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School Mental Health Is Not Just for Students: Why Teacher and School Staff Wellness Matters

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Workplace Stress

The term “school mental health” is typically used to discuss the mental health and wellness of students. However, school mental health also includes promoting the well-being of school-based educators, administrators, and mental health workers. Although the workplace wellness literature predominantly focuses on health-related programs to support well-being in more traditional business settings, it offers foundational knowledge for the emerging school staff wellness field. Experiencing significant levels of stress in the workplace is common not only in schools, but in a wide array of work settings. According to the American Psychological Association’s annual *Stress in America* survey, 60% of individuals residing in the United States in 2014 reported that work was a top source of stress in their lives (APA, 2015). Further, the APA’s Center for Organization Excellence found that approximately 33% of Americans reported having chronic work stress (APA, 2013). This is a concerning statistic, because stress-related disorders are costly for employers (e.g., through absenteeism and lost productivity; DHHS, 1999) and are associated with numerous negative mental and physical health outcomes for workers (APA, 2015). Although all stress cannot be eliminated in the workplace, research has documented some best practices and strategies that can help reduce the extent and impact of stress.

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Work-Related Stress for Educators

Individuals working in school settings are particularly vulnerable to work-related stress. Data from the 2013 *Gallup-Healthways Well-Being Index* found that 46% of teachers in K-12 settings report high levels of daily stress during the school year. This level of stress is similar to that of nurses (46%) and physicians (45%) and is the highest (along with nurses) among the 14 professional categories included in the study (Gallup, 2014). Furthermore, the American Federation of Teachers (2015) found that 78% of teachers reported feeling physically and emotionally exhausted at the end of the day. The stress that educators experience affects their enthusiasm about the profession and longevity in the field. For

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example, a survey of 30,000 teachers revealed that 89% said they had been enthusiastic about teaching when they started the profession, but only 15% reported being enthusiastic at the time they completed the survey. The stress of the education field is further illustrated in the high rates of teacher turnover; 10% of teachers leave after one year, and 17% of teachers leave within five years (Gray & Taie, 2015). Turnover rates are much higher in urban districts, where up to 70% of teachers leave within the first year (Gray & Taie, 2015). This issue is not limited just to new teachers; many experienced teachers leave the profession because they feel unable to deal with the myriad challenges of modern teaching (Byrne, 1998; Taylor et al., 2005).

There are a multitude of factors contributing to the high rates of stress and burnout in the education field. Studies suggest that some of the most common sources of teacher stress include:

- High-stakes testing;
- Large class sizes;
- Student behavioral challenges;
- Inadequate resources;
- Poor physical space;
- Bureaucracy;
- Workload;
- Paperwork;
- High responsibility for others;
- Perceived inadequate recognition or advancement; and
- The gap between preservice training expectations and actual work experiences (Dworkin, 2001; Fisher, 2011; Kokkinos, 2007; Travers & Cooper, 1996).

Additionally, lack of autonomy is a significant contributor to teacher burnout and stress; teachers who do not feel that they have autonomy over their classroom or that they have a collective influence over school policy are more likely to experience job dissatisfaction (Ingersoll, 1996, 2001). Research from the 2012 *Gallup Daily Tracking Poll* (Gallup, 2014) showed that when compared to 12 different occupational groups, teachers are the least likely to state that they agree with the statement: “At work, my opinions seem to count.”

Educators and other school-based staff can experience the stress of compassion fatigue and/or vicarious traumatization (also known as secondary traumatic stress; Hydon et al., 2015), which is defined as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1993, as cited in Figley, 1995, p. 7). Compassion fatigue can be the result of experiencing one traumatic case, or a cumulative impact over time (Hydon et al., 2015). As explained by the National Child Traumatic Stress Network (NCTSN, 2011, pp. 2–3): “Any professional who works directly

with traumatized children ... is at risk of secondary traumatic stress.” Although compassion fatigue has traditionally been discussed as being a secondary effect for individuals providing clinical services to traumatized clients, it also has an impact on teachers and other school staff who work closely with youth who have experienced adverse experiences. The impact of compassion fatigue may be particularly acute for teachers working in poor, underresourced urban and rural communities, where students may have been exposed to community and family violence and traumatic experiences.

