in particular, need more psychological testing. Foremost, it is important to remember that employee confidentiality be protected. The majority of municipalities appear to adequately address this issue. In addition, it seems as though there is a heavy reliance on the municipalities employee assistance program to meet the psychological and mental health needs of employees. Although this reliance is beneficial for ensuring that trained professionals deal with stressful situations, supervisors and co-workers should also be properly trained to recognize warning signs of problems that could potentially become crises. Perhaps even more importantly, these same people should learn how to prevent on-the-job stress from becoming the cause of psychological distress.

Nutrition and Dietary Related Issues Recommendations

The area of nutrition and dietary related issues seem to be the weakest point of all wellness program components within cities in the Austin-San Antonio Corridor. Only thirty-seven percent said that they provide nutrition and diet education to employees, thirty-two percent provide training on the importance of nutrition and diet, and only twenty-six percent provide behavior modification classes or programs to assist in nutrition and diet control.

Municipalities need to provide more nutrition and dietary education to their employees, and they also need to articulate the importance of nutrition and diet. One way to accomplish this might be to provide nutrition and diet control classes. This can be achieved by contracting outside experts or health department officials to provide classes and training regarding the importance of nutrition and diet. In addition, incentives could be offered for dieting, such as paid time off from work. Providing incentives might get more people involved. Above all, creating a supportive work environment can provide the greatest incentive for proper nutrition and weight control.

Alcohol and Chemical Dependency Recommendations

Over three-fourths of the municipalities who responded to the survey said to have a wellness program that provides for the treatment of alcohol or chemical abuse. Overwhelmingly, municipalities protect the confidentiality of employees seeking help for alcohol or chemical dependency, do not discipline employees for seeking help, and do not harm the employee's career after receiving assistance. Clearly, this is the strongest component of the municipalities' wellness programs.

Like the psychological and mental health component, however, there is a heavy reliance on the employee assistance program for treating alcohol and chemical dependency. Even so, a majority of the municipalities also encourage employees to seek voluntary help, and sixty-three percent of them provide supervisors with training to recognize substance abuse among their subordinates. This helps with identifying early warning signs of problems in the workplace attributed to substance or alcohol abuse. This is essential for ensuring that employees get the necessary help before a crisis situation occurs. Prevention through education and training as well as the detection and identification of warning signs by supervisors or co-workers can provide essential assistance to at-risk employees.

Summary

In summary, although some municipalities provide wellness programs for their employees, there is still much room for improvement. In order to make adjustments to move toward developing well-integrated and comprehensive wellness programs, the practical ideal type identified in this study would be an extremely useful tool for helping municipalities develop their programs accordingly.

Table 6.1 provides a summary of the results of this study and includes an overview of the recommendations made.

Table 6.1: Overall Conclusions and Recommendations

<u>Criteria</u>	<u>Meets Practical Ideal Type</u>	<u>Recommendations</u>
Overall Explanation of Wellness Program	No (Mixed)	More comprehensive wellness programs should be developed. It is imperative for all five components to be integrated.
Physical Fitness	No (Mixed)	There should be more physical fitness programs, workout facilities and incentives available to municipal employees. Partnering with local gyms, paying a portion of membership fees, and encouraging peer support may increase participation in exercise endeavors.
Stress Management	No (Mixed)	Municipalities should control other forms of stress for its employees, such as stress from supervisors and administration/ management. Personality profiles may be helpful for identifying sources of stress, and more time must be spent training supervisors on how to help employees with stress management.
Psychological/ Mental Health	Somewhat	Provide supervisors with more training to recognize psychological/ mental health warning signs. Also, municipalities should try to adequately assess the psychological needs of employees and develop mechanisms within their wellness programs to address those needs.
Nutrition and Diet	No (Mixed)	Increase nutrition and dietary training and education to include information regarding the importance of nutrition and diet, and provide behavior modification classes for employees.
Alcohol and Chemical Dependency	Yes	Provide more training for supervisors to recognize signs of substance or alcohol abuse among their employees. Ensure that an Employee Assistance Program is not perceived as a substitute for education about the prevention of substance or alcohol abuse among employees.

