

Self-Help Wellness: Leading by Example

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Executive Summary

The United States Department of Health and Human Services established a goal for Healthy People 2010. Under this ambitious effort, the department established 28 categories which each have multiple objectives. In response to Healthy People 2010, the Commonwealth of Kentucky proposed to reduce the prevalence of overweight Kentuckians to 25%. Will we reach that goal by 2010? Probably not. In 2002, 62.5% of the population in Kentucky was overweight. As public health workers, we have a challenge to educate the population on the importance of wellness, provide resources and recommend tools toward achieving health and wellness. As leaders in the community, we have a responsibility to increase an understanding of the importance of healthy lifestyles and their impact on wellness.

Before public health workers assume that responsibility, we need to assess our personal wellness. Do we practice healthy behaviors? Are we credible role models for our community? Do we exemplify healthy leadership? Again, probably not. With this awareness, the Mucho Madness Team developed the following problem statement: *Despite being in a leadership and training role, the Louisville Metro Department of Public Health & Wellness and the Green River District Health Department employees do not model the healthy behaviors they expect of their communities.*

After a fitness assessment, the members of the team questioned if their mission to improve personal wellness was possible. We had twelve weeks to develop patterns of behaviors that modeled healthy lifestyles. In a brief period of time, our team became a community with a focus upon the six dimensions of wellness: *intellectual, spiritual, physical, career, social, and emotional*. At the beginning of our twelve-week journey we identified Healthy People 2010 objectives as a baseline to measure physical results. However, our community and personal experiences brought each of us more than physical achievements. We have formed supportive relationships and developed an environment for us to explore all of the dimensions of wellness.

This self-help model is achievable by anyone who desires a better lifestyle. It is not demanding; it is changing thoughts and behaviors with awareness. It is not expensive; it is a commitment of time. It is not exclusive; it is for anyone who desires to identify one or more objectives toward personal wellness. It is being a leader as a public health worker.

Introduction and Background

Problem Statement:

Despite being in a leadership and training role, Louisville Metro Department of Public Health & Wellness and Green River District Health Department employees do not model the healthy behaviors they expect of their communities.

The Green River District and Louisville Metro health departments recognize that the health of Kentuckians does not reflect the Healthy People 2010 goals. During our research, we discovered the following from the 2002 *Kentucky Behavioral Risk Factor Surveillance System (KBRFSS)*:

2010 Objective (2002)	Kentucky Population Target	Kentucky Population Actual	Difference
Reduce the prevalence of overweight	25.0%	62.5%	+37.5%
Increase fruit & vegetable consumption to at least 5 servings daily	40.0%	20.2%	-19.8%

Our next question was, “How do Kentuckians compare to the national population?”

Risk Factor	Kentucky Prevalence (%)	National Median (%)	Difference
Diabetes	7.0	6.8	+2.2%
Health Status (Fair or Poor, Age 18+)	14.2	14.8	-.6%
Nutrition (less than 5 fruits & veggies)	79.8	77.3	+2.5%
Physical Activity (lack of leisure time)	26.6	24.4	+2.2%
Weight Control, overweight	62.5	58.9	+3.6%
Weight Control, obesity	24.4	22.2	+2.2%

In all of the above risk factors from the 2002 *KBRFSS*, the Kentucky prevalence factors were higher in all categories but one when compared to the national median.

Behavior Over-Time Graphs (BOT)

Obesity in Kentucky¹

1985	1990	1995	2000	2005
12%	13%	17%	22%	25%

After reviewing the BOT graph, a logical question is “What has changed in the lifestyles of Kentuckians to cause the percentage of obesity to double during the last 20 years?”

One indicator of poor nutrition and increase in obesity may be our fast food eating habits:²

1975	15,000 McDonalds	1/3 of mothers with young children worked outside the home	¼ of money spent on food was for food eaten outside the home
2000	30,000 McDonalds	2/3 of mothers with young children worked outside the home	½ of money spent on food was for food eaten outside the home

Additionally, “The annual number of hours worked per person in the United States surpasses Japan and most of Western Europe.”³ It is reasonable to assume that longer hours at work promote poor nutrition and less leisure time for physical activity. The Centers for Disease Control and Prevention (CDC) stresses the benefits of consistent physical activity which includes a healthy body weight and reduction of chronic diseases. CDC states that “the barrier often given for a failure to be physically active is lack of time.” To address this, *Healthy People 2010* established a goal to increase the proportion of worksites offering employer-sponsored physical activity and fitness programs. Further research indicates that worksite wellness programs have employer benefits.

