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A Program Evaluation of a Worksite Wellness Initiative for Weight Loss

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by

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Abstract

The purpose of this study was to conduct a program evaluation of ACME's worksite weight loss initiative and collect evidence relative to the efficacy of the program. An anonymous online survey was administered to participants of the weight loss initiative. The survey was designed to gather information relative to the research questions, which explored the initiative's barriers to participation, alignment of initiative with the goals of participants, utilization of initiative resources, overall strengths, weaknesses, and areas of improvement for the weight loss initiative, as well as the respondents' general profile for the six dimensions of wellness. Reporting of data included descriptive statistics, which contained means, frequencies, and percentages. Some questions required open-ended responses, which were grouped together to identify trends.

Of the 35 employees enrolled in the initiative, 32 responded to the online survey. Only a small group of participants from the larger pool of members at the worksite were successfully recruited into the weight loss initiative. Some respondents reported feeling intimidated towards the thought of participating in the initiative, which suggests that the weight loss theme may have been a barrier to participation. The majority of respondents identified weight loss as their primary wellness goal for the New Year, which aligned with the decision by the wellness staff to provide a weight loss initiative at

the beginning of the year. The majority of respondents felt that the personal training provided by ACME Wellness was a primary resource in facilitating goal achievement.

All of the respondents were satisfied with their experience in the weight loss initiative, and most summarized their experience as challenging, motivating, and fun. Strengths of the weight loss initiative were identified as teamwork, motivational factors, and communication. Weaknesses included organization, participation, and readiness. Areas of improvement were identified as planning, structure, and promotional factors. Respondents scored favorably in the intellectual, emotional, social, and spiritual dimensions of wellness, but not as high in the physical and occupational dimensions. The conclusions of this study suggest that weight loss initiatives can be an effective option for worksites since the design and implementation of such programs assist members in goal achievement.

Chapter 1: Introduction

Many employers offer worksite wellness programs to their adult employees in an attempt to decrease the costs associated with providing healthcare coverage, while also improving employee productivity. The common goals of these worksite wellness programs emphasize health promotion and disease prevention through educational and behavioral approaches (Goetzel & Ozminkowski, 2008). The growing popularity of worksite wellness programs is likely to continue rising, as the Patient Protection and Affordable Care Act emphasizes disease prevention (Koh & Sebelius, 2010). The law provides start-up grants and increasing rewards for program participation. The law also provides employers technical assistance in evaluating their worksite wellness programs (Osilla, Van Busum, Schnyer, Larkin, Eibner, & Mattke, 2012).

Health statistics for the United States reveal the need for wellness programs that can help adults reduce risk factors associated with cardiovascular disease, heart disease, diabetes, cancer, and obesity (Centers for Disease Control, 2001). Worksites offer ideal settings for reaching these targeted adults, which include those at higher risk for chronic disease (Chapman, 1994). Worksite health promotion programs have been shown to benefit both the employee and the employer (Bull, Gillette, Glasgow, & Estabrooks, 2003; Ostwalt, 1989; Heirich, Foote, Erfurt, & Konopka, 1993; Lechner, de Vries, Adriaansen, & Drabbels, 1997; Poole, Kumpfer, & Pett, 2001). A recent review of worksite health promotion suggests that outcome reports include more information

relative to enrollment, implementation and maintenance as well as negative outcomes (Bull, Gillette, Glasgow, & Estabrooks, 2003).

The average employee spends approximately 50 hours a week at work and consumes one third of his/her meals at the worksite, which is why worksite wellness programs have great potential to favorably impact employees' healthy habits (Schor, 1992). Long-term adherence to worksite wellness programs has demonstrated improved health outcomes, reduced absenteeism, improved employee morale, and retention, as well as reduced healthcare costs (Aldana, 2001; Lowe, Schellenberg, & Shannon, 2003; Pelletier, 1996). Successful worksite wellness programs are characterized by personalized information (self-care, health-risks assessments, behavioral counseling); social support systems (wellness challenges, support groups, classes); senior management buy-in (incentives, policy changes, communication); and environmental support (on-site fitness facilities, health services, healthy meal and snack options, and smoke-free worksites) aimed at facilitating behavior change (Pelletier, 1996).