Appendix A: List of Greater Austin-San Antonio Corridor Council Member Cities*

Name of City	Population
Austin	629,769 ⁸
Bastrop	5,276 ⁹
Boerne	6,170 ¹⁰
Buda	2,081
Cedar Park	22,231 ¹¹
Elgin	6,158 ¹²
Georgetown	28,790 ¹³
Kyle	5,003
Lockhart	13,600 ¹⁴
New Braunfels	36,526 ¹⁵
Cibolo**	2,811 ¹⁶
Converse**	11,415 ¹⁷
Garden Ridge**	2,382 ¹⁸
Live Oak**	10,807 ¹⁹
Schertz**	18,500
Selma**	685 ²⁰
Universal City**	15,599 ²¹
Pflugerville	14,868 ²²
Round Rock	60,686 ²³
San Antonio	1,114,579
San Marcos	39,491 ²⁴
Seguin	21,941
Taylor	14,690 ²⁵
Temple	53,733
West Lake Hills	2,542

* Obtained from the Greater Austin-San Antonio Corridor Council website: <http://www.corridorcouncil.org> .

** Cities listed as the *Northeast Partnership*

⁸ Source: *Texas City Management Association 2000-2001 Directory*.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Source: City of Garden Ridge website: <http://www.ci.garden-ridge.tx.us/profile.htm>.

¹⁹ Source: *Texas City Management Association 2000-2001 Directory*.

²⁰ Ibid.

²¹ Source: Universal City website: <http://www.universalcitytexas.com/Demographics.htm>.

²² Source: *Texas City Management Association 2000-2001 Directory*.

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

Appendix B: List of Greater Austin-San Antonio Corridor Council Member City Addresses

1. City of Austin
ATTN: Human Resources Officer
Two Commodore Plaza Building
206 E. 9th Street, 1st floor
P.O. Box 1088
Austin, Texas 78701
2. City of Bastrop
ATTN: Human Resources Officer
904 Main street
P.O. Box 427
Bastrop, Texas 78602
3. City of Boerne
ATTN: Human Resources Officer
402 E. Blanco Road
Boerne, Texas 78006
4. City of Buda
ATTN: Human Resources Officer
121 North Main Street
P.O. Box 1218
Buda, Texas 78610
5. City of Cedar Park
ATTN: Human Resources Officer
600 N. Bell Blvd.
Cedar Park, Texas 78613
6. City of Elgin
ATTN: Human Resources Officer
P.O. Box 591
Elgin, Texas 78621
7. City of Georgetown
ATTN: Human Resources Officer
P.O. Box 409
Georgetown, Texas 78627-0409
8. City of Kyle
ATTN: Human Resources Officer
P.O. Box 40
Kyle, Texas 78640-5409

9. City of Lockhart
ATTN: Human Resources Officer
308 W. San Antonio Street
P.O. Box 239
Lockhart, Texas 78644
10. City of New Braunfels
ATTN: Human Resources Officer
P.O. Box 311747
New Braunfels, Texas 78131-1747
11. City of Cibolo
ATTN: Human Resources Officer
109 S. Main Street
P.O. Box 88
Cibolo, Texas 78108
12. City of Converse
ATTN: Human Resources Officer
403 South Seguin
Converse, Texas 78109
13. City of Garden Ridge
ATTN: Human Resources Officer
9357 Schoenthal Road
Garden Ridge, Texas 78266
14. City of Live Oak
ATTN: Human Resources Officer
8001 Shin Oak Drive
Live Oak, Texas 78233
15. City of Schertz
ATTN: Human Resources Officer
1400 Schertz Pkwy.
Schertz, Texas 78154
16. City of Selma
ATTN: Human Resources Officer
9375 Corporate Drive
Selma, Texas 78154
17. City of Universal City
ATTN: Human Resources Officer
2150 Universal City Blvd.
Universal City, Texas 78148

