



# Office of Outreach and Engagement

## FINAL DELIVERABLE

**Title** Mental Wellness in the Fairfield Workplace

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Mental Wellness in the Fairfield Workplace

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COMM 6220: Health Communication Campaigns

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## SIGNIFICANCE

Employee mental wellness is increasingly being recognized as a crucial determinant of their overall health. Mental health strains from the workplace may have impacts on employees' physical health, leading to health conditions such as cardiovascular illnesses, diabetes and hypertension, amongst others (Rajgopal, 2010). Globally, mental health issues have been identified as a determinant of a high turnover rate within the workplace (World Health organization (WHO), 2002). Annually, 43.6 million (18.1%) adults experience mental illness, 20.2 million (8.4%) adults experience a substance abuse disorder, and 7.9 million individuals experience both a mental illness and a substance abuse disorder in the United States (Substance Abuse and Mental Health Services Administration, 2015). Many Americans lack access to mental health care: 56% of American adults with a mental illness did not receive treatment, and 1 in 5 Americans report an unmet mental health need (MHA, 2017).

Mental health problems in the workplace directly impact both employers and businesses in the form of negative impacts on productivity and profits, an increase in the cost of addressing workplace mental health issues, and a negative impact on employee morale (Rajgopal, 2010). In the United States, workplace stress is associated with higher rates of absenteeism, negative influence on personal relationships due to spillovers from work, and an increased dependence on substance and alcohol for stress reduction (MHA, 2018a). More so, work-related stress is directly related to occupational related injuries, reduced productivity, loss of concentration, and poor decision making (HSE, 2017).

Approximately 3.1 million people in the state of Iowa live with serious mental health conditions; however, only 48.5% of this population receive any form of treatment from either public or private providers (RTOR.Org, 2018). Iowa is ranked highly in the prevalence of mental illness and low in the provision of access to mental health services (MHA, 2018b). Jefferson County also has a similar prevalence of mental distress compared to the statewide average. Jefferson County and Iowa residents report having about 3 poor mental health days each month, with roughly 10% of residents experiencing frequent mental distress (County Health Rankings, 2018). However, the Iowa Department of Human Services report that Jefferson County assisted 112 people, or 0.6% of county residents, in 2014 (Department of Health Services (DHS), 2014). While the county doesn't assist every person undergoing treatment for suboptimal mental health,

this disparity indicates that there are many people not receiving treatment in Jefferson County. When people don't have access to or seek appropriate treatment for mental health related issues, their risk of committing suicide increases. When compared to other counties in the Southeast Iowa Mental Health and Disability Services region, Jefferson County has a 29% higher suicide mortality rate from 1999 to 2016 (National Center for Health Statistics, 2017). Jefferson County ranks 95<sup>th</sup> out of the 99 counties in Iowa for provision of clinical care, which is based on rates of various types of providers and health promotion activities. Statewide, there is an average of 760 people per mental health provider. In Jefferson County, there is only 1 mental health provider for every 950 people. (County Health Rankings, 2018). While Jefferson County has similar rates of mental distress compared to the state, they have significantly less mental health providers and a higher rate of suicide (DHS, 2014).

Approximately 63% of Americans participating within the workforce are often overlooked by public health interventions addressing mental wellness since the workplace is typically neglected during intervention design and implementation (Goetzel et al., 2018; United States Department of Labor: Bureau of Labor Statistics, 2017). In Jefferson County, most suicides occur within the age demographics of the labor force: 15 to 54 years of age (County Health Rankings, 2018). Most mid to large-sized companies invest in Employee Assistance Programs (EAP). EAP provides services that directly address employee mental health and wellness within the workplace and has been observed to significantly improve employees' work, relationships, and health outcomes (OPM, 2018; Selvik, et al., 2004). However, EAP is a secondary or tertiary effort that does little in the way of preventing or minimizing mental illness. Mental wellness should be addressed through health promotion with a focus on primary prevention strategies including the reduction of work-related risk factors, building a positive and supportive work environment, and creating meaningful leadership opportunities (LaMontagne, Martin, Page, Reavley, Noblet, Milner, Keegel, Smith, 2014). Thus, the development and implementation of workplace mental health interventions to reduce workplace stressors and create a supportive environment will benefit the health of employees, increase productivity, and contribute to the well-being of the overall community in Fairfield.

## GOAL

To enable a minimum of 5 small to medium-sized Fairfield employers, small being 100 –249 employees, and medium being 250-759 employees, to provide a mentally healthy workplace environment for their employees, by December 2019. The definitions of small and medium-sized employers are taken directly from the CDC Worksite Health Score Card categories.

### SMART Objectives:

- i. To increase the capacity of a minimum of 5 small to medium-sized Fairfield employers to provide organizational support for a mentally healthy workforce, by 3 points from the average scores of 21 and 24 for small and medium sized companies respectively, as measured by the CDC Worksite Health Score Card.
- ii. To increase the capacity of a minimum of 5 small to medium-sized Fairfield employers to provide physical activity opportunities within their work place environment, by 3 points from the baseline average scores of 10 and 15 for small and medium sized companies respectively, as measured by the CDC Worksite Health Score Card.
- iii. To increase the capacity of a minimum of 5 small to medium-sized Fairfield employers to address stress management within their workforce, by 3 points from the baseline average scores 8 and 11 for small and medium sized companies respectively, as measured by the CDC Worksite Health Score Card.
- iv. To increase the capacity of a minimum of 5 small to medium-sized Fairfield employers to address depression within their workforce, by 3 points from the baseline average scores of 9 and 7 for small and medium sized companies respectively, as measured by the CDC Worksite Health Score Card.

## AUDIENCE

Our primary audience is small and medium sized employers in the Fairfield area. Small employers will include companies with 100-249 employees, while the medium sized employers are those between 250-749 employees (CDC, 2014). With employers being the target audience of this campaign, we are employing the use of the Social Marketing Theory (SMT) in guiding access to this audience. For the message of the campaign to be impactful within the employer community of Fairfield, we must indicate the connection between mental health wellness amongst their employees, and a substantial benefit to their bottom line, increase in productivity, cost benefit/effectiveness, and the return on investment (ROI)/value on investment (VOI) of implementing the campaign strategies. The messages proposed by the campaign, have been tailored to meet the needs of the target audience. Selecting the right audience helps to cut costs and ensure the highest levels of audience penetration. Fairfield employers are typically implementing tertiary level mental health strategies to address employee mental wellness within their workplaces (i.e. EAP), rather than primary or secondary preventions strategies. Therefore, these campaign messages are useful in reinforcing the importance of employee mental wellness, with the intention of creating lasting impressions among employers and inducing the desired result of providing a more supportive, prevention focused workplace for employees. It is reasonable to assume that employers' perspectives and decisions will lead to outcomes that directly impact the employees lower on the hierarchy (Hadgraf, Winkler, Healy 2017). The socio-ecological model also drives this idea. By focusing on employers and not employees, we can make changes at the organizational level to impact individual mental health (Stokols 1996). If implemented effectively, this communication campaign will be able to impact the individual employees through diffusion of ideas and activities from higher levels in the organizations (LaMontagne, Martin, Page, 2014).

The audience for this campaign is the management positions within Fairfield businesses/organizations/companies. However, this can be further segmented into human resources (HR) and benefits managers, executives, and managers. HR are particularly influential in the implementation of strategies that will directly impact on the overall well-being of employees within the workplace (Hadgraf, Winkler, Healy 2017). Companies with HR departments typically engage in health promotion and worksite wellness. Therefore, HR may our

priority segment audience since they heavily determine workplace policy, culture, and promotion activities.

## **PARTNERSHIPS**

### **University of Iowa Office of Outreach and Engagement**

A successful health communication campaign must involve a wide range of partners. Our main funding partner is the University of Iowa Provost's Office of Outreach and Engagement (OO&E). OO&E fosters collaborative, mutually beneficial partnerships between Iowa communities and University of Iowa students and faculty. For this health campaign, OO&E connected Fairfield leadership with Dr. Shelly Campo's "Health Communication Campaigns" course offered by the University of Iowa for public health and communications graduate students. OO&E provides helpful contacts and resources, as well as funding for pilot materials and transportation.

Our primary contact for this group was Travis Kraus. Travis is the Director of Economic Development and Sustainability at the University of Iowa Office of Outreach and Engagement. He also has experience in business as a former director of a chamber of commerce. We valued Travis's participation as a partner thanks to his expertise of the Southeast Iowa area, knowledge regarding chamber of commerce activities, and his insightful questions and feedback during our formative evaluation and focus group.

### **Healthier Workforce Center of the Midwest (HWCM)**

The Healthier Workforce Center of the Midwest (HWCM), located in Iowa City, assisted us with resources and recommendations for collaborating with workplaces regarding mental health. This center is one of 6 funded National Institute of Occupational Safety and Health centers for "Total Worker Health." "Total Worker Health" aims to improve worker well-being through a variety of policies and programs that address injury and illness prevention and work-related safety in a holistic manner. While the HWCM focuses on workplace health and safety, they understand that workplaces can be an important site for promoting employee health off the clock as well.

Laura Keniston was our main contact for this organization. She is the Outreach Coordinator for the University of Iowa's Healthy Workforce Initiative and we were lucky enough to contact her for feedback and recommendations throughout our formative evaluation and material development. She has experience developing and managing marketing campaigns in Southeast Iowa. The HWCM have a wide variety of resources available to the Fairfield community, including evidence-based strategies for workplace well-being programs, how-to engage management and employees programs, designing programs for the workplaces, and help with evaluating current and new programs/policies in the workplace (Healthier Workforce Center, 2018). Laura was an essential partner with this project through her deep understanding and expertise with implementing well-being programs in workplaces of all sizes. We appreciated all of her time and resources!

### **Optimae LifeServices, Inc. & Center for Disability Services**

We also partnered with Optimae LifeServices, Inc. and the Center for Disability Services (CDS) in Jefferson County, both of whom provided valuable insights to the mental health challenges in Fairfield and areas of opportunity in the workplace. Optimae Lifeservices, Inc. provides health care and services for individuals suffering from disabilities and mental illness for 5,300 Iowans across 39 counties (Optimae, 2018). Optimae is the main source of mental health treatment within Fairfield. Our point contact for Optimae Lifeservices, Inc. is Tracy Liptak, the Clinical Director for Southeast Iowa. Tracy was kind enough to reply to our emails throughout the length of the project and set aside time for two interviews for us to learn more about Optimae's services and specific challenges in the workplace. We worked closely with Tracy in the development and refinement of the list of local mental health resources. Tracy is an invaluable partner to mental health campaigns and should be considered a main stakeholder in the future implementation of this campaign.

The CDS provides support services to eligible persons under the Mental Health Plan. A person is eligible for behavioral support services if they live in Jefferson County, suffer from a chronic mental illness or developmental disability, and meet income criteria. Case-managers help determine an individual's mental health needs, and work with that person in creating a service and payment plan. Sandy Stever, the organization's director, was an important partner to elucidate available mental health treatments and programs, as well as payment options for

Fairfield residents. We were able to contact Sandy several times for feedback during campaign development, and she helped us develop and refine our list of local mental health resources. Both partners helped develop the campaign through sharing their mental health knowledge as well as managerial expertise.