Teachers and other school staff who experience exhaustion and burnout related to their work are likely to have a number of negative physical and psychological symptoms and consequences, including:

- Emotional numbing;
- Feeling “shut down”;
- Loss of enjoyment;
- Lack of energy;
- A sense of cynicism or pessimism;
- Increased illness or fatigue;
- Aches and pains;
- Increased absenteeism and “sick days”;
- Greater problems with boundaries; and
- Difficulty making decisions or making poor decisions (Saakvitne et al., 2000).

Educator and school staff stress and burnout affects not only the adult professionals but also the students with whom these professionals interact. For example, teacher burnout is predictive of student academic outcomes, including being correlated with lower levels of student effective learning and lower motivation (Zhang & Sapp, 2008). Additionally, teacher burnout appears to affect the stress levels of the students they teach; a recent study found that teacher burnout level explained more than half of the variability in students’ levels of cortisol (a stress hormone) when evaluated in the morning (Oberle & Schonert-Reichl, 2016).

Despite the strong evidence for the existence of work-related stress, only 36% of respondents from all fields to the APA (2015) *Stress in America* survey stated that their employers provide the resources they need to effectively manage their work-related stress. The numbers are even weaker in the education field, with only 25.5% of schools offering stress management education to staff (DHHS, 2015). Although comprehensive programs are recommended to address staff wellness, many schools and school systems have limited programs, and school staff may have exposure only to professional development and basic resources. Thus, although school employees throughout the United States are clearly affected by work-related stress, they often lack the programs, resources, and tools needed to support their management of that stress and the promotion of overall wellness. This article demonstrates the value of school staff wellness and highlights unique aspects of the job that

should be taken into consideration when addressing the well-being of school-based staff. It shares key findings from the literature and discusses how to best measure and implement effective staff wellness programs in schools. Finally, it summarizes best practices in the school staff wellness field and highlights exemplary programs.

Although school employees throughout the United States are clearly affected by work-related stress, they often lack the programs, resources, and tools needed to support their management of that stress and the promotion of overall wellness.

Employee Wellness Programs

Wellness is defined by the National Wellness Institute as “an active process through which people become aware of, and make choices toward, a more successful existence” (NWI, n.d.). Thus, wellness is not merely the absence of illness. NWI explains that among professionals and researchers in the wellness field, there is general agreement that wellness is an evolving and self-directed process in which an individual is working to achieve his/her fullest potential and which may include mental, physical, and/or spiritual well-being. The multidimensional components of wellness vary across different theories of wellness and wellness programs but often include medical, emotional, environmental, occupational, physical, intellectual, spiritual, social, and financial components (NWI, n.d.). Despite this multidimensional understanding of wellness, wellness programs in the workplace often focus on only the physical and medical dimensions (Parks & Steelman, 2008).

About 50% of all employers with 50 or more employees in the United States have wellness promotion initiatives (Mattke et al., 2013). Among employers offering a wellness program, the majority focus on nutrition/weight (79%), smoking (77%), or fitness (72%), with about one-half focusing on alcohol/drug abuse (52%) and stress management (52%), and about one-third focusing on health education (36%). Workplace wellness programs generally fall into three categories: (1) screening activities, (2) preventive interventions, and (3) health promotion activities.

Screening activities focus on identifying health risks in employees and may include measuring weight, completing a health risk questionnaire, and taking other biometrics (e.g., cholesterol level). The RAND Employer Survey found that about 65% of employers with wellness programs conduct health risk questionnaires with their employees.

Preventive interventions are programs that are implemented to help employees make positive changes in their health behaviors, such as health education classes, individual health counseling, or step-counting programs. Approximately 77% of employers with a wellness program offer prevention interventions.

Health promotion activities are those that promote healthy lifestyles for all employees, such as offering healthy meals in the cafeteria or providing subsidized gym memberships. These types of activities are present in about 40% of workplaces (including those without a formal employee wellness program). Most employee wellness programs tend to be a combination of these three types of approaches to wellness, with combined screening and intervention approaches being the most common (Mattke et al., 2013).