18. City of Pflugerville
ATTN: Human Resources Officer
P.O. Box 589
Pflugerville, Texas 78691-0589
19. City of Round Rock
ATTN: Human Resources Officer
221 E. Main Street
Round Rock, Texas 78664
20. City of San Antonio
ATTN: Human Resources Officer
P.O. Box 839966
San Antonio, Texas 78283-3966
21. City of San Marcos
ATTN: Human Resources Officer
630 E. Hopkins
San Marcos, Texas 78666
22. City of Seguin
ATTN: Human Resources Officer
205 N. River Street
Seguin, Texas 78155
23. City of Taylor
ATTN: Human Resources Officer
P.O. Box 810
Taylor, Texas 76574-0810
24. City of Temple
ATTN: Human Resources Officer
#2 N. Main Street
Temple, Texas 76501
25. City of West Lake Hills
ATTN: Human Resources Officer
911 Westlake Drive
Westlake Hills, Texas 78746-4599

Appendix C: Sample Letter to Human Resources Officers

September 3, 2001

Human Resources Officer
City of San Marcos
630 E. Hopkins
San Marcos, Texas 78666

Dear Human Resources Officer:

My name is Stephanie Garcia and I am a graduate student in the public administration program at Southwest Texas State University. In partial fulfillment of the requirements for the degree of master of public administration, I am required to complete an applied research project.

As part of the research project, I am conducting a survey to determine which municipalities within the Austin-San Antonio Corridor have wellness program services available for their employees. Specifically, I am interested in learning the types and levels of wellness services provided by these municipalities in the areas of physical fitness, stress management, psychological and mental health, nutrition and dietary related issues, and alcohol and chemical dependency.

I would appreciate you taking a few moments of your time to fill out the attached survey. Each question's response is valuable to the research project and all responses are essential.

Additionally, please send a copy of your city's employee handbook or similar documents (e.g. employee policies and procedures) that address the city's wellness program with the completed survey. These documents are also invaluable to the research that I am conducting. Enclosed is a return self-addressed, stamped envelope for mailing your completed survey and copy of the handbook or similar documents, or you may fax your completed survey and copies of pertinent documents to me at (512) 396-4656.

Thank you in advance for assistance in this matter. If I can provide you with additional information or answer any questions regarding this request, I can be reached at (512) 393-8106 or (512) 396-0058.

Sincerely,

Stephanie Garcia
403 Laurel Hill
San Marcos, Texas 78666
Sg38619@swt.edu

Appendix D: Survey of Wellness Programs Among Municipalities Within the Austin-San Antonio Corridor

I. Wellness Program Overview

- | | | | |
|--|-----------|----------|---------------|
| 1. Does your city have a Wellness Program? | Yes _____ | No _____ | Unknown _____ |
| 2. If yes, how many of the following programs or services do you provide? | | | |
| a. physical fitness | Yes _____ | No _____ | Unknown _____ |
| b. stress management | Yes _____ | No _____ | Unknown _____ |
| c. psychological and mental health care | Yes _____ | No _____ | Unknown _____ |
| d. nutrition and dietary related issues | Yes _____ | No _____ | Unknown _____ |
| e. alcohol and chemical dependency | Yes _____ | No _____ | Unknown _____ |
| 3. Does your city perform Health Risk Appraisals on its employees? | Yes _____ | No _____ | Unknown _____ |
| 4. Do you feel wellness programs within your city have the commitment and support from top management? | Yes _____ | No _____ | Unknown _____ |

Additional comments or suggestions.