Increases in the obesity rates coupled with other unhealthy lifestyle choices, such as smoking, have led to an increase in healthcare costs to employers. As stated by William D. Hayes, president of the Health Policy Institute of Ohio, “overweight people and smokers miss more work, are less productive, and are more likely to go on disability leave than other workers. Workers who take four 10-minute smoke breaks a day work one month less a year than workers who do not take smoke breaks.”⁴ Companies spend an average of \$3,856 per smoker each year in direct medical costs and lost productivity⁵. Obesity related disabilities cost employers an average of \$8,720 per claimant per year for wage indemnity.⁶ A total of 75% of all United States healthcare dollars are spent on diseases caused by unhealthy lifestyles.⁷ The Journal of Occupational and Environmental Medicine tallies the annual per employee cost of hypertension to be \$392; heart disease, \$368; depression, \$348; and arthritis, \$327. According to the U.S. Department of Health and Human Services wellness programs have a median return on investment of more than \$3 for each \$1 spent. Therefore,

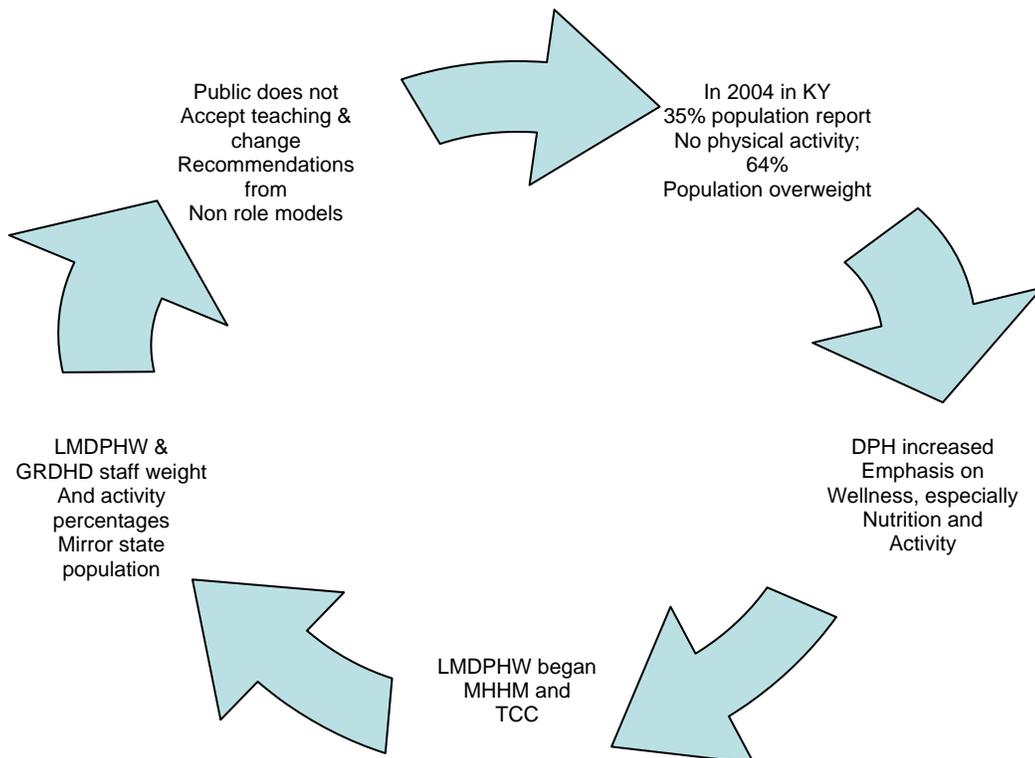
companies are implementing wellness programs for employees as a way of staving off the increasing healthcare costs. In 2000, there was \$117 billion spent on the total cost of obesity.⁸

Employers have implemented a variety of wellness programs. The programs have ranged from on-line health assessments and tools to actual worksite exercise facilities.