### **Jefferson County Board of Supervisors**

The Jefferson County Board of Supervisors consists of 3 elected officials who determine budgets, coordinate programming, and formulate policy changes on the county-level. Supervisors play a prominent role in the community and largely decide the allocation of resources and areas of need. In addition, the Supervisors are well involved in all county departments and could connect us with a large employer base within the community. Dee Sandquist is a current supervisor for Jefferson County and has previously served on the Chamber of Commerce. She was main partner in our efforts to connect with both organizations for formative evaluation research to ensure our campaign can be used by and distributed to a diverse set of businesses. In addition, she holds a unique position to help encourage county-wide support and focus on mental health in the workplaces for future implementation of the campaign.

### **The Fairfield Area Chamber of Commerce & the Fairfield Economic Development Association (FEDA)**

The Fairfield Area Chamber of Commerce and the Fairfield Economic Development Association work to improve the success of businesses through encouraging engagement with the community and fostering connections and collaborations within area businesses. The executive committee and board of directors of the Chamber are high ranking employees or business owners within the community. They come from a wide array of business sectors including health, financial services, engineering, insurance, and law (Fairfield Area, 2018). Through Darian Sloat and Josh Laraby, we gained the perspectives from several different types of businesses for our formative evaluation and were able to pilot test our campaign concepts and toolkit with Fairfield HR departments in a focus group. Since the Chamber of Commerce and FEDA has strong connections within the Fairfield area and work to improve the success of businesses, they will also be a important partners in the implementation of campaign materials to Fairfield employers, and in convincing employers that addressing mental health in the workplace will increase the productivity and success of their business.

## LITERATURE REVIEW

Worksite health promotion programs are effective for improving the overall health of working adults in the United States (TransAmerica Center for Health Studies, 2015). The average adult spends approximately 7.6 hours per day at work (US Department of Labor, Bureau of Labor Statistics, 2015). This makes the workplace an important point of contact for influencing the behavioral and environmental determinants of health (Park, Pan, Lankford, 2014). Worksite health promotion programs have been identified as a powerful, cost-effective strategy for addressing mental health wellness among US adult populations (Baker, Goetzl, Pei, Weiss, Bowen, Tabrizi, et al., 2008). Workplace interventions for mental health often target individual mental health issues, such as stress (LaMontagne, Martin, Page, Reavley, Noblet, Miner, Keegel, & Smith, 2014), depression and anxiety (Martin, Sanderson, Cocker, 2009; Joyce, Modini, Christensen, Mykletun, Bryant, Mitchell, & Harvey, 2015), or indicators of poor mental health outcomes as measured by absenteeism, productivity, and economic outcomes (Wagner, Koehn, White, Harder, Schultz, Williams-Whitt, Warje, Dionne, Koehoorn, Pasca, Hsu, McGuire, Schulz, Kube, & Wright, 2016). Evidence suggests that successful workplace interventions are based on theories, sound principles, and feasibility, especially for the effectiveness of the implementation (Goldenhar, LaMontagne, Katz, Heaney, & Landsbergis, 2001). For the prevention of job stress, systematic reviews indicate that the most effective interventions combine primary prevention to reduce job stressors, with secondary interventions to strengthen the ability of workers to withstand these stressors (Martin, Sanderson, Cocker, 2009). To enhance the sustainability of workplace well-being interventions, it is important take a positive-focused approach through the implementation of a positive intervention, especially for interventions targeting workplace depression (Sin & Lyubomirsky, 2009; Page & Vella-Brodick, 2009). Very often, employees dealing with mental illnesses may be terrified of losing their jobs, and as a result, attempt to hide their mental health problems (Choi, Kang, 2010; Cho, Kim, Chang, Fiedler, Koh, Crabtree, 2008). Thus, it would be helpful to ensure preventive measures are implemented in the workplace after proper assessment of the specific needs (Jeon & Kim, 2018).

Interventions for the creation of healthier workforce are becoming more common; half of employers with more than 50 employees offer some type of health promotion program (Mattke, Lu, Caloyeras, Huang, Van Busum, Khodyakov, Shier, 2015). However, few employers implement a comprehensive approach using evidence-based interventions that achieve the improvements employers seek in terms of health and cost (Goetzel, Henke, Tabrizi, Pelletier, Loeppke, Ballard, et al., 2013; CDC, 2010). A national worksite study from 2004 found that only 6.9% of employers offer comprehensive programs as defined by the HealthyPeople 2010 (Linan, Bowling, Childress, Lindsay, Blakey, Pronk, et al., 2008). Comprehensive interventions influence health at the individual, interpersonal, organizational, and environmental levels (Healthy Workforce, 2010; McLeroy, Bibeau, Steckler, Glanz, 1988). As a result, comprehensive interventions ensure that workplace policies, benefits, programs, environment, and evaluation, work together in synergy to create a health workplace (Kahn, Ramsey, Brownson, Heath, Howze, Powell, et al., 2002). For instance, providing employees with information about physical activity is more effective when there is appropriate time, facilities, and opportunities to be physically active during the work day (Kahn, Ramsey, Brownson, Heath, Howze, Powell, et al., 2002).

Some organizational-level assessment and benchmarking tools have been developed to help employers evaluate the comprehensiveness and effectiveness of their workplace health interventions. However, only a few tools have been able to produce a comprehensive assessment with the technical support for implementing evidence-based interventions within the workplace (Meador, Lang, Davis, Nkenge, Jones-Jack, Mukhtar, Lu, Acharya, Molloy, 2016). The Worksite Health Scorecard (HSC) and WorkHealthy America are two instruments that have been developed to provide a comprehensive, effective, and evidence-based practices across the United States. These tools have reached 1,797 workplaces across 42 states in the United States (Meador, Lang, Davis, Nkenge, Jones-Jack, Mukhtar, Lu, Acharya, Molloy, 2016). The Centers for Disease Control and Prevention (CDC) created the HSC, a validated tool that has been designed to assist employers in assessing their implementation of evidence-based health interventions in their workplaces (CDC, 2014). The HSC contains 16 parts that each include a list of evidence-based strategies. The tool has been used extensively by state health departments, worksites, and their partners. The HSC has been adopted as a tool to expand implementation of evidence-based worksite practices, assist with creating sustainable programs, assess implementation, evaluate

environmental changes, and track program components (Meador, Lang, Davis, Jones-Jack, Mukhtar, Lu et al., 2016). The state of Idaho has used the HSC since 2013, providing funding to 10 employers in developing sustainable workplace wellness programs. Since 2013, approximately 90 employers have adopted the HSC in Idaho. Other states like South Dakota and North Carolina have also adopted the HSC in implementing healthy workforce interventions and strategies (Meador, Lang, Davis, Jones-Jack, Mukhtar, Lu et al., 2016)

## **THEORY**

The conceptual framework of this campaign is embedded within multiple levels of the Socio-Ecological Model (SEM), the Social Cognitive Theory (SCT), and the Social Marketing Theory (SMT). The SEM suggests that an individual's behavior is integrated in a dynamic network of intrapersonal characteristics, interpersonal processes, institutional factors, community features, and public policy (Elder, Lytle, Sallis, Young, Steckler, Simons-Morton, et al., 2009). The model assumes that interactions between individuals and their environment are reciprocal, implying that an individual is influenced by his/her environment and vice-versa. The model also assumes that the environment is comprised of several overlapping levels (CDC, 2014). The idea of a reciprocal interaction between individuals and their environment is also reiterated by the SCT. In the SCT, this concept is referred to as a reciprocal determinism whereby there is a dynamic and reciprocal interaction between the individual, environment, and behavior (Bandura, 1997, 2001). The two overarching levels that this campaign focuses on are the organizational and environmental levels. However, the campaign materials offer some strategies that could be adopted within the workforce for the different levels of the SEM; this will be further discussed. More specific to the organizational level, we have approached the issue of mental health in the workplace, not from the level of the employees, but that of the employer. This emphasizes that the employer is responsible for creating a working environment that is conducive to the mental health of the employees. On the environmental level, we have proposed ideas through which the workplace may become more mental health friendly, which will be further highlighted as we discuss the component of the campaign.

An integral component of the campaign was a tool kit that is adaptable, and marketable directly to the needs of employers and their workplace. The tool kit incorporated the CDC's Worksite Health Score Card (HSC) which is intricately built within the SEM. The HSC suggests interventions that can be established within the four different levels of the SEM. The individual level addresses how employees can utilize employer provided health benefits. An example of this could be coaching, counseling, therapy etc. These services may be made available to the employees for free or at a subsidized rate through the Employee Assistance Program (EAP). On the interpersonal level employers can provide educational programs for employees. With the organizational level, employers may implement policies that seek to create a healthy workforce such as more breaks or mental health days. On the environmental level, employers may support the access to services that will improve employee mental health such as providing a break room, meditation room within the workplace, a workplace gym, etc. Basically, the HSC built within the SEM reflects 4 main intervention types at the different level: health benefits at the individual level, programs at the intra-personal level, policies at the organizational level, and environmental supports at the environmental level. With the above in mind, the campaign implementation process proposed several strategy ideas that lie within the different levels of the SEM. Fig 1.1 below, provides a visual image of the SEM as considered by the HSC.



*Figure 1:* “The levels of influence from the socio-ecological model with examples of intervention strategies recommended as provided by the CDC Worksite Health Score Card (CDC, 2016).”

For this campaign, the SMT is dire to the dispersion of campaign materials amongst Fairfield employers. This theory posits that marketing techniques sell ideas, attitudes, and

behaviors, rather than just a product (Businessstopia, n.d). The behavior that is being sold to employers via the campaign is the promotion of a healthy workforce. Our campaign has engaged in segmentation of the Fairfield employers, choosing both small and medium sized businesses. The audience segments were chosen based on an organic process of engaging with the community and understanding where the needs are through an iterative process. The campaign adopts both an operational and strategic social marketing procedure, whereby we are targeting a positive behavioral change in employers' behavior towards their employees' mental health needs. The strategic social marketing is implemented in order to target policy and strategy development that are mental health friendly within the workplace. Referencing the four major components of the SMT, we know the *product* we want to sell (toolkit), we understand that the product must bring monetary value to the bottom line of businesses -*price*, we know the *place* where we will be selling this product (Fairfield), and we have created campaign materials for this purpose (fliers, newsletter articles, radio outlets, website, and video).