Over the past three decades wellness programs have been implemented by organizations in an attempt to develop highly productive and healthy employees. Wellness programs can be on-site or off-site services sponsored by organizations, which attempt to promote good health and correct potential health-related issues (Wolfe, Parker, & Napier, 1994). It is estimated that approximately 90% of companies offer at least one component of a wellness program for their adult employees (Aldana, Merrill, Price, Hardy, & Hager, 2005). A growing number of companies have committed to providing worksite wellness programs to help improve the health of employees,

control health care, absence and absenteeism costs, as well as provide an additional benefit to employees (Bly, Jones, & Richardson, 1986).

Several reviews have examined the impact of worksite wellness on medical costs and absenteeism and have found that programs commonly return approximately three dollars for every dollar invested (Aldana, 2001; Chapman, 2003; Goetzel & Ozminkowski, 2008; Baicker, Cutler, & Song, 2010; Golaszewski, 2001; Serxner, Gold, Anderson, & Williams, 2001). Osilla et al. (2012) found evidence for the inclusion of specific components of worksite wellness programs such as conducting health risk assessments, screenings and wellness activities in alignment with employee interests. However, further evaluation of worksite wellness program characteristics, their outcomes, and incentives for program participation are needed to determine whether or not employers are adhering to current policy and programmatic changes (Osilla et al., 2012).

Statement of the Problem

Evaluations have been critically reviewed relative to the effectiveness of health promotion programs in the workplace. According to Harden, Peersman, Oliver, Mauthner, and Oakley (1999), when adhering to the guidelines of good practice, worksites should consider employees' expressed needs and facilitate employee-employer partnerships. Of the evaluations examined, only one quarter of them report implementing programs in response to the explicit needs and/or perceptions of the employees; minimal involved partnerships were observed. Notably, findings suggest that there appears to be a disparity between what counts as good practice within

worksite health promotion and what is actually reported in the evaluation of effectiveness literature. While a number of evaluations have been conducted on worksite wellness programs and initiatives, many emphasize the organization's value of investment, rather than examining the efficacy of the program and wellness needs of its members (Harden et al., 1999).

Purpose of the Study

The purpose of this study was to conduct a program evaluation of ACME's weight loss initiative and collect evidence relative to the efficacy of the program. ACME is a pseudonym for the worksite wellness company examined in this study. Areas of interest to the stakeholder included barriers to participation, goal achievement, member utilization of staff and resources, as well as level of interest in the weight loss initiative. Program evaluations have the potential to reveal unexpected outcomes and identify ways to improve practice. ACME Wellness provides free personal training and fitness classes for its members and encourages them to engage in physical activity and exercise, as well as to make educated food choices for optimal health. Overall, ACME Wellness places an emphasis on exercise and nutrition concepts, which provides members with the knowledge and motivation to make healthier lifestyle choices and obtain their wellness goals. This evaluation examined the extent to which the weight loss initiative presented barriers to participation, aligned with the goals of its members, provided access to staff and resources, and impacted overall dimensions of wellness. The results of this evaluation can used to reflect upon the current wellness of ACME's

wellness members and the operating efficiency of the initiative. In addition, the findings can be shared with ACME Wellness stakeholders.

Research Questions

The following research questions were developed based on the needs of the weight loss initiative staff and members.