Physical Fitness

- | | | | |
|--|-----------|----------|---------------|
| 5. Does your city have a mandatory fitness program? | Yes _____ | No _____ | Unknown _____ |
| 6.a. Does your city have a voluntary fitness program? | Yes _____ | No _____ | Unknown _____ |
| b. If yes, do you offer any types of incentives? | Yes _____ | No _____ | Unknown _____ |
| c. If yes, what types of incentives do your offer? | | | |
| 7. Does your city provide on duty time to exercise? | Yes _____ | No _____ | Unknown _____ |
| 8. Does your city provide workout facilities for all of its employees? | Yes _____ | No _____ | Unknown _____ |

Additional comments or suggestions

Stress Management

- 9. Does your city teach stress management to its employees? Yes _____ No _____ Unknown _____
- 10. Are supervisors provided with training to assist subordinates in dealing with stress? Yes _____ No _____ Unknown _____
- 11. Does your city attempt to protect employees from stress before it occurs? Yes _____ No _____ Unknown _____
- 12. Does your city attempt to control stress from:
 - a. supervisors Yes _____ No _____ Unknown _____
 - b. other agencies Yes _____ No _____ Unknown _____
 - c. excessive paperwork Yes _____ No _____ Unknown _____
 - d. administration/management Yes _____ No _____ Unknown _____
- 13. Do you feel stress is sufficiently addressed by your city? Yes _____ No _____ Unknown _____

Additional comments or suggestions

Psychological and Mental Health

- 14. Does your city use any type of pre-employment psychological testing? Yes _____ No _____ Unknown _____
- If yes, please indicate what type.
- 15. Does your city use any type of post-employment psychological testing? Yes _____ No _____ Unknown _____
- 16. a. Can your city require psychological or mental health testing on an as needed basis? Yes _____ No _____ Unknown _____
- b. If yes, does your city use this requirement when needed? Yes _____ No _____ Unknown _____
- 17. Are supervisors provided with training to assist in recognizing signs of psychological or mental distress? Yes _____ No _____ Unknown _____
- 18. Do you feel the psychological or mental health needs of employees within the city are being met? Yes _____ No _____ Unknown _____
- 19. Does your city provide any type of follow-up psychological or mental health testing for at-risk employees? Yes _____ No _____ Unknown _____

20. Is the confidentiality of employees who seek psychological or mental health care protected? Yes _____ No _____ Unknown _____
21. Would seeking help for psychological or mental health problems harm an employee's career? Yes _____ No _____ Unknown _____
22. Are employees encouraged to seek voluntary help for psychological and mental health issues? Yes _____ No _____ Unknown _____

Additional comments or suggestions

Nutrition and Dietary Related Issues

23. Does your city provide any nutrition or diet related education information to its employees? Yes _____ No _____ Unknown _____

If yes, in what way(s)?

24. Is training provided on the importance of nutrition and diet? Yes _____ No _____ Unknown _____
25. Are any behavior modification classes or programs offered to assist in nutrition and diet control? Yes _____ No _____ Unknown _____

Additional comments or suggestions

Alcohol and Chemical Dependency

26. Does your city provide alcohol dependency treatment for its employees? Yes _____ No _____ Unknown _____
27. Does your city provide chemical dependency treatment for its employees? Yes _____ No _____ Unknown _____
28. Do supervisors receive any training in recognizing signs of substance abuse in their subordinates? Yes _____ No _____ Unknown _____
29. Does your current substance abuse program meet the needs of the employee? Yes _____ No _____ Unknown _____

30. Does your current substance abuse program

encourage employees to seek voluntary help? Yes _____ No _____ Unknown _____

31. Are employees subject to disciplinary action for receiving assistance for substance abuse? Yes _____ No _____ Unknown _____

32. Is the confidentiality of employees who seek alcohol or chemical dependency treatment protected? Yes _____ No _____ Unknown _____

33. Would seeking help for alcohol or chemical dependency harm an employee's career? Yes _____ No _____ Unknown _____

34. Does your city meet the comprehensive needs of its employees with the current level of service offered? Yes _____ No _____ Unknown _____