### LOGIC MODEL

LOGIC MODEL – Fairfield Local Employer Mental Wellness Community					
<p><b>NEED(s):</b> Employers in the Fairfield, Iowa have a significant gap in their resources, capacity, and interest in dealing with workplace stress and mental health. Lack of strategies to address mental health and regarding employee wellbeing initiatives must be increased. High stress and metal health related to everyday business operations are particularly high in Fairfield. Employers in Fairfield need a campaign that will influence them to take on strategies for improving the mental stability of their employees.</p>					
<p><b>THEORY OF CHANGE:</b> Our team will implement a Fairfield Employer Mental Wellness Tool Kit through a series of campaign flyers &amp; handouts. This tool kit will allow employers to better understand strategies and activities they can engage in to improve employee morale and wellbeing. This campaign and tool kit are based on the socioecological model, social marketing, and social network theory. These theories help establish employers in Fairfield that have an increase in capacity to address mental health and wellness. In the long run, employers will be able to take the steps necessary to provide an environment that addresses all the psychological needs of its employees.</p>					
YOUR PLANNED WORK			YOUR INTENDED RESULTS		
Inputs	Activities	Outputs	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> <li>Stakeholder interviews</li> <li>Financial Resources</li> <li>Literature Analysis</li> <li>Employee Relationships</li> <li>Formative research &amp; evaluation</li> <li>Creating of campaign material.</li> <li>Theory's application to the campaign materials</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder engagement</li> <li>One-on-one meetings with HR reps</li> <li>Handing out of campaign materials at local businesses</li> <li>Focus groups to increase awareness and importance of the tool kit.</li> <li>CDC Scorecard Results</li> </ul>	<ul style="list-style-type: none"> <li># of employers who uptake the toolkit</li> <li># of engagements the HR tool</li> <li># of engagement made with the toolkit online</li> <li># of p</li> <li># of basic employer wellness initiatives implemented</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge of community mental health resources</li> <li>Increase awareness of mental health in the workplace</li> <li>Increased knowledge of actions to be taken for employee mental health</li> <li>Increased employer knowledge of mental health resources</li> <li>Increase ability to employ the Mental Health Tool Kit</li> </ul>	<ul style="list-style-type: none"> <li>Decrease in absenteeism</li> <li>Increase sense of workplace belonging</li> <li>Decrease in dependence on substance use</li> <li>Increase in EAP use</li> <li>Increase in implemented strategies to prevent mental health stressors</li> </ul>	<ul style="list-style-type: none"> <li>Overall increase in employee productivity.</li> <li>Overall increase in employer capacity to assist distressed employees.</li> <li>Value on investment the tool kit</li> <li>Return on investment from deployed employee mental health strategies</li> </ul>
<p><b>ASSUMPTIONS</b></p> <ul style="list-style-type: none"> <li>If employers in Fairfield have a toolkit to gauge their mental health readiness in their workplace, they will use it.</li> <li>If employers have strategies to positively change mental health in their workplace, while saving financial resources, they will actively do so.</li> </ul>			<p><b>EXTERNAL FACTORS</b></p> <ul style="list-style-type: none"> <li>Public vs. Private employee dynamics</li> <li>Non-profit vs. For Profit companies</li> <li>Bureaucracy within certain organizations may make participation in the group challenging.</li> </ul>		

### THEORY-DRIVEN FORMATIVE EVALUATION WITH FINDINGS

Keeping in mind our literature derived theories, the next step in the process of this campaign was to engage our stakeholders. This was a large task that was divided into stages throughout working without community. Since our audience segment was employers, we knew that talking to people with high positions in the workforce would be our main way of making our theories work alongside our campaign. The list of meeting points and data collections are listed below in the order that our group experienced them.

1. Stakeholder Email Exchange and Initial Online Interviews
2. Zoom Meetings - Problem Solidification
3. Stakeholder Interviews in Fairfield (face-to-face) - Need for the Tool Kit

## Part #1

In the beginning of our formative research, our main point of contact was over email exchanges with a few key people in the Fairfield area. Tracy Liptak of Optima Life Services, Sandy Stever of Jefferson County Public Health, Darien Sloat of the Chamber of Commerce, and Dee Sandquist of the Jefferson County Board of Supervisors served as our preliminary contacts for this project. The reason for contacting these key personnel was because all three have extensive experience dealing with mental health issues on the organizational levels in Fairfield.

Our initial contact was through email. After initial greetings and communications were made, a series of questions were sent to each of these individuals to try and better understand the shape of the mental health problems that are observed in within the Fairfield workforce. These questions were used to inform what type of campaign material would be persuade employers to create that would try to change the conditions that employers and employees experience in their working environment. These questions all focus on finding environmental triggers of stress and other negative emotions that could contribute to negative mental health outcomes. This follows our theoretical basis because social cognitive theory allows for the manipulation of variables on the organizational level.

### Formative Evaluation Email Questions

- What is the nature of the company? -
  - number of employees, the type of work being done?
- What are potential triggers for stress and anxiety that are unique to this workplace?
- What mental health programs occurred in the past?
  - How did they work?
- What mental health resources and needs do employees desire?
- What are the barriers to implementing a mental health intervention?
- What are the resources that we can pull from in creating a mental health intervention?
- What are some problems that you see when people move to Fairfield?

To summarize the findings from these initial emails, we were instructed that the main mental health problems in the Fairfield workplace are from being overworked or stressed out. Another

main concept that was brought up was a lack of awareness of mental health services that come along with benefit packages.

### Part #2

From this information, we followed up by establishing a meeting time with a few more stakeholders in the Fairfield area. This time the focus group was conducted over Zoom (a video chat platform) and was targeted at better understanding the problem that Fairfield employers experience dealing with their employee's mental health. This meeting gave us qualitative data for understanding what Fairfield needs. We asked more questions like the ones above except where able to further probe into what each individual thought was the most important triggers of mental health problems in Fairfield.

From this virtual conference, we found that Fairfield employers are relatively unaware of the severity of their employee's mental health problems unless approached. Also, employers may lack the strategies and techniques available for assessing if their organization can properly address mental health problems.

### Part #3

The second to last trip to Fairfield was held on November 8<sup>th</sup>, 2018. This was the most informative and the most important for developing the campaign and resource material that were to be used in the final campaign. This trip had three designated meetings with three important people. These one-on-one interviews were conducted with Darien Sloat of the Chamber of Commerce. The main point of contact in our initial formative evaluation was Darien Sloat of the Chamber of Commerce, Josh Laraby of the Economic Development Association and Tracy Liptak of Optima Life Services.

Darien Sloat was one of our most helpful and primary recourses throughout this campaign. He has far reaching connections throughout the Fairfield area. He suggested that we focus on talking with higher level individuals inside some of the larger organizations in Fairfield. Since he worked in Human Resources (HR) in the past, he was able to suggest that focusing on campaign materials designed for HR or executive members to look at could be a way to promote the use of a mental health resource (toolkit). He suggested various modes of communication our tool kit could be marketed. For one, he would have us propose the toolkit to some of the biggest

business in Fairfield through an important focus group discussed later. He also suggested that we provide a brief in the Chambers weekly newsletter, and lastly a 30 second radio announcement of our campaign and our proposed solution of the toolkit.

Josh Laraby took more of an economic and environmental perspective on changes in mental health in the workforce. He went to Maharishi University of Management and understands that in order to make a difference in some of the larger employers in Fairfield, we would have to have campaign material that focused on monetary savings. When developing the campaign materials, it was pointed out that the best way to make employers listen, is to tell them about the money they have lost by not participating in strategies that can improve mental health in their workplace. This campaign can be aimed at getting HR representatives to propose the tool kit to their higher authorities.

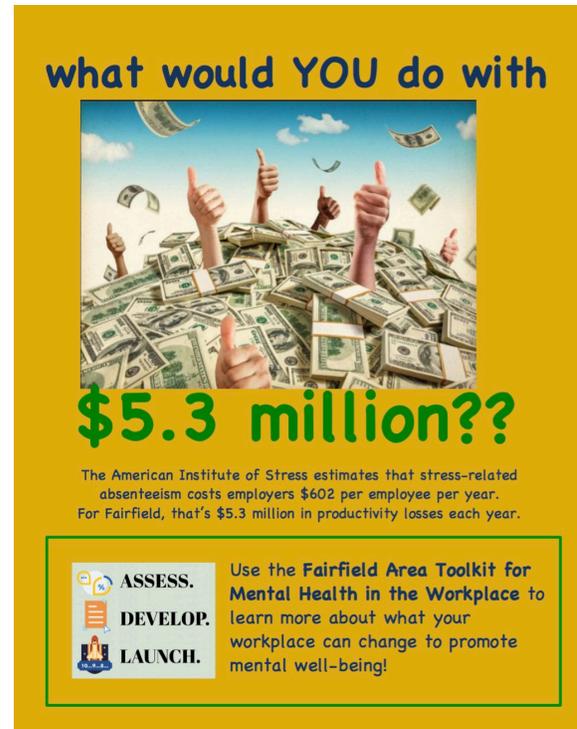
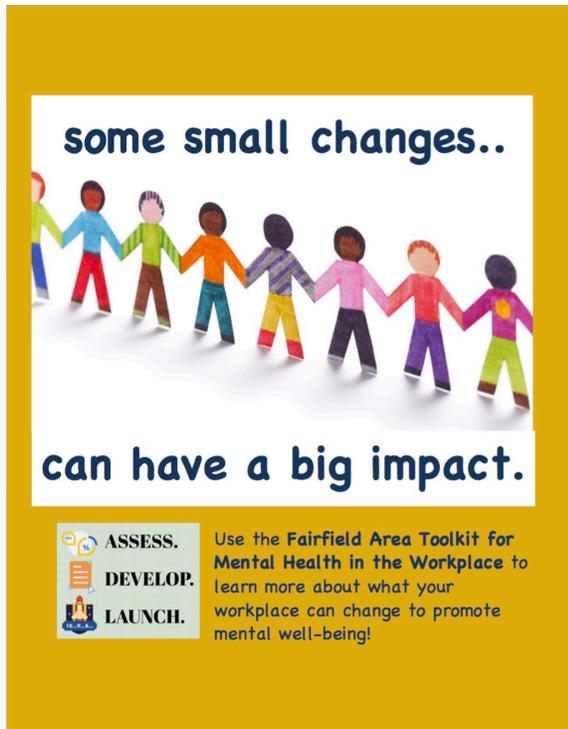
Tracy has firsthand experience dealing with the resulting mental health problems that have arose in Fairfield. She also suggested that if we wanted to have the biggest impact on the workforce that we should promptly market our tool kit to employers that are higher up in the chain of command. She also noted that many employers have been struggling to fund their EAP programs and that employees are very unaware that the services exist and are confidential. She also explained to us how the MCO changes that took place in Iowa have made it even more difficult to get and sustain funding for mental health services.

From these main three interviews our group of student researchers decided that our campaign material would need to be pilot tested and our tool kit would need to be developed. For the campaign, we would try two different framing techniques. One would focus on the positive benefits of adopting our HR toolkit. This was centered around the belief that there is an organization has a lot to gain from adopting mental health initiatives within their organization. The other campaign flyer utilized a loss frame. In particular, the frame would use monetary savings lost yearly by mental health problems in the workforce. Before the pilot testing of the material, our group already thought that the HR representatives would find more value and persuasion in the loss frame because of its shocking factual statistics. The findings of this focus group are discussed in the next section.