- Anthem Blue Cross Blue Shield offers its employees points for logging hours of physical activity. The points can be redeemed for prizes such as mountain bikes or digital cameras. It has also provided an on-site gym and exercise classes and made discounted memberships to Weight Watchers available to employees.
- Aetna employees can receive as much as \$600 back on their paycheck or opt to have that money put into a healthcare spending account for engaging in physical activity, completing a health assessment, or getting preventive screenings.
- Qwest offers its 38,000 employees nationwide free online health assessment tools, smoking cessation programs, and blood pressure and cholesterol tests.
- Vail Resorts partnered with the Mayo Clinic to institute a wellness program giving employees a \$240 discount on their annual health insurance premiums if they agree to consult with a healthy lifestyles coach.
- The Texas Commissioners of State Health Services considers employee wellness such a large issue it has launched a worksite wellness program manual. The Worksite Wellness Index is a self-assessment and planning guide. It helps employers identify strengths and weaknesses with already established worksite wellness program. It also assists employers to develop an effective worksite wellness program. The state of Texas has gone so far as passing legislation to allow state agencies to use public funds to support/establish employee wellness programs as approved by the Governor's Commission.⁹
- The Denver Center for Crime Victims actually helps employees set wellness goals as a part of their annual employment review. The employees are required to create annual self-care plans. The employees outline steps they would like to take to improve their physical, emotional, spiritual, and intellectual well-being. The Denver Center believes this has helped build a healthier, happier, and more productive staff. The program has enabled the employer to save money on workers' compensation insurance, decrease the number of temporary staff hired to cover absenteeism, and decrease costs spent on recruiting and training.
- The state of Kentucky has reading material outlining healthy lifestyle choices on its website. It also has links to other websites where people can obtain more information about specific wellness topics. The website includes a link to Humana's personal health assessment tool. But, Kentucky does not offer any tools or assistance to encourage employers to offer employee wellness programs.

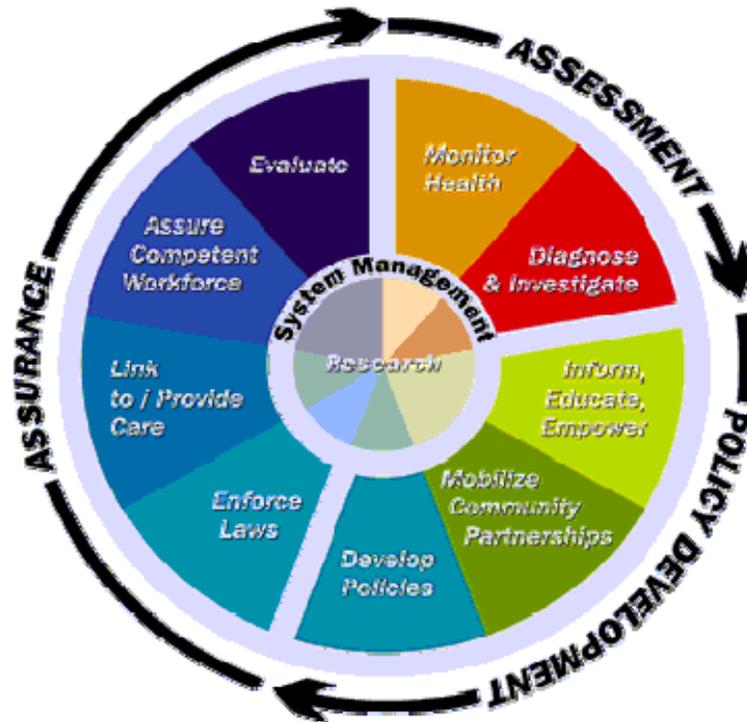
Similar to the Denver model, the Mucho Madness team assessed its individual health and wellness as well as its efforts toward reaching Healthy People 2010 goals. In response, the team developed its project, *Self-Help Wellness: Leading by Example*.

Causal Loop Diagram:



DPH: Department of Public Health
 LMDPHW: Louisville Metro Department of Public Health and Wellness
 MHHM: Mayor’s Healthy Hometown Movement
 TCC: Take Charge Challenge
 GRDHD: Green River District Health Department

10 Essential Public Health Services/National Goals Supported:



- ❖ #3 Inform, educate, and empower people about health issues.
- ❖ #8 Assure competent work force.
- ❖ #10 Research for new insights and innovative solutions to health problems.