1. What barriers to participation in the weight loss initiative do members perceive?

2. Does the weight loss initiative align with the goals of the wellness members?

3. Are members satisfied with their level of engagement with the resources available to obtain their goals?

4. What do members perceive as the primary strengths and weaknesses of the weight loss initiative?

5. What is the general profile of the respondents' dimensions of wellness?

Significance of the Study

Employers traditionally implement wellness programs in an attempt to reduce health risk factors (e.g., obesity, pre-diabetes, sedentary lifestyle) for the purpose of decreasing health care costs or as a general investment in the health and wellness of its employees. However, the only possible way to determine if a company has reached any of their goals and objectives is to measure them (Hunnicut, 2007). Measurement of member perceptions can help reveal the level of engagement employees have towards the wellness program, as well as their level of satisfaction with the program and overall experience (Hunnicut, 2007). An effective measurement strategy has the potential to advance an organization's corporate health goals and objectives. However, the majority

of evaluations do not result in the implementation of programs based on the explicit needs and/or perceptions of the employee (Harden et al., 1999).

Providers of continuing professional education should embrace wellness not only as a means of helping learners, but also for its organizational benefits (Hamil, 1998). Organizationally, wellness programs provide a strategic advantage for enhancing performance and can positively influence worker productivity (Wolfe et al., 1987). Continuing educators within higher education, human resource development, consulting functions, and associations can all focus on creating awareness of the importance of health issues. This aim of this evaluation was to inform ACME Wellness of the degree to which their weight loss initiative aligns with employee needs and goals, as well as to assess overall levels of member satisfaction, which in turn may be used to optimize the efficacy of the initiative for the future.

Conceptual Model

Following an initial consultation with the stakeholders, a logic model of the worksite weight loss initiative was developed to serve as a conceptual model and describe the program/initiative and assist in guiding the evaluation. See Appendix A for a copy of the logic model. The logic model demonstrates the program's inputs, activities, outputs, and outcomes (short-term, intermediate, long-term).

Inputs described in the logic model represent the investment into the program to make it efficient and successful and to improve the wellness of its members. Both tangibles and intangibles comprise the inputs, which include management support, wellness staff, resources, marketing, and participants.

Activities consist of the efforts needed to implement the program/initiative effectively and achieve its objectives. These efforts include wellness committee meetings to review program objectives, development and launch of program/initiative, distribution of materials, fitness assessments, and personal coaching.

Outputs represent the direct impact of activities and the number of people reached. The wellness initiative outputs are based on the number of activities conducted. These activities include staff wellness meetings, staff in attendance at meetings, topics discussed at meetings, and services provided. Additionally, the number of distributed materials, participants, assessments, and training sessions are output factors for the wellness initiative.

Short-term outcomes represent the program's expected changes in awareness of the benefits associated with behavior change, exercise, and healthy food selections. Increased participation in personal training and coaching is also expected for short-term outcomes.

Intermediate outcomes are a result of previously acquired knowledge and represent the program's expected improvements in exercise levels, healthy food selections, and overall health habits. Intermediate outcomes expected also include weight loss and overall improvements in body composition.

Long-term outcomes are based on prior modification of behavior during the program and represent expected improvements in health status, body composition, quality of life, and overall dimensions of wellness.

Limitations

There were some limitations to this evaluation. This descriptive form of data reporting did not statistically determine whether the ACME wellness initiative improves employee productivity, decreases healthcare costs, or has an impact on return on investment. This evaluation only aimed to measure the level of satisfaction employees have towards the ACME wellness initiative, as well as employee perceptions of the initiative's strengths, weaknesses, and areas of needed improvement. Another limitation of this evaluation was that data collection was restricted to one ACME worksite, which is a large telecommunications company with approximately 300 wellness members located in the Southeast region of the United States.

Evaluation Stakeholders

The primary stakeholders identified for this evaluation included program management, wellness coaches, and committee members of ACME Wellness. Program management was responsible for the promotion, delivery, and organization of the wellness initiative, while the wellness coaches were responsible for running the day-to-day operations of the wellness initiative. The wellness committee is a team of employees comprised of program management and wellness coaches who plan activities for the purpose of improving the health and wellness of its members.