Impact of Wellness Programs on Employee Outcomes

Although there has been some criticism of wellness programs in the workplace, suggesting that they are ineffective and/or too expensive, a meta-analysis conducted by Parks and Steelman (2008), found that participation in wellness programs is related to several positive outcomes. Specifically, participation in organizational wellness programs is associated with higher job satisfaction and lower absenteeism. Results of the RAND Employer Survey found that participation in wellness programs was related to greater gains in weight loss, smoking cessation, and exercise, but not to lowered cholesterol levels (Mattke et al., 2013). However, the sample size in the RAND study was small and may have been affected by the specific types of wellness activities employed. Nonetheless, a meta-analysis of occupational stress management programs finds that there is an overall medium to large effect for participation in each individual intervention on a variety of outcomes. Outcomes include improved mental and physical health, decreased anxiety and stress, and an increase in mindfulness (Richardson & Rothstein, 2008).

The model theorizes that by promoting staff health behaviors, employees will improve their health and cognitive performance, which will then affect student health and educational outcomes.

In addition to the physical, social, emotional, and behavioral impacts of wellness programs, there are also economic benefits. Research suggests that participation in a wellness program over five years leads to lower health care costs and decreasing health care use (Mattke et al., 2013). This is relevant because healthcare expenditures are nearly 50% greater for workers who report high levels of stress (DHHS, 1999). A meta-analysis conducted in 2010 found that workplace wellness programs affect medical costs and absenteeism substantially. More specifically, for every \$1.00 spent on wellness programs, medical costs fall \$3.27 and absenteeism costs fall \$2.73 (Baicker et al., 2010). Findings corroborate an earlier meta-analysis that found that employee wellness programs are cost-effective; on average, they achieve a \$5.81 to \$1.00 return on investment (Chapman, 2005). Chapman's (2003) review of 42 published worksite health promotion programs showed that companies with effective wellness programs had, on average, a 28% reduction in sick days, a 26% reduction in health costs, and a 30% reduction in workers' compensation and disability management claims. Results of these comprehensive studies suggest that employee wellness programs are not only helpful for employee wellness and morale, but are also smart financial decisions.

Employee Wellness in Schools

The research literature clearly points to the benefits of quality employee wellness programs. Additionally, educators are in a profession with a uniquely high level of stress and burnout, suggesting that they would benefit from wellness programming. Nonetheless, implementation and evaluation of such programs is low and could benefit from additional studies. To better understand the current state of research on teacher wellness, the current authors conducted a search on PsycINFO for "wellness" and "teacher." The search found 64 peer-reviewed results published between 1984 and 2015. Although there has been a significant increase in publications recently, especially in the last five years, the school staff wellness topic is still a fairly new area within the mental health literature. The trend in

publication numbers suggests that the topic of teacher wellness is only beginning to receive more intensive research attention. The research that has been published to date has focused on a range of subjects, including the relation between teacher wellness and child outcomes (e.g., academic achievement), the role of teacher wellness in promoting child-school connectedness, teacher burnout, teacher efficacy, and the measurement of wellness.

In an effort to better understand the number and types of evidence-based wellness programs for school staff, a search of SAMH-SA's *National Registry of Evidence-based Programs and Practices* was conducted using the key word "wellness." The search yielded 17 programs. Three programs focused on students in grades K through 12, two programs focused on college students, one program focused on students in grades 3 through 12, and the rest focused on other populations, but none specifically targeted school staff. Although there are school wellness programs that target school staff (see MSBR, CARE, and CALM programs discussed below), they do not currently have the number of trials and results needed to be included in the registry, although they are likely to be added in time. Taken together, the results of this literature search suggest that evidence-based teacher and school staff wellness programs have not been widely developed or studied and that there are significant opportunities to expand this field in the future.

Core Wellness Components/Recommended Wellness Standards

Although the research related to evidence-based school staff wellness programs is in its early stages, there are a number of core wellness components and standards that have been established specifically for educator wellness initiatives.

The Coordinated School Health Model.

In 1987, Allensworth and Kolbe greatly influenced the field of school health (Lohrmann, 2008) by creating a comprehensive model of school health called the Coordinated School Health Model. In Allensworth and Kolbe's (1987) model, there are eight components to school health, which include content areas such as physical education and school health services for students but that go beyond previous models by also emphasizing "school site health promotion of faculty and staff." The model theorizes that by promoting staff health behaviors, employees will improve their health and cognitive performance, which will then affect student health and educational outcomes (Lohrmann, 2008). The eight-component Coordinated School Health Model has since been adopted and adapted by the Centers for Disease Control and Prevention (CDC).