Project Objectives

The 2007 KPHLI Mucho Madness team project evolved from a process that initially considered a focus on men’s health. The team spent several meetings discussing the “five whys” and found the topic of men’s health too broad a focus. During the fall KPHLI Summit, the team decided to develop a project that focused on wellness using the team members as the research subjects. Our problem statement became “*Despite being in a leadership and training role, Louisville Metro Department of Public Health & Wellness and Green River District Health Department employees do not model the healthy behaviors they expect of their communities.*” The **target audience** is members of the Mucho Madness team, two KPHLI members from Green River District Health Department and eight KPHLI members from the Louisville Metro Department of Public Health & Wellness.

Healthy People 2010, established by the U.S. Department of Health and Human Services, November 2000, established healthy behavior goals. The Mucho Madness team adopted the following *Healthy People 2010* objectives:

- 14-1 Reduce or eliminate indigenous cases of vaccine-preventable diseases.
- 19-1 Increase the proportion of adults who are at a healthy weight.
- 19-5 Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit.
- 19-6 Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables.
- 22-1. Reduce the proportion of adults who engage in no leisure-time physical activity.
- 22.4 Increase the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance.
- 22-5. Increase the proportion of adults who perform physical activities that enhance and maintain flexibility

Objective 1:

Develop a working knowledge of wellness.

Tools: Training and Personal Worksheet – Improving Leadership by Addressing Personal Wellness

PHS #3, #8

Objective 2:

Assure that all immunizations are current to protect against preventable illness.

Evaluation instrument: immunization records; self report

Obj. 2.1. 100% of the members of the Mucho Team will assess immunization records. The team will update their immunizations.

Healthy People 2010 14-1, PHS #3, #8

Objective 3:

Strive to achieve physical fitness at a level of average or above.

Evaluation by personal trainer – baseline and ending results

Obj. 3.1 The team will increase lean body mass through weight loss and/or muscle mass increase.

Healthy People 2010 19-1, PHS #8

Obj. 3.2 The team will strive to obtain cardio-respiratory fitness to average or above within individual age guidelines.

Healthy People 2010 22-1, PHS #8

Obj. 3.3 The team will strive to increase a range of motion to assure average or above flexibility within individual age guidelines.

Healthy People 2010 22-5, PHS #8

Obj. 3.4 The team will strive to increase muscular strength and endurance to average or above average within individual age guidelines through muscle development with a specific focus on upper body and core strength.

Healthy People 2010 22-4, PHS #8

Objective 4:

Exemplify positive nutrition habits through increasing daily servings of fruits and vegetables.

Evaluation: Self-report

Obj. 4.1 The team will strive to consume five to nine servings of fruits and vegetables daily.

Healthy People 2010 19-5, 19-6, PHS #3, #8

Objective 5:

Achieve a level of “healthy hydration” daily.

Evaluation: Self-report

Obj. 5.1 The team will increase intake of water with a goal of 64 ounces daily.

Description:

Our goal is to model healthy behavior which will be achieved through teamwork and self improvement. This accomplishment is achieved through team support, group interaction, learning, and individual accomplishment. The goal can be replicated by other health department staff members who are committed to a wellness lifestyle and value modeling healthy behaviors to the community at-large.

Deliverables:

Development of a low-cost, replicable self-help wellness program based upon the six components of wellness.

Methodology:

The team met regularly through the use of videoconferencing. The Green River team came to Louisville for one meeting and the Louisville team traveled to Owensboro for one meeting. After we firmed our problem statement in September 2006, we began the project implementation. We went through several phases that included education, personal

assessment, individual goal setting, physical fitness; addressing barriers to change, and wellness diaries (video and written). The team members were accountable to each other; as well as provided a support system and an incubator for wellness approaches.

The Six Dimensions of Wellness

The Mucho Madness team’s project unfolded around the six dimensions of wellness. This was not a deliberate unfolding, but became a natural flow when focusing on wellness and building a community. The group shaped into a community that experienced the dimensions of wellness not only individually, but also collectively. We assessed our individual level of wellness and need for improvement to become effective leaders. A healthy lifestyle incorporates a balance between individual autonomy and contributions to community.