Additional stakeholders may include board members and potential investors interested in developing worksite wellness initiatives. Most employees participating in worksite wellness programs are concerned with the quality of the program and/or initiative, types of services offered, and the extent to which the program and services

meet their needs and goals. Therefore, worksite wellness members are often receptive to program evaluations as they present an opportunity for them to provide feedback relative to the program and/or initiative. The ACME Wellness Committee will be the primary recipient and user of the evaluation findings for the purposes of optimizing the wellness initiative's efficacy and improving overall employee wellness.

Definitions of Terms

A list of the operational definition of terms for this study is provided below.

Dimensions of Wellness: The Six Dimensions of Wellness describes wellness as a balance of physical, intellectual, emotional, social, occupational, and spiritual aspects (Hettler, 1976).

Evaluation: Evaluation is defined as the systematic investigation of the merit, worth, and significance of something (Scriven, 2007).

Formative Evaluation: Formative evaluations are conducted during the developmental stages of a program for the purpose of improving and strengthening a program. The formative evaluation audience is likely to be program personnel.

Health: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1948).

Health Risk Assessment: Questionnaire that can identify a person's risk of certain common health conditions based on a combination of factors.

Program Evaluation: Assessment of how a program or activity is implemented in order to control, assure, or improve the quality of delivery.

Wellness: The process in which people become conscious of and make decisions toward a more successful existence (National Wellness Institute, 1977).

Wellness Initiative: Program that encourages individuals to improve their physical and mental health through positive lifestyle changes. In this study, the weght loss initiative is one example.

Worksite Wellness: A workplace health promotion activity or organizational policy designed to support healthy behavior in the workplace and improve health outcomes.

Organization of the Study

This dissertation is organized into five chapters. Chapter 1, *Introduction,* includes the rationale, statement of problem, purpose, research questions, significance, conceptual framework, limitations, evaluation stakeholders, definition of terms, and organization of dissertation.

Chapter 2, *Literature Review*, consists of a literature review that includes areas of wellness, worksite wellness, wellness strategies, dimensions of wellness, key concepts in evaluation, and evaluation of worksite wellness programs.

Chapter 3, *Methods*, describes the survey methods utilized in this study. This chapter reviews the research design, population and sample, program description, instrumentation, data collection procedures, and data analysis.

Chapter 4, *Findings*, presents the characteristics of respondents, and answers to the research questions 1-5, which include barriers to participation, level of engagement with wellness resources to facilitate respondents' goal achievement, alignment of

initiative's theme with respondents' goals, strengths, weaknesses; and areas of improvement for the initiative, as well as the general profile of the respondents' dimensions of wellness.

Chapter 5, Summary, Conclusions, Implications, and Recommendations presents an overall summary of the study, conclusions, implications, and recommendations for further research.

Chapter 2: Literature Review

The purpose of this study was to conduct a program evaluation of ACME's weight loss initiative and collect evidence relative to the efficacy of the program. The parts of this chapter include wellness, worksite wellness, wellness strategies, dimensions of wellness, key concepts in evaluation, evaluation of worksite wellness programs, as well as quantitative and qualitative methods.

Wellness

The importance of good health and a strong mind has been understood since antiquity. Wellness is the foundation for learning, as it facilitates the ability to think clearly and act consciously (Miller, 2005). In the classroom, educators often separate the mind from the body resulting in a curriculum that teaches strictly to the mind. Through a holistic approach to education, adult and continuing educators have the potential to optimize learning in the workplace and assist organizations in reaching their wellness goals (Hamil, 1998). Wellness is a philosophy of optimal wellbeing and an overall attitude towards life and its experiences. It is a lifestyle that emphasizes and encourages health, vigor, and energy (Myers & Sweeney, 2004).

The concept of health can be defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1948). Wellness can be conceptualized as an active process in which

people become conscious of and make decisions toward a more successful existence (National Wellness Institute, 1977). The concept of wellness is broader and has more dimensions than that of health, and has also become an important factor in business and productivity. Humans are social beings whose actions affect those around them, and wellness-seeking behavior specifically can affect both the person engaged in the wellness activity and those observing the activity or behavior change (Hamil, 1998). Therefore, wellness has the potential to favorably impact the status of the participant as well as the entire group.