The Whole School, Whole Community, Whole Child Model.

Currently, the CDC promotes the Whole School, Whole Community, Whole Child (WSCC) Model, which focuses on a 10-component health model with associated student learning objectives. Under this program, the CDC (2014b) states that school employee wellness should include "a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors [e.g., lack of physical activity, tobacco use] and health conditions [e.g., diabetes, depression] to meet the health and safety needs of

all employees.” However, the CDC does not give guidelines about what specifically should be included in school employee wellness programming.

The Healthy Schools Program Framework.

The Alliance for a Healthier Generation, an organization focused on promoting health and wellness for children and adolescents, has created the Healthy Schools Program Framework (HSPF). The HSPF outlines best practices for creating and sustaining a healthy school environment, organizing these practices into bronze, silver, and gold standard tiers (Alliance for a Healthier Generation, 2016). One aspect of this framework focuses on health promotion for school staff. The framework highlights the types of activities and standards that should be implemented in schools to promote staff health at each level (i.e., bronze, silver, gold; see Table 1 for a summary of the HSPF school staff standards). Whereas these HSPF standards provide more specific information about the types of activities to include in employee wellness programming, they are exclusively focused on physical health, including nutrition, exercise, and modeling of healthy behaviors for students rather than a more comprehensive model of employee wellness (Alliance for a Healthier Generation, 2016).

The DHPE Standard.

The Directors of Health Promotion and Education (DHPE, 2005) created a more comprehensive standard for school employee wellness that is focused solely on staff members. This school employee wellness guide is a comprehensive resource that discusses the need for school employee wellness programs, key principles, steps for establishing a program, funding for programs, as well as useful tools and resources (e.g., Employee Wellness Interest Survey, sample letter of invitation). The DHPE identifies eight different components that should be included in a comprehensive school employee wellness program:

1. Health education and health-promoting activities tailored to the needs of employees;
2. Safe, supportive social and physical environments;
3. Integration of program into the school/district structure;
4. Linkage to other related programs (e.g., employee assistance programs);
5. Worksite screening programs and follow-up care as needed;
6. Individualized interventions to support employee behavior change;
7. Education focused on helping employees make health care decisions; and
8. An evaluation and improvement process to help the programs improve their effectiveness (DHPE, 2005).

This eight-component model focuses on more than just increasing nutrition and exercise in employees and emphasizes the importance of creating safe environments, promoting education, individualizing interventions, and evaluating programming to ensure that it is working. See Table 2 for a review of these eight components and examples of programs/activities that address each component. A model that fulfills these DHPE guidelines is a gold standard of programming, but implementing such a comprehensive model requires an

effective implementation process; it is recommended that individuals and organizations that hope to begin this type of program follow the nine-step implementation process outlined by DHPE (2005).

Validated Wellness Measures

In order to develop and implement teacher and school staff wellness programs, it is important to gather data on staff wellness before, during, and after program implementation. Validated measures of wellness can help to assess staff needs, determine target populations for programs, and measure change in wellness following program participation.

The Interpersonal Mindfulness in Teaching Questionnaire.

The only measure in the literature that was specifically designed to measure wellness in teachers is the Interpersonal Mindfulness in Teaching Questionnaire (IMT; Frank et al., 2016). The measure focuses on two distinct factors: (1) teacher intrapersonal mindfulness and (2) teacher interpersonal mindfulness. The measure has been validated through confirmatory factor analysis and has good test-retest reliability for both scales in the medium-large range (Frank et al., 2016).

The Teachers' Sense of Efficacy Scale.

The Teachers' Sense of Efficacy Scale (TSES; Tschannen-Moran & Woolfolk-Hoy, 2001) is a measure of what teachers view as the most difficult aspects of their teaching activities and how much power they think they have in resolving those challenges. Items ask teachers to indicate "how much they can do" in response to various classrooms and instructional challenges. The questionnaire measures three dimensions: instructional strategies, classroom management, and student engagement.

Results of the study suggested that teacher participants had improvements in self-regulation, self-compassion, mindfulness, and sleep quality.

The Professional Quality of Life Scale.