The number of components of wellness, six, remain consistent among researchers with the exception of interchanging “environmental wellness” and “career or occupational wellness.”

Six Dimensions of Wellness

Intellectual	Expanding knowledge and skills to improve skills and increase potential to share information.
Spiritual	Developing a strong sense of personal values and ethics. Questioning the meaning and purpose of life. Examining personal connection to the universe, finding harmony.
Physical	Practicing physical activity, nutrition, safe driving, medical self-care, avoid smoking, drugs, excessive alcohol consumption.
Career/Occupational	Finding enrichment and job satisfaction; contributing to society
Social	Satisfying relationships: spouse, family, friends, associates, community
Emotional	Recognizing and accepting feelings, managing emotions and coping with stressful events.

*National Wellness Institute, Inc.¹⁰

Intellectual Wellness: The Mucho Madness team received education on the six dimensions of wellness: intellectual, spiritual, physical, occupational/environmental, social, and emotional. As a part of that training, team members discussed the stages of readiness for change which include pre-contemplation (not ready for change), contemplation (thinking about changing), preparation (planning for change), action (making changes now), and maintenance. Through development of the project, our community discussed the “five whys,” drew causal loop diagrams and researched our concepts. We brought information to the table for discussion and explored the issues around suggested topics which provided an arena for stretching our knowledge.

Spiritual Wellness: Researchers are studying spiritual wellness and its impact on individual health. Healthcare providers, including those in public health, recognize the connection between wellness and body-mind-spirit. Becoming increasingly documented in the Western culture is the role “of the spiritual in health and healing” which is recognizing “worldviews”

that the individual is a connected system with dimensions of the body, mind, and spirit. The person is more than the flesh that becomes ill or wounded. Research indicates that “religiousness can serve to promote health and prevent illness and spiritual interventions can result in recovery from or healing of disease”.¹¹

Through knowledge and discussion, our community received an invitation to open our minds to explore our spirituality and how our spirit connects us to each other and to the universe. We each have a personal understanding of spirit. And each of us has inner resources known as our spirituality. Individual changes included church membership, initiation and/or continuation of daily prayer, Bible study and meditation.

Social Wellness and Community: During the project period the group discussed all dimensions of wellness but primarily integrated five of the dimensions: intellectual, spiritual, physical, social and emotional. As the group evolved, it became a community which became invested in community change. Through striving to reach wellness, we developed a common bond that strengthened our community. It is important to note that the distance between the Louisville and Green River health departments hindered the effect of community for all individuals in the group. That spirit of community was more evident during times when the two groups were physically with each other. When the spirit of community was present, our team experienced social wellness.

Emotional Wellness: As with any community the 10 member team faced daily challenges in balancing personal time, family time and work time. Additionally, during this time period, there were extreme situations that arose that were unique to this team. Some of these included major surgeries, a family member involved in a serious automobile accident, the extended illness and death of a loved one, job changes, a home for sale, marriage, and an unexpected shift in a family’s stability. These stressors challenged members’ emotional wellness as we proceeded on our project. At the same time, the support of community became an integral part of wellness.

Physical Wellness: The team engaged in a variety of individual activities. Individually we joined a private gym, worked out at the Louisville Metro Police gymnasium, hired a Personal Wellness Coach, attended Yoga and Tai Chi classes two or more times a week, visited a chiropractor, ran and walked, worked out with exercise balls, used home treadmills, elliptical machines and weight stations.

Individually, team members measured their weight and height to calculate their BMI. Nurses took blood pressure, administered needed immunizations, and orders were written for cholesterol, triglycerides, LDL, HDL blood tests. Any one who had the blood workup during the past six months could use those results as baseline measure.

The Louisville Metro team was given a modest budget with which it secured a wellness fitness trainer. The trainer met with the Louisville community and with each member of the Louisville group individually. She measured body composition (fat mass vs. lean mass), cardio-respiratory endurance, flexibility, and muscular strength and endurance (push up and sit ups). From these measurements, the trainer designed an individual fitness program,

provided a chart on which members daily recorded minutes exercised, steps taken, fruits/vegetables eaten, and water drank. The trainer met with the group at 2 week intervals to discuss success, barriers, and general progress. At the end of twelve-weeks, the trainer re-administered the initial fitness tests to measure changes in the baseline data.