## **THEORY & DATA-DRIVEN ITERATIVE MATERIAL DEVELOPMENT & TESTING**

While the toolkit will be a useful resource for HR departments, a health communication campaign will be needed to capture the attention and commitment by business management and HR departments. Mental health promotion in the workplace is still an up and coming idea that needs to be encouraged. From our discussions with the Chamber of Commerce and the FEDA, there may be opportunities for distribution of campaign materials via newsletters, meetings, and the radio. We designed two campaign flyer concepts that have the potential to be further developed into a series of different campaign materials.

Below are the original two concepts, also located in the appendix. Figure 2 is a positive emotional appeal with a gain-frame that plays on the strong sense of community in Fairfield. Here, the picture can be changed to a variety of scenarios (i.e. workplace sport teams, supportive conversations, etc.) to represent the positive impact the toolkit's evidence-based strategies can have on the employees' mental well-being. Figure 3 is a negative emotional appeal with a loss-frame narrative that plays on the economic impact of stress and mental health. Similarly, this message can be expanded into a series of flyers or advertisements by using different statistics that can be loss-framed (i.e. productivity loss, presenteeism cost, prevalence and cost of depression, etc.) or gain-framed (i.e. return on investment, value on investment, etc.). The Social Cognitive Theory with the construct of environment influencing individual's behavior and cognitive factors drove these concepts. By encouraging positive, supportive changes in workplace environment, the overall goal is to prevent and reduce mental health issues.



**Figure 2:** Concept design for positive emotional appeal      **Figure 3:** Concept design for negative emotional appeal  
*Full-sized versions are available in the appendix.*

After the development of our materials, Darian from the Chamber of Commerce kindly contacted area businesses on our behalf to organize an HR focus group to pilot test our campaign materials and toolkit resource. HR is just one segment of business management, our target audience. However, most businesses with more than 50 employees have at least one HR representative or benefits manager. In addition, HR representatives play a major role in the establishment and enforcement of company policy, procedures, and health promotion. Therefore, this segment has the unique position to greatly impact company culture. By holding an HR focus group, we hoped to learn which of our concepts is most attractive from a management perspective and how they can be improved, how to best reach HR representatives with our campaign, and whether the toolkit is a useful resource.

We prioritized inviting larger employers among a diverse range of sectors in Fairfield to maximize our impact regarding the number of employees involved. A change in the workplace in one of the larger businesses would impact a higher percentage of the Fairfield labor force. Initially, Darien invited HR representatives from Cambridge (investment & financial), Jefferson County Health Center (health care), Fairfield Community Schools (K-12 education), Schaus

Vorhies Companies (manufacturing & construction), and Aeron (manufacturing). However, since November and December are major insurance renewal months for companies, the HR departments were particularly busy and many stated they could not attend.

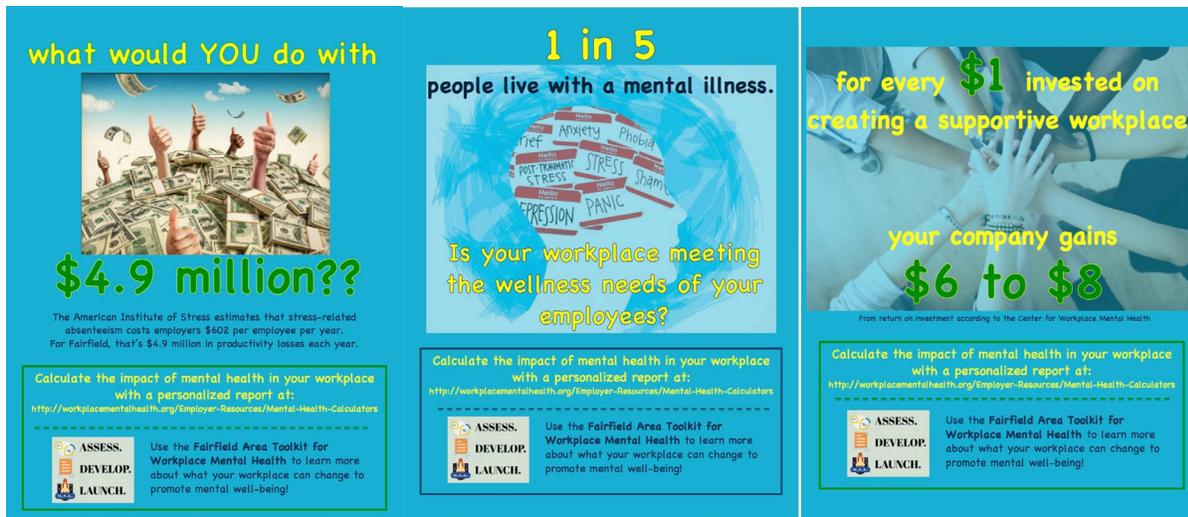
On November 30<sup>th</sup>, we welcomed three HR representatives and four community partners to the Burlington Avenue Hy-Vee Club Room. In attendance was a benefits manager from Cambridge and HR representatives from Aeron and Faircast Inc. In addition, four of our partners were able to join us as well: Anna Bruen, Josh Laraby, Darian Sloat, and Dee Sandquist. Prior to the focus group, we had prepared a list of questions regarding our campaign concepts and toolkit. We included qualitative questions from Sorenson, et al. (2008) regarding impressions, what they would/wouldn't change, what message is being conveyed, and whether the toolkit was doable. In addition, we also planned to ask some questions the Moderator Guide developed by Lindsey et al. (2009) regarding what captures their attention, perception of the toolkit as an information source, whether they would discuss the campaign or toolkit with others, and what they would do after seeing the campaign. However, over the course of the focus group, we hardly relied on our list of questions. Everyone in the room was eager to talk about mental health in the workplace, provide feedback on our materials, and discuss the next steps moving forward. It was a very organic, engaging discussion and we came out with a very clear understanding of how we can further improve the materials and implement the campaign in an effective way.

While we didn't get every answer for our list of questions, the feedback we received touched on most of the important inquiries. The HR departments agreed that there is a clear economic incentive to address mental well-being in the workplace; however, mental health often takes the "backburner" in relation to other HR responsibilities such as insurance renewals and hiring. Therefore, their executives often must be convinced to invest in mental health promotion for HR to dedicate the much-needed time to focus on addressing the mental health needs. For this reason, the HR representatives recommended personalizing the information and materials as much as possible. For instance, including Fairfield businesses logos on the cover of the toolkit could create a deeper sense of accountability and increase interest in the resource for them and for the executives. While it would be too time-intensive to develop flyers for each company, providing a resource to quickly customize costs and economic impact for the business would

beneficial for HR and increase the motivation and follow-through in discussing mental wellness promotion with the executives.

The HR representatives also stated that they receive hundreds of emails each day. These emails often refer to taking preventative action against certain health topics to help the employees, similar to our first concept design (Figure 2). Communicating campaign flyers and materials would be more attractive and useful to HR and other management if we utilized the economic impact frame in Figure 3. Additionally, distributing our campaign materials would be more noticeable and effective if we mailed the information directly to the business rather than having our low-priority email buried in their inbox. Josh and Darien also mentioned the potential for including mental health discussions in their annual business evaluations.

Based on these recommendations, we expanded the negative appeals messaging concept with the economic framing into 3 separate flyers (Figure 4, also in Appendix). There were some formatting changes recommended, including colors, which were completed. In addition, there is a link to an online cost of depression calculator that creates customized reports that included estimated prevalence of depression, lost-days of works, and the savings from implementing interventions. These updated flyers touch base on the focus group's two major recommendations: focus on economic impact and personalize when possible. Our radio advertisement script and discussion prompts for the annual business evaluations will follow a similar concept and message framing.



*Figure 4: Economic impact framed flyer series developed from HR focus group feedback. Full-sized versions available in the appendix.*

The HR representatives and our partners agreed that the toolkit was a useful resource that connected multiple informative sources into one logical, easy-to-follow location. The HR representatives noted that checklists are always helpful in their job, but the CDC Workplace Health Score Card may be too time-consuming to complete as a small group. In addition, some local resources needed to be updated, removed, and added. As mentioned previously, it was highly recommended that we included company logos and personalized economic information to increase interest and accountability.

Since the toolkit is not a campaign material, we will not spend much time discussing the changes we made after the focus group. However, it is worth noting that we adjusted the toolkit to allow for business logos on the cover and encourage the use of the customizable Center for Workplace Mental Health cost calculators. The updated version of the toolkit is available in the Appendix.



**Figure 5:** The front cover of the toolkit before (left) and after (right) the HR focus group. *Full-sized versions are available in the appendix.*

When reviewing HR focus group feedback, we quickly identified the need for further pilot testing. Certain questions remained unanswered, such as unintended effects of sharing the cost of mental health to employers. Do the statistics encourage not-hiring those with chronic or previous mental health issues? In addition, the HR representatives repeatedly mentioned having to convince executives to invest in mental wellness promotion. HR is just one segment of our overall management audience. Therefore, we recommend holding more focus groups with executives, managers, and related positions to gauge their response and engagement to campaign messages and the toolkit.

## IMPLEMENTATION PLAN

Realistically, the next steps of this campaign involve Fairfield stakeholders reconvening with Dr. Shelly Campo and Travis Kraus to discuss our recommended implementation plan. While we tried to understand the community needs and areas of opportunity through our formative evaluation and pilot testing, the community stakeholders best understand what is feasible and most likely to be successful in Fairfield. The following are our recommended campaign strategies, timeline, and preliminary budget.

### **Channels**

The channels that will be used for this campaign are: the radio, newsletters/email, fliers, and one-on-one meetings.

#### *Radio:*

The radio announcement will be a 30-second advertisement, as described in the appendix, highlighting the economic impact of mental health in the workplace and the need for employers to provide a conducive, mentally friendly, working environment for their employees. This advertisement closely follows the theory and message framing behind the development of the fliers. Findings from the formative evaluation indicated that the Chamber of Commerce provides a radio platform which can be utilized for the purpose of the campaign. The PSAs will come on twice during the show. In addition, the radio channel may have opportunities to air the advertisement during peak work commute times (6-9am and 4-7pm). This channel is useful because it can spread messages and get the attention of employers and employees, even if employers are unmotivated to research information concerning this problem in Jefferson County.

#### *Flyers*

The flyers will be presented to both members of HR and management of each company via the mail and Chamber of Commerce newsletter. The flyer concepts were pilot tested through the focus group and the economic impact messages were further developed based on the feedback we received. We have developed a series of 3 flyers that still have to potential to expand. Currently, the flyers are not personalized to specific companies, but there is potential to add a summary of business-specific cost of depression and cost-benefit effectiveness analysis

from the Center for Workplace Mental Health online calculator for presentation to HR and management. More so, the tool kit that will be presented to members of these organizations, will be personalized so that it includes their names and logo. The flyers will be distributed through two channels: mail and email newsletter.