One validated measure of employee wellness more generally (not specifically for school employees) is the Professional Quality of Life Scale (ProQOL; Hudnall Stamm, 2009). Although this measure is not specifically for school staff, it is particularly appropriate for employees in the helping professions because the measure focuses on compassion satisfaction (the positive emotional effect of helping others) and compassion fatigue (burnout and secondary traumatic stress). It is a well-validated, self-report measure of the positive and negative aspects of caring and can be given individually or in groups.

The Worksite Health Score Card.

In addition, the Centers for Disease Control and Prevention (CDC, 2014a) offer a Worksite Health Score Card that allows employers to assess their evidence-based health promotion interventions. The program helps to identify gaps in health promotion programs as well as to prioritize high-impact strategies in the program. It is available at no cost to employers.

Exemplary Programs

The curriculums provided as part of wellness programs in many schools are often not evidence based. Little is known about how the stress management education provided in the schools affects teacher or student outcomes. However, evidence indicates that change is possible even in programs of relatively short duration. For example, in a 10-week health promotion program for employees in the Dallas Independent School District, with a focus on exercise and physical fitness, the following impressive improvements were found: 44% of teachers changed their overall lifestyle, 68% changed their diet, 26% who had not exercised began vigorous programs, and 18% quit smoking. Overall, this program led to 1.25 days less of absenteeism for those teachers who were exercising. This is equal to a savings of \$149,578 for the district (DHPE, 2005).

There are several comprehensive teacher wellness programs that are setting the foundation for school staff wellness research. The following programs have been studied for evidence of effectiveness and have shown some promising results.

Washoe County School District (Nevada) Wellness Program.

The Washoe County School District started an optional wellness program for its 6,246 employees, which was evaluated over a two-year period (Aldana et al., 2005). The program was aimed at reducing two-year health care costs and absenteeism. When considering (as covariates in statistical analyses) baseline health claims, absenteeism in three years prior, age, gender, job classification, and years in school district, the program found no significant differences in direct health care costs. However, there were significant differences in absenteeism. Participants had an average of three fewer missed days than non-participants, which equals a cost saving of \$15.60 for every dollar spent on the program.

Mindfulness-Based Stress Reduction (MBSR).

MBSR is a mindfulness training that is shown to reduce stress, depression, and anxiety. It was created to address chronic pain but is useful for a variety of physical and mental health problems. MBSR is included in SAMSHA's *National Registry of Evidence-based Programs and Practices*. Two different research groups have adapted MBSR for teachers. Flook and colleagues (2013) studied the use of MBSR with 18 elementary school teachers. They incorporated MBSR with specific school-related activities and practices. The program took place over eight weeks for 2.5 hours per week and one day-long immersion program (six hours). Results of the study showed that teachers who participated had reductions in psychological symptoms and burnout, improvements in observer-rated classroom organization, and an increase in self-compassion. In a second study, Frank and colleagues (2015) conducted an MBSR training with 36 high school teachers. The program involved group discussions on the application of mindfulness in daily life, including in the classroom. Teachers were taught how to introduce mindfulness practice to their students. The sessions were for two hours a week for eight weeks and also included home practice. Results of the study suggested that teacher participants had improvements in self-regulation, self-compassion, mindfulness, and sleep quality.

Cultivating Awareness and Resilience in Education (CARE).

CARE is an evidence-based professional development program designed to reduce stress and improve teachers' performance. The program focuses on three main content areas: (1) emotion skills instruction, (2) mindfulness/stress reduction practices, and (3) caring and listening practices (Jennings et al. 2011). In a randomized control trial of CARE, with a waitlist control group, 53 teachers in urban and suburban schools participated in five full-day sessions over eight weeks and three 20-minute phone coaching sessions. Results showed improvements in well-being, teacher efficacy, burnout, and mindfulness (Jennings et al., 2013). Future research is still needed to assess CARE's effect on classroom and student outcomes.

Community Approach to Learning Mindfully (CALM).

CALM is a daily school-based intervention designed to promote and improve social-emotional competencies, stress management, well-being, teaching, and health. The intervention included yoga and mindfulness practices. Participants practiced skills four days a week for 16 weeks (64 sessions total). Study results showed that CALM was related to significant improvements in mindfulness, emotional functioning, positive affect, distress tolerance, efficacy in classroom management, as well as to decreases in physical symptoms, blood pressure, and cortisol levels (Harris et al., 2016).