As a part of our connection to wellness, we created and distributed “**Gotcha Cards**” to individuals in the health department who “were caught” practicing wellness behaviors. These behaviors included eating fruits and vegetables, selecting oatmeal over a cookie for breakfast, walking the steps, not succumbing to the craving for a cigarette, and exercising on a stability ball.

Wellness Diaries

Throughout the project period, team members provided a video assessment of their experience in this journey. In addition, each member received a journal to record individual thoughts and progress throughout the project.

Results:

Results of the project were for a 12 week time period; January 3, 2007 through March 28, 2007. (3 of the 8 participants that were initially assessed were not available for the post test due to surgery, injury and schedule.)

Objective 1: Develop a working knowledge of wellness.

- 10 out of 10 participants report an increase in their knowledge of wellness due to their participation in the project.

Objective 2: Assure that all immunizations are current to protect against preventable illness.

- 10 out of 10 participants assessed their immunization status.
- 5 out of 10 participants achieved current immunization status.
- 9 out of 10 participants received the flu vaccine.

Objective 3: Strive to achieve physical fitness at a level of average or above.

- The 10 participants lost a total of 17.5 pounds.
- 5 out of the 8 participants that were pre-tested were also post-tested and had an increase of 22 pounds of lean muscle mass. This is a 7.3% increase.
- 5 out of the 8 participants that were pre-tested were also post-tested and obtained average or above cardio-respiratory fitness.
- 5 out of the 8 participants that were pre-tested were also post-tested and demonstrated core strength of average or above.
- 4 out of the 8 participants that were pre-tested were also post-tested and demonstrated upper body strength of average or above.

Objective 4: Exemplify positive nutrition habits through increasing daily servings of fruits and vegetables.

- 10 out of 10 participants reported an increase of fruits and vegetables eaten daily.

Objective 5: Achieve a level of “healthy hydration” daily

- 9 out of 10 participants reported an increase in daily water intake.

Conclusion:

- Knowledge of wellness is essential for change. Until one has the knowledge of what constitutes a healthy lifestyle decision or action, one cannot make wise choices.
- A trained teacher/coach adds enthusiasm, an outside influence and trusted instruction.
- A trained teacher/coach assures the goals, the means to reach the goals and the change measurements are correct.
- A group or community provides encouragement and support.
- A group or community provides accountability.
- A group or community encounters conflict as commitment and discipline vary within the group.
- A mandated project or goal does not guarantee complete group participation.
- No one in the group made a drastic change in all six areas of wellness. But everyone made positive change in one area or more.
- The results of positive change create a desire for more positive change.
- Choice and change are up to the individual. Knowledge, the professional coach, the group support, the group accountability and the project deadline are helpful tools for change, but it is the individual that ultimately must decide to choose a healthy lifestyle.
- The project does not conclude with KPHLI graduation. The next professional fitness assessment is scheduled in 12 weeks, July 2007.

Leadership Development Opportunities:

David Hunter

I feel I had a good experience with KPHLI; any time you're able to gain knowledge it's a good thing. When that knowledge is specific to what you do for a living, it has even more significance. I believe, however, I have gained a perspective on leadership and problem solving that will assist me in other areas of my life.

Through KPHLI, I was able to meet other people involved in Public Health and observe the similarities and differences in problems various geographic areas have to deal with in delivering services; I feel this experience helped change my perception of Public Health and what it is we do. I also met several great people through this process and I feel a bond was created during the creation of our project.

Scott Nethery

Overall, I believe that our KPHLI project has been a very positive experience. It has definitely not been an easy project. I have identified several barriers that have impeded my progress with the project. Fatigue is definitely one of the barriers. KPHLI is a lot of work and when you couple that with our day to day job duties it can be overwhelming. Now throw exercise into the mix and it can make your life very hectic. Diet is another barrier I have identified. I am fairly picky when it comes to food. I am not a big vegetable fan and I tend to love all of the foods that are not very good for you. Luckily I am still finding ways to overcome these barriers. More exercise on the weekends and eating a lot of fruit are ways that I have developed for myself to try to live a healthier lifestyle. This project will help me in the future to continue these healthier lifestyle choices. I definitely plan on continuing with my personal plan once KPHLI has been completed.