Findings from the formative evaluation indicated that employers are more likely to pay attention to materials received through the mail than through e-mail. More so, these materials must be very specific as to financial gain and how it will profit the bottom line. Therefore, the campaign flyers, and potential customized cost report, will be mail directly to business's HR and/or management.

The Chamber of Commerce has a newsletter that is sent out to over 300 members and employers in the Fairfield area. This newsletter is sent out monthly and there is a high change that employers peruse the information within. As a result, we will be including the campaign flyers. Each month will feature one flyer with the flyers rotating each month. There is potential to include a short message along with the flyer in the newsletter. Each month could focus on a different perspective of economic impact, including facts on the Return on Investment (ROI) and Value of Investment (VOI) of implementing campaign strategies within their workplace. The community could also engage the help of guest health professional writers such as Tracy Liptak, and Darien Sloat, who are all integral, trustworthy members of the Fairfield community.

### *One-on-One Meetings*

During our focus groups, interpersonal communication was noted as another way to capture the attention of HR and management. Josh mentioned the potential to include one-on-one communication regarding the campaign during annual business evaluations performed by FEDA and the Chamber of Commerce. If possible, 15 to 30 minutes could be utilized to walk the company through the cost of depression calculator and toolkit. Other key discussion points would be:

- What are some current mental wellness promotion activities in your company?
- What additional evidence-based strategies seem feasible given the time and resources of the company?

- What other information would be needed to convince your company to invest in mental wellness?

The positive, supportive interpersonal communication regarding the campaign can be a great motivator for creating change in the workplace.

### *Website*

The campaign will have a central website where all employers within the Fairfield community may gather information about the campaign. The website will be such that there is public access to all the informational materials that will assist interested employers in developing their own workplace wellness strategies.

## RECOMMENDATIONS

When discussing the next steps of campaign implementation during the HR focus group, there were several ideas that were outside the scope of this project but could increase the success of the campaign. For instance, there could be a campaign facilitator that assesses the workplace environment on behalf of the company. This would allow for consistent data collection for process evaluations and outcome measures, and customized intervention recommendations. This takes the burden off HR and management and increases the likelihood of toolkit utilization and workplace change. There could also be a certification incentive for businesses to assess and make changes in the workplace. This could be a plaque or “official” certificate that employers can hang up and utilize to make themselves more competitive in the labor market by being “Certified in Mental Wellness Promotion.” We also received feedback that the toolkit is very comprehensive and could be too daunting for busy HR departments, therefore it may be useful to develop a consolidated version of the toolkit in the form of a brochure. This document could portray the main take-aways and easy-to-implement, low-cost strategies to improve workplace environment while still encouraging the use of the toolkit and customizable cost calculator.

**Timeline**

<b>Project Timeline</b>	
<b>Project-Timeline -Completed Activities</b>	
Activity	Date
Literature Review - Preliminary Research	9/1/18-10/1/18
Project Report (Part 1) Due	10/16/18
Formative Evaluation - Focus Groups	11/1/18 -11/26/18
Material Development	11/05/18 -11/26/18
Pilot Testing	11/30/18
Presentation to Fairfield Partners	12/4/18
Final Project Report Submitted to Fairfield Partners	12/11/18
<b>Project Timeline-Proposed Activities</b>	
Activity	Date
Fairfield Partners work with Dr. Campo and the Office of Outreach and Engagment on implemntation plan	Jan. 2019
Personalize Campaign Materials for Specific Organizational Needs	Jan- Feb 2019
Creation of Website, Youtube Videos, and radio PSAs	Jan-Feb 2019
More pilot testing of campaign materials	Mar-19
Dissemination of chosen camaign materials	Feb-19
Process evaluation activities (indepth interviews, incremental cost-effectivess ratio, ROI and VOI analyses)	Jan-Dec 2019 (quarterly)
Outcome evaluation activities (ROI and VOI, average cost effectiveness ratio)	Dec 2019 -Jan 2020

BUDGET

BY: [Jordan Graff, Toluwani Adekunle, Lance Bennett, Breanna Kramer ]		
Fairfield Area Toolkit for Workplace Mental Health Campaign		
Full Year Operating Budget		
FY 2020-2021		
	Expense Cost	Justification
<b>EXPENSES</b>		
Printing of Flyers	\$270	\$0.29 per page with 300 members in the chamber with three different version
Radio Advertisement	\$1,800	Estiamted cost of running a radio advertisement for three weeks out of the year long implementation plan
Stamps	\$600	\$.50 per stamp with three hundred mailings possible throughout the year
Envelopes	\$100	1000 envelopes needed for possible mailings during the campaign. Priced at \$11 dollars per pack of 100
Website with Toolkit	\$180	From wix website, 15 dollars a month for the website, however, free options exist to avoid this expense
Phsyical Copies of the Tool Kit	\$1,160	100 copies to distribute at the Chamber of Commerce or at one on one meetings --> 40 pages at \$.29 a page
<b>TOTAL</b>	<b>\$4,110</b>	

It is important to note that not every item in this budget is necessary for implementation. For instance, printed copies of the toolkit and the radio advertisements are expendable. Based on the focus group, interpersonal communication and being mailed (as opposed to emailed) campaign materials is the best way to capture their attention and interest. If the document is easily accessible via a county or stand-a-lone webpage, there is no need to print physical copies. While the strategic placement of the radio ad would be useful, it is more important to prioritize the mailing and one-on-one communication regarding the customizable cost calculator and

toolkit. Without the inclusion of the radio ad and toolkit printing, the total budget for this modified implementation plan would be \$1,150.

## **PROCESS EVALUATION AND OUTCOME EVALUATION PLANS**

The process and outcome evaluation for this campaign will be a quasi-experimental, time-series, mixed methods approach. The time series method is effective in measuring periodic progress, especially those related to financial impacts within an organization. The social marketing aspect of this campaign is implemented so that businesses may be convinced of the financial benefit attached to adopting the campaign. Since employers are majorly interested in increasing the bottom line profit, the outcome evaluation must also be measured from the lens of financial impact. However, apart from financial impact, it is also important to engage in a qualitative investigation about the process and outcome of implementing the campaign for each employer.

These measurements may be carried out along with the quarterly earnings review as executed by the business. Quarterly earnings report summaries provide update on three financial statement reports including income statement, balance sheet, and cash flow statement. These reports provide a comparison to the previous year or quarter, making it possible to see any differences that exists. However, this method cannot be used to solely understand the financial impact of the program due to all existing confounders. In order to address this problem of confounding, we can engage in specific measurement that will consider the direct campaign related inputs and outputs.

### ***Process Evaluation:***

*Focus Group Discussion (FGD) Luncheon:* this will be carried out at the end of every month with key members of management and HR that have worked closely with the campaign implementation, to better understand the barriers, and facilitators they have experienced throughout the process. The expectation is that we can monitor the process of implementing proposed or chosen strategies monthly through these interviews.

***Outcome Evaluation:***

*In-depth Interviews:* this will be held at the beginning and the end of the campaign. The first meeting will be to collect baseline information about the status of the workplace's current mental health strategies. The second meeting will be to collect updated information on baseline inquiries. Before the first interview, the campaign experts will ensure that the company has filled out the 4 segments of the HSC, within the tool kit. This will provide baseline data on the status of mental health strategies being employed within their organization. At the end of the one-year campaign implementation, another meeting will be held, whereby the HSC filled prior to the event will be discussed. Conversations will also be had around the benefits, challenges, and impacts of the campaign. Pre and post interview findings will be compared to understand the outcome of the campaign within the organization.

***Process and outcome evaluation:***

Outcome evaluation will be a continuous process throughout the implementation of this program. This will begin with employers taking the CDC scorecard and using them to gauge their organizations personal score. The organization would then conduct this scorecard analysis right after the campaign is finished, and then 1-year post campaign. This mechanism of data collection allows the research to obtain snapshots of the program in time to better analyze what short, mid, and long-term outcomes.

For short term evaluation outcomes, researchers would gauge if there has been an overall increase in employers understand and knowledge regarding workplace wellbeing. An increase in supervisors and higher-level employers' awareness of mental health in the workplace is another short-term outcome that could be measured through our score card and other survey assessment techniques.

For mid-range evaluation of our outcomes, we would be examining organizations productivity measures to better assess if the tool kit employed strategies that are making a difference in the organization. For mid-term outcomes, we will examine if an organization has seen a decrease in absenteeism. If there has been an increase in the use of their EPA programs, and lastly assessing if the strategies implemented have changed the working environment.

In the long term, the overall goals and objectives stated above will be evaluated. To measure workplace productivity. Overall increases in employee productivity will be measured from the beginning to 1 year post the program. There are a variety of measures to understand if employers have made a difference in their working environments. These long-term outcome assessment techniques are mentioned below:

*Return on Investment (ROI)*: this will be carried out quarterly. In this section, we will be paying attention to the amount of money that a company makes in comparison to the amount that it has invested into the implementation of mental health strategies. This can be particularly hard to measure because we are supposed to be looking at tangible return i.e money that comes directly from the original investment. However, with regards to employee wellness, employers may measure the ROI as it relates to reduced health care costs. Since employers pay for their employees' insurance, the ROI here may be measured via savings on health insurance (Kohll, 2016). However, we must keep in mind that there are confounding issues that exist in this measure and employers can only engage with variables that do not bridge the privacy of their employees.

*Value on Investment (VOI)*: this will be executed quarterly. This refers to the overall value gained on financial investment (Kohll, 2016). VOI is more complex to measure when compared to ROI as the value gained is not always tangible. Also, the value gained may be on a different tangent from the investment made, hence, difficult to compare (Kohll, 2016). Since VOI encompasses invaluable benefits of employees' mental wellness, we may consider values such as decline in the use of sick days, increase in the level of productivity, reduction in turnover rate, in conjunction with other financial savings on healthcare cost (Kohll, 2016).

*Cost-effectiveness analysis*: This will be carried out quarterly. This method will look at the total cost of each activity and divide those by the outcome for that specific activity. Thus, each strategy that a company decides to employ within their organization will be examined for this purpose. There are two measures that may be included in the CEA including the average cost-effectiveness ratio and the incremental cost effectiveness ratio (CDC, 2018).

- I. Average cost-effectiveness ratio =  $\text{Net costs}_A / \text{Net effects}_A$
- II. Incremental cost-effectiveness ratio =  $(\text{Net costs}_B - \text{Net costs}_A) / (\text{Net effects}_B - \text{Net effects}_A)$

The incremental cost-effectiveness ratio will be especially helpful in the process evaluation while the average cost effectiveness ratio will have significant utility in the outcome evaluation.

The process evaluation will also be investigating the short and medium-term outcomes as specified by the logic model. In order to measure these, we will give the employers strategies for evaluating the effect of their implemented interventions, as highlighted in the evaluation section of the toolkit. For instance, they may disseminate a short survey within their workforce. This will be helpful for the employers to better understand the effect of their implemented strategies amongst their employees. More so, it is important to understand the effect of the campaign on the level of increase in knowledge and awareness on workplace mental health issues, amongst employers. As a result, our in-depth interviews will be helpful in gathering this information.