A key tenet of wellness is self-care, which requires individuals to take accountability for their own health. According to Griggs (1990), many adults often relinquish the responsibility of caring for their own health to others, such as health care professionals, counselors, and employers. Therefore, the concept of wellness also involves assuming personal responsibility for one's own health, and utilizing external health care systems as a resource when necessary. Another key tenet of wellness is proactivity. Proactive adults take the necessary steps to reduce their chances of disease and/or injury. A proactive adult is more likely to adhere to exercise and nutrition recommendations in an attempt to avoid heart disease, rather than waiting until after a cardiac event to start caring for themselves properly (Griggs, 1990).

People can still be well, while not being completely healthy. A well person optimizes their potential for healthy living despite injuries, disabilities, and/or disease that may impact their quality of life or capacity for function (Miller, 2005). Individuals who have sustained a debilitating injury or are managing a chronic disease can still live a wellness lifestyle. Wellness is a balance of life at all levels. A well person embraces

the lifestyle of healthy living, encourages others, and recognizes the natural limitations people face relative to age, gender, and genetics (Powers, 1994). Personal accountability and action must be directed into changing one's behavior towards the direction of balancing the dimensions of wellness (Strout & Howard, 2012). Importantly, adults can also attempt to choose occupations and professions that are in alignment with their own values, skills, and interests instead of experiencing the stress associated with unsuitable work settings (Myers, Sweeney, & Witmer, 2000).

Worksite Wellness

The average employee spends approximately 50 hours a week at work and eats around one third of his/her meals at work, which is why worksite wellness programs have great potential to favorably impact employees' long-term lifestyle choices (Schor, 1992). Worksites provide easy and regular access to large groups of people, and have the potential to encourage sustained peer support and positive peer pressure among employees (Tones, & Tilford, 1994). With a large percentage of the adult population employed and the high cost of common workplace related accidents and illnesses, the workplace has been identified both as important target and determinant of health (Harden et al., 1999; Wilson, Holman, & Hammock, 1996). High performance organizations and companies recognize that supporting a healthier workplace can provide a competitive advantage. However, the development and maintenance required to sustain an effective worksite wellness program often pose a difficult challenge for human resource professionals.

Long-term results of a wellness program include improved health outcomes, reduced absenteeism, improved employee morale and retention, and reduced healthcare costs (Aldana, 2001; Lowe et al., 2003; Pelletier, 1996). Successful worksite wellness programs are characterized by individualized behavior change information, social support, senior-level management buy-in, and environmental support systems. Individualized behavior change involves self-care information, health risk assessments, and behavioral counseling (Pelletier, 1996; Person, Colby, Bulova, & Eubanks, 2010). Social support can be implemented through wellness challenges, classes, and support groups. Senior-level management buy in occurs through financial incentive programs, department wide policy changes, communication, and long-term commitment. Environmental support includes access to on-site fitness facilities, smoke-free worksites, and healthy meal and/or snack options.

The economic burden associated with reduced productivity, which stems from both mental and physical health conditions are significant for employers (Centers for Disease Control, 1999). According to Bunn, Harris, and Naim (2010), indirect costs related to reduced productivity appear to be primarily attributed to absenteeism, presenteeism, expenses related to workers compensation, disability, and the Family Medical Leave Act. Other indirect costs are linked to high turnover rate and absences related to caregiving responsibilities. Direct costs come from the employee use of health care services and resources including care, lab work, medicine, behavioral intervention, employee assistant programs, workers compensation, health promotion, and medical management. Management of disease, tobacco cessation, and weight

management interventions are the three most widely used worksite wellness programs (Bunn et al., 2010).