Kathy Harrison

I had been on my new job as communications director for the Louisville Metro Department of Public Health and Wellness for only two weeks when an email popped up in my inbox saying "Congratulations, you have been accepted to the Kentucky Public Health Leadership Institute..." Being new not only to Louisville but also to public health, I wondered "what the heck is the Kentucky Public Health Leadership Institute???" I have since learned it's a great way to learn more about the amazing people we work with every day to preserve, protect, and promote the health, environment and well being of the citizens of Louisville and the Green River District. I have learned much about public health through the diversity, expertise, and experience of the amazing members of my team -- a social worker, a counseling psychologist, nurses, environmental specialists, an IT expert and a finance expert -- and how what they do every day translates into real public health programs, services, policies, and the fulfillment of our mission.

Priscilla Pursiful

Seasons come and seasons go.
Friends arrive and friends move on.
Children are born and children grow up.
Life is given and life is taken away.
Life's experiences are ours to keep.
KPHLI is one of the great experiences of my life.
I am thankful I get to keep it.

Dorothy DeYoung

I don't know how to express feelings about my experience of KPHLI. I have long thought of myself as a leader both at work and on a personal level. This program has taught me basics of modern leadership skills as well as having affirmed many of my long-term self-perceptions as a leader. And there is much more to learn.

One of the greatest and most treasured gifts hidden in KPHLI is the deepened affection for the network of my fellow leadership professionals, especially those of Louisville Metro. Throughout my life I have struggled with reading and studying, but with the support and acceptance of Mucho Madness I have braved this personal struggle and made it through the program. I have been able to really get into our Change Master Project and have begun making wellness choices on a regular basis. To them, the KPHLI staff and fellow leaders I thank you!

Laurie Heddleson

The KPHLI experience has given me the opportunity to view myself outside of my immediate work environment. The curriculum offered new insights and reaffirmed currently used avenues to becoming a great leader. The opportunity to network with public workers from across the state was invaluable.

Working with the members of my project team has been phenomenal. Our project was a struggle to get there, but extremely gratifying to complete. It is inspiring to have the opportunity to impact the public health workforce on a state-wide level. KPHLI graduation brings an end to the required participation, but not an end to the relationships and friendships that were built.

Karen Smith

This experience in KPHLI has been a challenge and enlightenment. I have learned more about effective leadership in this one year than all of my 22 years in public health as a supervisor. The work involved has been an enormous task. Keeping my head on task when all about me seemed to be out of sync was especially hard. Meeting new friends and learning new skills has been and is a great opportunity for me. The Change Master Project, Mucho Madness, has made me take a proactive approach to my own health needs. I plan to continue to improve as a leader and be a healthier citizen.

Betty (BJ) Adkins

KPHLI is only the beginning! I have enjoyed the opportunities that came from participation with my team members and in KPHLI. This has been an opportunity to meet new colleagues, to understand each other's challenges and life responsibilities. We formed a community that has allowed us to be open and free with each other. It has become a community of support. It is a community of laughter and seriousness. We shared good times and difficult times that come with life. We were challenged with lifestyles changes, not an easy task. However, we have made this mission possible! It came with determination to succeed, balancing of commitments, and openness to others. KPHLI does not end with the ceremony of graduation. We have changed cognitively and behaviorally. It is our responsibility to nurture our personal changes and continue to evolve as persons who are leaders.

Kelly Monahan

This past year in KPHLI has been an extremely rewarding experience. I've learned a tremendous amount about myself and have grown both personally and professionally. I have a new found enthusiasm for Public Health brought on by the passion and commitment of the new friends that I have made. They encouraged and enabled me to step outside of my comfort zone and be a leader. KPHLI has given me the tools to succeed as a leader and I will be forever grateful.

Louan Martin

My KPHLI experience this past year has been a trying one at times but it has been a great year. The relationships that have been forged have been a source of support and greatly appreciated. I have learned a lot and have grown professionally and personally and still have goals for myself to attain. Special thanks to my team for all their support through our project and to Maya and Erin for helping all of us.

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