Recommendations and Next Steps

Wellness programs that focus on a broad array of wellness components such as nutrition, physical activity, and stress management have been shown to increase teacher morale, improve perceptions of being able to handle job stress, reduce absenteeism, and result in higher levels of overall well-being. Furthermore, in addition to the positive benefits of improved teacher job satisfaction, health, and well-being, there are documented cost savings and impacts on student outcomes related to having healthy teachers and school staff. Based on a review of the literature in workplace wellness and the evolving school staff wellness fields, the following recommendations are suggested for schools that intend to implement school staff wellness promotion programs:

- Tailor the program to the needs and interests of employees to promote motivation to participate;
- Target multiple components of wellness rather than just one or two components (e.g., physical health, mindfulness and stress reduction, positive behavior change, health education trainings);
- Incorporate the wellness program into the structure and the culture of the work environment by allowing employees time to participate in the wellness program (e.g., have wellness activity as part of already scheduled faculty meetings, integrate stress management practice into morning announcements that can be heard by students and staff);

- Incorporate and foster open and frequent communication between teachers and administrative staff to problem solve how to address and help reduce the stress experienced by school staff;
- Be mindful of the periods of increased stress for teachers (e.g., time leading up to standardized testing, the weeks leading up to a school vacation) when wellness program activities may be particularly needed;
- Leverage technology (e.g., mobile apps, virtual groups) to reach a broader audience and to increase participation;
- Integrate staff, student, family, and community wellness strategies and supports, when possible, to promote overall well-being in the school setting;
- Provide no-cost or low-cost wellness programming options for school staff; and
- Include screening and ongoing measurement opportunities to help document individual and group needs and progress.

In summary, the workplace wellness literature, when combined with the growing research literature in school staff wellness supports the idea that school employee wellness programs can promote improved physical, social, and emotional well-being in school staff while having a positive impact on student success and school climate, particularly as it relates to improved teacher attendance and, thus, improved academic continuity for students. The research also supports the economics of encouraging staff wellness and offers justification for the investment in wellness programs. Although there is much promise for the future of school staff wellness research, it is imperative that funders and school administrators recognize the importance of, and dedicate time and resources to, supporting school staff wellness. The field would benefit from an increased number of randomized controlled trials and from targeted funding opportunities to specifically support the well-being of school-based staff. As the research advances, it will be important to translate the research into effective frontline application and to be able to identify evidence-based programs as well as essential core elements of wellness program so as to maximize their impact and fiscal investment.

In addition to the positive benefits of improved teacher job satisfaction, health, and well-being, there are documented cost savings and impacts on student outcomes related to having healthy teachers and school staff.

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Table 1:

HSPF Standards for Health Promotion for Staff

Bronze	Silver	Gold
Health assessments for staff, once per year; Physical activity programs for staff; Modeling of healthy eating and physical activity behaviors through five or more strategies (e.g., encourage staff to eat healthy foods at school, provide information about using physical activity in the classroom)	Meets bronze standards, plus: Uses three or more methods to encourage staff to participate in health promotion programs; Provides staff with free or low-cost healthy eating/weight management programs or classes	Meets silver standards, plus: Follows USDA's Smart Snacks in School nutrition standards, including at staff meetings and lounge areas

Table 2:**Components of a Comprehensive School Employee Wellness Program**

Component	Sample Activities
1. Health education and health-promoting activities tailored to the needs of employees	Workshops or school-sponsored activities focused on employee-desired skill development or lifestyle behavior change
2. Safe, supportive social and physical environments	School sets expectations for healthy behaviors and implements policies to promote health and reduce risk of disease
3. Integration of program into the school/district structure	Provide time for employees to attend workshops and activities; provide incentives to participate in wellness programs
4. Linkage to other related programs	Linkages to employee assistance programs or programs aimed at helping employees balance work and family life
5. Worksite screening programs and follow-up care as needed	Screening programs linked to employee's medical care so participation and follow-up treatments are seamless
6. Individualized interventions to support employee behavior change	Individual health counseling or step-counting programs
7. Education focused on helping employees make health care decisions	Health education classes related to topics such as weight loss, diabetes, and healthy heart management
8. Evaluation and improvement process	Collect data before, during, and after program implementation. Data collection can include cost, compliance, and outcome measures.

Source: Adapted from DHPE (2005) and Partnership for Prevention (2010).