Additional comments or suggestions

II. Demographic Data (optional)

35. Title of person completing the questionnaire

36. How many employees does your city employ?

37. What is average number of sick days taken each year by your employees?

Additional comments or suggestions

Appendix E: Consolidated Code Sheet for Content Analysis and Survey

Name of Municipality: _____

I. Wellness Program Overview	
A. Explanation of Wellness Program	Yes _____ No _____ Unknown _____
1. physical fitness	Yes _____ No _____ Unknown _____
2. stress management	Yes _____ No _____ Unknown _____
3. psychological and mental health care	Yes _____ No _____ Unknown _____
4. nutrition and dietary related issues	Yes _____ No _____ Unknown _____
5. alcohol and chemical dependency	Yes _____ No _____ Unknown _____
6. health risk appraisals	Yes _____ No _____ Unknown _____
7. commitment and support from top management	Yes _____ No _____ Unknown _____

II. Physical Fitness	
A. Provide mandatory physical fitness program	Yes _____ No _____ Unknown _____
B. Provide voluntary physical fitness program	Yes _____ No _____ Unknown _____
C. Types of Incentives offered	Yes _____ No _____ Unknown _____
D. Provide on duty time to exercise	Yes _____ No _____ Unknown _____
E. Provide workout facilities for employees	Yes _____ No _____ Unknown _____

III. Stress Management	
A. Teach stress management for all employees	Yes _____ No _____ Unknown _____
B. Provide supervisors with training	Yes _____ No _____ Unknown _____
C. Protect employees from stress before it occurs	Yes _____ No _____ Unknown _____
D. Department attempts to control stress from:	

1. supervisors	Yes _____	No _____	Unknown _____
2. other agencies	Yes _____	No _____	Unknown _____
3. excessive paperwork	Yes _____	No _____	Unknown _____
4. administration/management	Yes _____	No _____	Unknown _____
E. Stress sufficiently addressed	Yes _____	No _____	Unknown _____

IV. Psychological and Mental Health			
A. Pre-employment psychological testing	Yes _____	No _____	Unknown _____
B. Post-employment psychological testing	Yes _____	No _____	Unknown _____
C. Psychological/mental health test requirement	Yes _____	No _____	Unknown _____
D. Requirement provided when needed	Yes _____	No _____	Unknown _____
E. Provide supervisors with training to assist in Recognizing signs of psychological/mental health distress	Yes _____	No _____	Unknown _____
F. Psychological and mental health needs of employees being met	Yes _____	No _____	Unknown _____
G. Provides follow-up psychological or mental health tests for at-risk employees	Yes _____	No _____	Unknown _____
H. Protect employee confidentiality	Yes _____	No _____	Unknown _____
I. Employee career status after seeking help for psychological or mental health problems	Yes _____	No _____	Unknown _____
J. Encourage employees to seek voluntary help	Yes _____	No _____	Unknown _____

V. Nutrition and Dietary Related Issues			
A. Provide nutrition/diet education to employees	Yes _____	No _____	Unknown _____
B. Provide training on importance of nutrition/diet	Yes _____	No _____	Unknown _____
C. Provide behavior modification classes or	Yes _____	No _____	Unknown _____

VI. Alcohol and Chemical Dependency			
A. Provide alcohol dependency treatment for employees	Yes _____	No _____	Unknown _____
B. Provide chemical dependency treatment for employees	Yes _____	No _____	Unknown _____
C. Provide supervisors training to recognize Substance abuse	Yes _____	No _____	Unknown _____
D. Current substance abuse program meets needs of employees	Yes _____	No _____	Unknown _____
E. Encourage employees to seek voluntary help	Yes _____	No _____	Unknown _____
F. Disciplinary action for receiving assistance for substance abuse	Yes _____	No _____	Unknown _____
G. Protect employee confidentiality	Yes _____	No _____	Unknown _____
H. Employee career status after seeking help for alcohol or chemical dependency problems	Yes _____	No _____	Unknown _____
I. Provide the comprehensive needs of employees with current level of service	Yes _____	No _____	Unknown _____

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