The outcome evaluation will be investigating the long-term outcomes, looking for increased productivity amongst employees, and the increased capacity of employers to meet the mental health needs of their employees. We will also be looking at the ROI and VOI of implementing campaign strategies within their workforce. Hence, the need for engaging in the analyses that have been highlighted above.

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**some small changes..**



**can have a big impact.**



**ASSESS.**



**DEVELOP.**



**LAUNCH.**

Use the Fairfield Area Toolkit for Mental Health in the Workplace to learn more about what your workplace can change to promote mental well-being!

# what would YOU do with



## \$5.3 million??

The American Institute of Stress estimates that stress-related absenteeism costs employers \$602 per employee per year. For Fairfield, that's \$5.3 million in productivity losses each year.



**ASSESS.**



**DEVELOP.**



**LAUNCH.**

Use the Fairfield Area Toolkit for Mental Health in the Workplace to learn more about what your workplace can change to promote mental well-being!

# what would YOU do with



## \$4.9 million??

The American Institute of Stress estimates that stress-related absenteeism costs employers \$602 per employee per year. For Fairfield, that's \$4.9 million in productivity losses each year.

Calculate the impact of mental health in your workplace with a personalized report at:

<http://workplacementalhealth.org/Employer-Resources/Mental-Health-Calculators>



**ASSESS.**

**DEVELOP.**

**LAUNCH.**

Use the **Fairfield Area Toolkit for Workplace Mental Health** to learn more about what your workplace can change to promote mental well-being!



for every **\$1** invested on  
creating a supportive workplace  
your company gains  
**\$6 to \$8**

From return on investment according to the Center for Workplace Mental Health

Calculate the impact of mental health in your workplace  
with a personalized report at:

<http://workplacementalhealth.org/Employer-Resources/Mental-Health-Calculators>

---



Use the **Fairfield Area Toolkit for Workplace Mental Health** to learn more about what your workplace can change to promote mental well-being!

# 1 in 5

people live with a mental illness.



Is your workplace meeting the wellness needs of your employees?

Calculate the impact of mental health in your workplace with a personalized report at:

<http://workplacementalhealth.org/Employer-Resources/Mental-Health-Calculators>



Use the **Fairfield Area Toolkit for Workplace Mental Health** to learn more about what your workplace can change to promote mental well-being!

# 30-Second Radio Advertisement

*"Calling all Employers!*

*Did you know that the average employer loses \$602 per employee per year for stress related absenteeism? Luckily, there are things employers can do to help improve the lives of your employees while also gaining a return on investment!*

*The Fairfield Toolkit for Workplace Mental Wellness can help your organization implement evidence-based strategies to transform your company into a supportive, mental health friendly work environment.*

*If you are interested in learning more please contact the Jefferson County Chamber of Commerce at Phone: 641-472-2111 or at [Info@FairfieldIowa.com](mailto:Info@FairfieldIowa.com)"*



# Fairfield Area Toolkit for Workplace Mental Wellness

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# Step 1:

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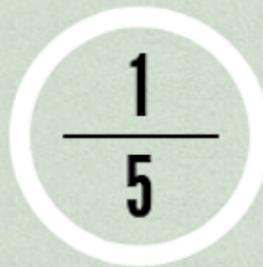
# ASSESS

---

Learn how to assess your workplace and identify areas of opportunity to improve the mental wellness of your labor force.

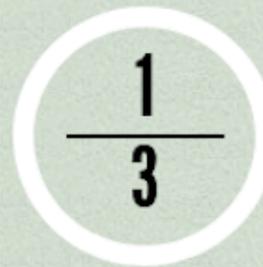
# The Impact of Mental Health in the Workplace

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of Americans experience poor mental health each year

&



of our life is spent at work

Poor mental health & stress at work leads to:

- Reduced performance and productivity
- Disrupted communication
- Increased absenteeism & presenteeism



**\$1,650**  
**per year**

productivity loss for each routinely absent employee

---

## 20%

of workers think work-life balance is a main cause of stress & anxiety

---

Work-related stressors can contribute to poor mental health of employees.

Common stressors include:

- ▶ Lack of social support
- ▶ Performance expectations
- ▶ Limited opportunities for advancement
- ▶ Low salaries
- ▶ Excessive workloads



\$602  
per year

per employee due to stress-  
related absenteeism

60%

of employees feel unable or embarrassed  
to disclose mental health information to their employers

80%

of people with depression  
can be treated

## YOUR BUSINESS CAN DO MORE

to reduce workplace stressors and improve  
the mental wellness of your labor force!

## Invest!

For every \$1 spent  
on creating a  
supportive work  
environment, your  
business gains  
\$6-\$8 from return  
on investment!

***What's the  
impact on  
your  
business?***

Take the Depression Cost Calculator from the Center for Workplace Mental Health and develop a personalized report about:

- Prevalence of depression in your workplace
- Lost days of work
- Benefits & savings from prevention/treatment

**REMEMBER**



**A HEALTHY WORKER IS  
A PRODUCTIVE WORKER**

---

### SOURCES:

NIOSH Total Worker Health  
Center for Workplace Mental Health from the American Psychiatric Association  
Depression Cost Calculator: <http://workplacementalhealth.org/Employer-Resources/Mental-Health-Calculators>

What's your score?



**Keep scrolling to assess your score using the CDC Worksite Health Scorecard.**

# The CDC Worksite Health ScoreCard

Modified Version for Mental Health

The CDC Worksite Health ScoreCard is an assessment tool intended to help employers evaluate their level of evidence-based health promotion programs in the workplace. While originally created for heart disease and stroke, we adapted the scorecard for mental health. This version includes 4 sections from the CDC Worksite Health Scorecard that relate to mental wellness in the workplace: Organizational Supports, Stress Management, Depression, and Physical Activity.

**Instructions:** Please answer “yes” or “no” for each question. All answers should be consistent with practices and programs that have occurred within the last 12 months. The entire survey should take roughly 30-45 minutes to complete.

## **WHO SHOULD COMPLETE THE SCORECARD?**

It is recommended that you complete the survey with a small team consisting of employees from worksite wellness/health promotion, human resources, and health benefits to provide accurate responses. It will be helpful to have policy handbooks, and benefit plans handy.

For the full version please visit:

[https://www.cdc.gov/dhdsp/pubs/docs/hsc\\_manual.pdf](https://www.cdc.gov/dhdsp/pubs/docs/hsc_manual.pdf)

## Organizational Supports

<b><i>During the past 12 months, did your worksite:</i></b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
<p>1. Conduct an employee needs and interests assessment for planning health promotion activities?  <i>Answer “yes” if, for example, your organization administers focus groups or employee satisfaction surveys to assess your employee health promotion program(s). Answer “no” if your organization administers general surveys that do not assess your employee health promotion program(s).</i></p>	(1 pt.)		
<p>2. Conduct employee health risk appraisals/assessments through vendors, on-site staff, or health plans and provide individual feedback plus health education?  <i>Answer “yes” if, for example, your organization provides individual feedback through written reports, letters, or one-on-one counseling.</i></p>	(3 pts.)		
<p>3. Demonstrate organizational commitment and support of worksite health promotion at all levels of management?  <i>Answer “yes” if, for example, all levels of management participate in activities, communications are sent to employees from senior leaders, the worksite supports performance objectives related to healthy workforce, or program ownership is shared with all staff levels.</i></p>	(2 pts.)		
<p>4. Use and combine incentives with other strategies to increase participation in health promotion programs?  <i>Answer “yes” if, for example, your organization offers incentives such as gift certificates, cash, paid time off, product or service discounts, reduced health insurance premiums, employee recognition, or prizes.</i></p>	(2 pts.)		
<p>5. Use competitions when combined with additional interventions to support employees making behavior changes?  <i>Answer “yes” if, for example, your organization offers walking or weight loss competitions.</i></p>	(2 pts.)		
<p>6. Promote and market health promotion programs to employees?  <i>Answer “yes” if, for example, your worksite health promotion program has a brand name or logo, uses multiple channels of communication, or sends frequent messages.</i></p>	(1 pt.)		

<b>Organizational Supports</b> <b>During the past 12 months, did your worksite:</b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
7. Use examples of employees role modeling appropriate health behaviors or employee health-related “success stories” in the marketing materials?	(1 pt.)		
8. Tailor some health promotion programs and education materials to the language, literacy levels, culture, or readiness to change of various segments of the workforce? <i>Answer “no” if you do not perceive a need for your organization to tailor its health promotion programs and education materials to any specific group(s).</i>	(3 pts.)		
9. Have an active health promotion committee? <i>Answer “yes” if your health promotion committee exists and has been involved in planning and implementing programs.</i>	(2 pts.)		
10. Have a paid health promotion coordinator whose job (either part-time or full-time) is to implement a worksite health promotion program? <i>Answer “yes” if implementing the employee health promotion program(s) at your worksite is included in a paid staff member’s job description or performance expectations.</i>	(2 pts.)		
11. Have a champion(s) who is a strong advocate for the health promotion program? <i>Answer “yes” if there is someone at your worksite who actively promotes programs to improve worksite health promotion.</i>	(2 pts.)		
12. Have an annual budget or receive dedicated funding for health promotion programs?	(2 pts.)		
13. Set annual organizational objectives for health promotion?	(2 pts.)		

<b>Organizational Supports</b> <b>During the past 12 months, did your worksite:</b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
14. Include references to improving or maintaining employee health in the business objectives or organizational mission statement? <i>Answer “no” if your organization’s business objectives or mission statement only reference occupational health and safety, without reference to improving the workforce’s health.</i>	(1 pt.)		
15. Conduct ongoing evaluations of health promotion programming that use multiple data sources? <i>Answer “yes” if, for example, your organization collects data on employee health risks, medical claims, employee satisfaction, or organizational climate surveys.</i>	(2 pt.)		
16. Make any health promotion programs available to family members?	(1 pt.)		
17. Provide flexible work scheduling policies? <i>Answer “yes” if, for example, policies allow for flextime schedules and work at home.</i>	(2 pts.)		
18. Engage in other health initiatives throughout the community and support employee participation and volunteer efforts? <i>Answer “yes” if, for example, your organization supports participation in community events and school-based efforts, such as corporate walks, collaborate with state and local advocacy groups, health and regulatory organizations, and coalitions.</i>	(2 pts.)		
<b>Your Worksite Organizational Supports Section Score:</b>			
<b>Maximum Organizational Supports Section Score:</b>			<b>33</b>

## Stress Management

<b><i>During the past 12 months, did your worksite:</i></b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
1. Provide dedicated space that is quiet where employees can engage in relaxation activities, such as deep breathing exercises?	(1 pt.)		
2. Sponsor or organize social events throughout the year? <i>Answer “yes” if, for example, your worksite sponsors or organizes team building events, company picnics, holiday parties, or employee sports teams.</i>	(1 pt.)		
3. Provide stress management programs? <i>Answer “yes” if these programs address stress management as a single health topic or if stress management is included with other health topics. Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</i>	(3 pts.)		
4. Provide work-life balance/ life-skills programs? <i>Answer “yes” if, for example, your worksite provides elder care, child care, referrals, tuition reimbursement, or other programs that are offered through vendors, on-site staff, or employee assistance programs.</i>	(3 pts.)		
5. Provide training for managers on identifying and reducing workplace stress-related issues? <i>Answer “yes” if, for example, your worksite provides training on performance reviews, communication, personnel management, assertiveness, time management, or conflict resolution.</i>	(3 pts.)		

<b><i>During the past 12 months, did your worksite:</i></b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
6. Provide opportunities for employee participation in organizational decisions regarding workplace issues that affect job stress? <i>Answer "yes" if, for example, your worksite provides opportunities for employees to participate in decisions about work processes and environment, work schedules, participative problem-solving, and management of work demands.</i>	(3 pts.)	(0 pts.)	
<b>Your Worksite Stress Management Section Score:</b>			
<b>Maximum Stress Management Section Score:</b>			<b>14</b>

## Depression

<b><i>During the past 12 months, did your worksite:</i></b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
<p>1. Provide free or subsidized clinical screening for depression (beyond self-report) followed-by directed feedback and clinical referral when appropriate?  <i>Answer “yes” if these services are provided directly through your organization or indirectly through a health insurance plan.</i></p>	(3 pts.)		
<p>2. Provide access to online or paper self-assessment depression screening tools?</p>	(2 pts.)		
<p>3. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address depression?  <i>Answer “yes” if these health promotion materials address depression as a single health topic or if depression is included with other health topics.</i></p>	(2 pts.)		
<p>4. Provide a series of educational seminars, workshops, or classes on preventing and treating depression?  <i>Answer “yes” if these sessions address depression as a single health topic or if depression is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</i></p>	(3 pts.)		
<p>5. Provide one-on-one or group lifestyle counseling for employees with depression?  <i>Answer “yes” if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans and programs, community groups, or other practitioners.</i></p>	(3 pts.)		
<p>6. Provide training for managers on depression in the workplace?  <i>Answer “yes” if, for example, your worksite provides managers with training on how to recognize depression, productivity or safety issues, and company or community resources for managing depression.</i></p>	(2 pts.)		

<b><i>Depression</i></b> <b><i>During the past 12 months, did your worksite:</i></b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
7. Provide health insurance coverage with no or low out-of pocket costs for depression medications and mental health counseling?	(3 pts.)	(0 pts.)	
<b>Your Worksite Depression Section Score:</b>			
<b>Maximum Depression Section Score:</b>			<b>18</b>

## Physical Activity

<b><i>During the past 12 months, did your worksite:</i></b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
1. Provide an exercise facility on-site?	(3 pts.)		
2. Subsidize or discount the cost of on-site or offsite exercise facilities?	(3 pts.)		
3. Provide environmental supports for recreation or physical activity? <i>Answer “yes” if, for example, your worksite provides trails or a track for walking/jogging, maps of suitable walking routes, bicycle racks, a basketball court, open space designated for recreation or exercise, a shower and changing facility.</i>	(3 pts.)		
4. Post signs at elevators, stairwell entrances or exits and other key locations that encourage employees to use the stairs? <i>Answer “no” if your worksite is located in a one-story building.</i>	(3 pts.)		
5. Provide organized individual or group physical activity programs for employees (other than the use of an exercise facility)? <i>Answer “yes” if, for example, your worksite provides walking or stretching programs, group exercise, or weight training.</i>	(3 pts.)		
6. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the benefits of physical activity? <i>Answer “yes” if these health promotion materials address the benefits of physical activity as a single health topic or if the benefits of physical activity are included with other health topics.</i>	(1 pt.)		

<b>Physical Activity</b> <b>During the past 12 months, did your worksite:</b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
7. Provide a series of educational seminars, workshops, or classes on physical activity? <i>Answer "yes" if these sessions address physical activity as a single health topic or if physical activity is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</i>	(2 pts.)		
8. Provide or subsidize physical fitness assessments, follow-up counseling, and physical activity recommendations either on-site or through a community exercise facility?	(3 pts.)		
9. Provide free or subsidized self-management programs for physical activity? <i>Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</i>	(3 pts.)	0 pts.)	
<b>Your Worksite Physical Activity Section Score:</b>			
<b>Maximum Physical Activity Section Score:</b>			<b>24</b>

# Interpreting Your Score

Organization Supports: \_\_\_\_/33      Depression: \_\_\_\_/18

Stress Management: \_\_\_\_/14      Physical Activity: \_\_\_\_/24

---

An imperfect score means  
there's room for improvement!

Each item in the survey has a point value to reflect the impact on health behaviors and the strength of evidence supporting the impact (1=good, 2=better, 3=best). Thus, lower scores indicate low impact mental wellness programs.

Some questions you should ask:

- What topic section is your workplace addressing poorly?
- Which section are you doing well in?
- Is your worksite implementing mostly “1s” or “3s”? Or is there a mix of impact approaches?

Look back through your “no” responses and see if there may be opportunity to implement the evidence-based programs in your workplace! We have more strategy ideas later in the toolkit as well.

Unhappy with  
your score?



**Keep scrolling for more  
information on how to improve  
them and create a healthier  
workforce !**

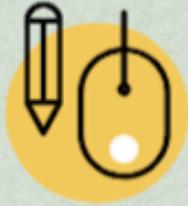
## Step 2:

---

# DEVELOP

---

Learn how to develop a successful program  
using evidence-based strategies!



# engage, choose & promote

---

## 1. ENGAGE YOUR EMPLOYEES

Focus groups, surveys, or interviews are simple ways to gauge the perceived needs and wants of your labor force. For example, you can ask what they know about EAP and their opinions regarding stressors in the workplace and what the company can do to better meet their needs.



**Tip**

Continue to involve your employees throughout the development process to ensure a successful program!

---

## 2. CHOOSE A STRATEGY

From the results of your scorecard and employee engagement, choose a strategy that addresses the identified problem. Work with key stakeholders (finance, managers, employees, etc.) to ensure the strategy is feasible, supported, and cost-effective.



**next in the  
toolkit:**  
**STRATEGIES**

---

### 3. PROMOTE THE PROGRAM



When developing the strategies, don't forget to plan for promotion of the program! Any change (big or small) needs to be shared throughout the business. Flyers, company emails/newsletters, and meeting agendas are all easy ways to disseminate information and promote the new program.

Tip

Get  
**CREATIVE!**  
Promote your  
program in  
fun & exciting  
ways!

---

Source:

# Strategy Ideas to Get You Started

## **Organization Supports**

- **Support/encourage volunteering and community participation**
  - Getting involved in the community not only makes people feel more connected and supported, but it can also make your employees feel happier.
  - Here are some ideas for doing this!
    - Have one volunteer day where your employees go to one or more local non-profits
    - Hold small-scale volunteer activities during meetings. For instance, you can create get well soon cards for hospital patients or make holiday decorations for nursing homes.
    - Provide materials in break rooms for employees to knit newborn hats or decorate items.
- **EAP program**
  - Evaluate the effectiveness and use
  - Often, employees don't know about EAP, or are concerned about the confidentiality.
    - Routinely communicate about the services available and the confidentiality protection!
- **Health insurance**
  - Make sure the health insurance plans offer mental health coverage, especially for therapy and counseling.
- **Policy Changes**
  - Policy changes can aid in creating a more supportive work environment.
  - Flex-time and providing regular breaks can help improve productivity and job satisfaction.
  - The following page has just one example of a workplace well-being policy. Adapt the sample policy to best fit your needs!

## **Sample Company Well-Being Policy from WorkWell KS**

*Sample Company* is committed to providing a safe and healthy working environment and recognizes the importance of fostering psychological and physical well-being. *Sample Company* recognizes that a safe and healthy working environment contributes to the motivation, job satisfaction, performance, retention, and creativity of all employees. Employees are supported through the following:

*[Below are various policies]*

### **1. Supportive Working Environment Policy**

*Sample Company* will provide a supportive working environment through:

#### **I. Leadership Style**

- a) Dealing with staff in a sensitive and caring fashion
- b) Monitoring of staff satisfaction and well-being on regular basis
- c) Ensuring that all staff know whom to talk to about problems
- d) Fostering a team approach and good relationships between members of staff

#### **II. Communication**

- a) Having regular two-way conversation with staff, both formal and informal
- b) Communicating and discussing team objectives
- c) Recognizing and praising individual or group achievements, hard work, and effort.
- d) Preparing staff for proposed changes in staffing levels, works tasks, and responsibilities

#### **III. Work and work design**

- a) Setting clear roles and responsibilities for staff
- b) Regular interviewing of known work pressures such as excessive workload, tight deadlines, staffing levels, and the need for staff skills development
- c) Identifying jobs where stress has been or is a problem and identifying ways to reduce the risk of stress
- d) Ensuring that instructions and requests to staff are clear and are not conflicting
- e) Allowing flexible work schedules

## 2. ***Stress Prevention Policy***

*Sample Company* will take stress prevention measures such as:

- I. Ensuring managers/supervisors are trained in utilizing the checklist to assist in recognizing and assessing stressors (found in Appendix )
- II. Fostering a cooperative and supportive environment
- III. Ensuring good communication within teams
- IV. Ensuring adequate preparation for new roles and responsibilities through risk assessment and training
- V. Enabling staff to report excessive workloads, interpersonal pressures, and symptoms of stress without fear of discrimination
- VI. Recognizing early signs of stress in employees and taking action to provide appropriate intervention
- VII. Supporting staff in recovering from stress-related illnesses and managing the return to work after any period of sick leave so that stress does not recur.
- VIII. Ensuring that bullying and harassment is not tolerated and that inappropriate behavior is dealt with in line with the *Sample Company* Harassment and Bullying Policy (Policy can be found \_\_\_\_\_)
- IX. Ensuring managers/supervisors are trained in utilizing the checklist to assist in recognizing and assessing stressors (found in Appendix )

## 3. ***Stress Detection and Action Policy***

*Sample Company* will detect and address stress in the following ways:

- I. Take reasonable action to combat and prevent workplace stressors identified through risk assessment or those raised by members of staff
- II. Increase general awareness of stress and methods to prevent and combat harmful, excessive workplace stressors in various ways, including training and health promotion initiatives
- III. Consult with union safety representatives on proposed action relating to the prevention of workplace stress
- IV. Assist staff in managing stress in others and themselves
- V. Manage problems that do occur and provide a confidential referral service
- VI. Manage the return to work of those who have been absent from work with stress related problems

#### 4. **Monitoring of Stress Prevention Measures Policy**

*Sample Company* will monitor effectiveness of stress prevention measures through:

- I. Reviewing risk assessments in accordance with best practices so as to monitor risk management and prevent stress
- II. Monitoring, investigating, and evaluating stress indicators, such as excessive sickness absence or high turnover

#### 5. **Flexible Working Hours Policy**

To accommodate individual preferences and needs to attend doctor appointments, family commitments, and/or physical activity, employees of *Sample Company* will be permitted to flex their work day within the following times: start: between 6:30 a.m. and 10:00 a.m.; finish: between 3:30 p.m. and 7:00 p.m. Employees are also permitted to extend their lunch hour to 1.5 hours to participate in physical activity or attend appointments, if the time is made up during the day. Employees must establish their flexed start, finish and lunch time schedules with their immediate supervisors.

#### **Education and Implementation**

1. The *Sample Company* well-being policy will be posted in employee break rooms, promoted through multiple communication channels, and presented at new employee orientations to inform all employees.
2. Employees may seek additional information from (*human resources, worksite wellness coordinator or wellness champion*) or access this policy at (*insert website or location*).

#### **Consequences for Noncompliance**

All employees of *Sample Company* are expected to comply with this policy. Failure to comply will result in disciplinary action.

## **Physical Activity**

### **➤ Communicate**

- Communicate the mental health benefits from physical activity!

### **➤ Encourage small changes**

- Have posters/signs encouraging small changes like taking the stairs, parking further from the entrance, and going on short walks during break.

### **➤ Gym membership**

- Provide subsidized or free gym memberships to your employees! Some insurance companies also offer discounts.
- Make it a family affair! There's evidence that employees use provided gym memberships more when their family/spouse is included.

## **Stress Management**

### **➤ Dedicated break/quiet rooms**

- Do your employees have a place to relax? Getting away from factory noise or from a separated office space can provide great health benefits by reducing stress levels.
- Community breaks rooms also increase feelings of social support.

### **➤ Host social events**

- Take your employees to a ballgame! Or better yet, start company teams and have your employees play against each other!

### **➤ Programs/seminars for stress management**

- Provide programs for stress management for employees
- Also, provide trainings for management to learn how to reduce stress in the workplace.
- Here's a great video series by the Healthier Workforce Center of the Midwest regarding health in the workplace, including two videos about stress:

<https://www.public-health.uiowa.edu/hwcmw/for-the-workplace/videos/total-worker-health-in-depth/#stress>

## **Depression**

### ➤ **De-stigmatizing communication materials**

- Provide posters and seminars to reduce the stigma around mental health
- This Canadian campaign has had great success! Check out this video and see some of the materials used here:  
<https://www.youtube.com/watch?v=Z4tiMkZwYvg&feature=youtu.be>

### ➤ **Training for management**

- Provide trainings for management to better recognize the signs of depression and stress in their employees and how to connect them to available resources, and how to create a healthier environment.
- Mental Health First Aid trainings have had international success with evidence validating the effectiveness of the training. Take a look at what they offer here:  
<https://www.mentalhealthfirstaid.org/>
- There are also online training modules, including this free app! It is designed specifically to help managers recognize employee behavior. Take a look here:  
<https://www.iristhedragon.com/workplace-mental-health.html>

### ➤ **Providing clinical screening surveys**

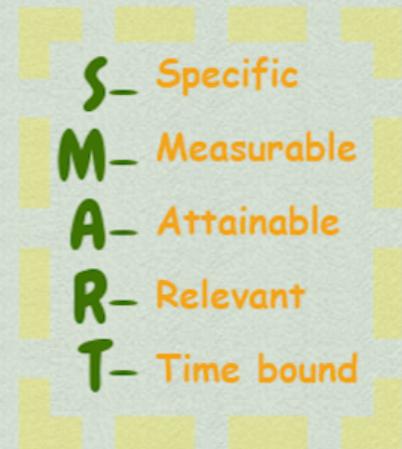
- Provide clinical screening surveys regularly so that employees can evaluate their own mental health.
- Mental Health America provides several different types of online screening tools (conversion to paper format is possible)
  - Topics include depression, anxiety, and work health
  - <https://screening.mentalhealthamerica.net/screening-tools>

# Evaluation is key.

As you develop your program, you should also be developing a plan for evaluation. Evaluation should be an ongoing process that ensures you are providing a useful, cost-effective intervention.



You should start by creating a SMART overall goal with objectives for your program.



Create an evaluation planning model. Please see below for an example with typical information that may be included within each section.

Materials	Activities	Short-term Outcomes	Long-term Outcomes
This includes all of the materials that you will be using for your program including staff, location, educational materials, promotional flyers, etc.	This includes this specific activities will your intervention entails.  Will you have trainings, or organize group physical activities for your employees?	Did you attain your program objectives?  How many people attended your event?  Has awareness of the policy/issue increased?	Did you attain the SMART goal of your program?  Has employee wellness improved?  Has there been behavior/attitude change based on your program objectives?



How you evaluate your outcomes can be based on convenience, resources, time, size, and other factors.

Here are some common types of evaluation processes.

## Formative Evaluation:

This method ensures that your program or program activity is feasible, appropriate, and acceptable before it is implemented. This should be conducted before a new program is developed or an existing program is adapted. The CDC Worksite Scorecard and employee engagement is an example of formative evaluation.

## Process Evaluation:

This method determines whether your program activities have been implemented as intended.

The results you get from this evaluation can be used to improve your future activities. You can keep track of information related to Who, What, When, and Where of the program.

### Tip

#### Some questions to ask:

- I. To whom were program efforts directed? Did you reach this population?
- II. What has your program done/accomplished?
- III. What are the barriers/opportunities to implementation

## Outcome/Effectiveness Evaluation:

### Tip

#### Some questions to ask:

- I. Are those who participated showing better workplace wellbeing as compared to those that did not?
- II. Did knowledge and/or awareness of the issue increase?
- III. Did the program result in an attitude/behavior change among employees?

This method measures the effect of the program by assessing progress in the outcomes & objectives. Make sure you assess the outcomes you identified within your evaluation planning model!

# Impact Evaluation:

This method assesses the effectiveness of your program in achieving the SMART goal within your workplace. This may be carried out a year or more after the program implementation or at specific intervals during program implementation.

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**For more information about different types of evaluation and their uses, please visit:**

<https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf>

## **Step 3:**

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# **LAUNCH**

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Are you ready to launch your new mental wellness program?

# Pre-Launch Checklist

Now that you have created a program and are ready to launch, you can go through this checklist to make sure that you have everything covered!

## Assess

- a. Used the CDC Worksite ScoreCard to understand the wellness needs of your employees.
- b. Interpreted your scores to understand the areas of weakness regarding employee wellness within your organization.

## Develop

- a. *Engaged* your employees throughout the process. The program is for their benefit, so why not involve them?
- b. *Chose* a strategy with your employees that best fits the needs of your workplace.
- c. *Promoted* your program creatively!
- d. Created a SMART goal and objectives to meet this goal.
- e. Decided on an evaluation method(s) that is best suited for your size, time, and resources, as well as one that matches closely with your SMART goals/objectives and outcomes.

## Launch

- a. Go ahead and launch your program if you have fulfilled all these steps!

**Ready, Set, Launch!**

# Community Resources

Find information about local mental  
health resources!

# Crisis Contact Information

## ***Southeast Iowa Link: 877-404-4770***

- Local mental health crisis line with trained counselors answering 24/7.

## ***Jefferson County Health Center: 641-472-4111***

- Hospital emergency department walk-ins
- 2000 South Main St, Fairfield, IA 52556

## ***Crisis Text Line: Text “Listen” to 741741***

- Provides prompt 24/7 counseling, resources, and emotional support from trained professionals for any type of crisis.

## ***Foundation 2: 1-800-332-4224***

- Foundation 2 Crisis Center provides trained, compassionate telephone counselors 24 hours a day, 365 days a year.

## ***National Suicide Prevention Lifeline: 1-800-273-TALK (8255)***

- “No matter what problems you are dealing with, we want to help you find a reason to keep living. By calling 1-800-273-TALK (8255) you’ll be connected to a skilled, trained counselor at a crisis center in your area, anytime 24/7.”

# Local Mental Health Services Contact Information

## **Optimae Life Solutions Behavioral Health**

301 West Burlington Avenue Fairfield, Iowa 52556

(641-324-7200)

[www.optimaeliveservices.com](http://www.optimaeliveservices.com)

- Crisis Assessments at Jefferson County Health Center, available to all county residents (insured and uninsured)
- Life Services Wellness and Recovery Center
  - FREE peer support groups
  - FREE lunch every Wednesday
  - Wellness Recovery Action Planning
- Urgent Care Office Appointments, available to all county residents (uninsured and insured)
- Intensive Psychiatric Rehabilitation (IPR)
- Behavioral Health Intervention Services
- Monthly Calendar highlights other resources. Employers can subscribe to the mailing list.

## **Group Practices**

*Katie Ram Building,*

500 North 3rd Street, Suite 209, Fairfield Iowa, 52556

(888-870-1775)

[www.ardentcenter.com](http://www.ardentcenter.com)

- In-home counseling; phone, video/online conferencing; on-site counseling
- Trauma, Anxiety, Depression
- Couples, Families, Individuals

## **Coordinator of Disability Services – Jefferson County**

*3<sup>rd</sup> Floor, Jefferson County Courthouse*

*(641-472-8637, 641-919-6776)*

[sandy.stever@jeffersoncountymhds.com](mailto:sandy.stever@jeffersoncountymhds.com)

- Gatekeepers for countywide system of services and supports for consumer.
- Services:
  - 24-hour Crisis Response Services
  - Assessment & Evaluation
  - Case Management & Coordination Service
  - Commitment related services (mandated)
  - Crisis Evaluation
  - Day Habilitation
  - Health Homes Coordination
  - Home & Vehicle Modification
  - Home Health Aide Services
  - Job Development
  - Justice System-Involved Services (mandated)
  - Medication Management
  - Medication Prescribing
  - Mental Health Inpatient Treatment
  - Mental Health Outpatient Therapy
  - Peer Family Support Services
  - Psychoeducation
  - Personal Emergency Response System
  - Prevocational Services
  - Respite Services
  - State Resource Centers (mandated)
  - Basic Needs / Rent (only if it requires 24 hour placement)
  - Community Support Program (Permanent Supported Housing)
  - Consultation
  - Crisis Care Coordination
  - Crisis Stabilization Services
  - Information and Referral Services
  - Justice System-Involved Coordination
  - Public Education
  - RCF (with standardized assessment)
  - Service Management
  - Social Support Services / Peer Recovery Center

# Local Independent Practices

**Douglas J. Buttikofer, LMHC**

200 W Lowe Ave, Suite 108  
Fairfield, Iowa 52556  
(641-919-0647)

**John Edgette, PsyD**

(917-919-0647 - Private Practice)  
(888-870-1775 - Ardent Center)

**Sally Henderson, PhD, LMFT**

Licensed Marriage and Family Therapist  
(641-472-7315)

**Timothy D Lantz, LMHC**

205 N B St  
Fairfield, Iowa 52556  
(641-243-8300)

**Becky Schmitz, LISW**

200 W. Lowe St, suite 108  
Fairfield, Iowa, 52556  
(641-243-8299)

**Brian Simmons, LISW, IADC**

Iowa Counselling Services  
109 S Main St  
Fairfield, Iowa 52556  
(641-919-4004)