Chief Executive Officers from more than 150 companies in the United States of America identified their employees as the primary asset of their company (Business Roundtable, 2007). Poor employee health negatively impacts the employer's bottom dollar. Medical disorders such as heart disease, diabetes, hypertension, and obesity can decrease employee performance and productivity, which in turn jeopardizes the employer. Additionally, poor health status in employees has been linked to increased health care costs, worker's compensation, injuries, disabilities, and absenteeism (Partnership for Prevention, 2005). Linnan et al. (2008) reported that 39% of 730 worksites experienced a 10 to 15% increase in health care costs. The Health Enhancement Research Organization identified seven risk factors responsible for increasing health care costs, which include depression, stress, high blood glucose, overweight, tobacco use, high blood pressure, and lack of exercise (Goetzel, Anderson, Whitmer, Ozminkowski, Dunn, & Wasserman, 1998).

Decreases in employee productivity related to both personal and family illnesses cost U.S employers approximately $1,500 per employee each year, which translates to around $226 billion dollars annually (Stewart, Ricci, Chee, & Morganstein, 2003). The overall improvement in employee health and productivity, as well as the greater return on investment (ROI) suggests that worksite wellness programs are valuable and worth a company's time and money. Chapman (2003) conducted a research review of worksite wellness programs in which findings from 42 studies reported a $5.93-to-$1.00 savings-to-cost ratio, as well as reductions in absenteeism by 28%, health costs by 26%, and

worker compensation/disability by 30%. Worksite wellness programs have increasingly emphasized the importance of ROI, whereas health and wellness was the focus prior to the concern for the bottom dollar (Business Roundtable, 2007).

Wellness Strategies

According to Hamil (1998), if the primary goal of the adult and continuing educator is to facilitate optimal learning opportunities, then the concept of wellness must be considered in the both the classroom and the workplace. Wellness and learning are undoubtedly linked. Good health and wellbeing optimizes learning, and optimal learning has the potential to favorably impact health. Wellness can be taught through the utilization of three strategies, which together work to inform, encourage change, and support change (O'Donnell, 2014). Awareness strategies are educational in nature and assist individuals in recognizing that behavioral change is necessary. Lifestyle change interventions help individuals to actually change behaviors, and supportive environments create and optimize opportunities that are conducive for behavior change (Hamil, 1998; McLeroy, Bibeau, Steckler, & Glanz, 1988).

Awareness strategies. Awareness strategies are described as the communication and dissemination of information and/or materials that are intended to improve knowledge, and facilitate the process of behavior change that results in improved health and productivity (O'Donnell, 2014). According to Chapman (1994), the goal of awareness strategies and activities are threefold. First, these strategies deliver important information that assists individuals in the preparation for behavior change. Second, strategies and activities empower individuals to construct a practical

application of the newly acquired information. Third, awareness strategies provide opportunities for individuals to access technology and support services that facilitate the reinforcement of newly acquired knowledge and behaviors. Overall, these awareness strategies aim to provide important wellness information, empower individuals to change behaviors, and provide networks for individuals with resources that aid in the development and maintenance of behavior change (Chapman, 1994).

Awareness is the key ingredient to initiating a change in health habits or behaviors. Informational courses, seminars, media campaigns, and health screenings are commonly used to bring awareness to at risk individuals. Bringing awareness of health issues inspires individuals to remove unhealthy behaviors and replace them with healthy lifestyle habits. Awareness strategies are most effective when combined with lifestyle change interventions and supportive environment programs (Hamil, 1998).

Lifestyle change interventions. Lifestyle change interventions go beyond the concept of awareness strategies and assist individuals in actually changing their unhealthy behaviors. Some of these changes may include quitting smoking, exercising regularly, improving food and nutritional choices, successfully managing stress, and a combining of exercise and nutrition to facilitate weight loss (O'Donnell, 2014). Successful lifestyle change interventions utilize a combination of health education, behavior modification, experiential practice, and feedback opportunities that allow appropriate time for behavior change to happen (Hamil, 1998).

According to Hamil (1998), lifestyle change interventions are important for four important reasons. First, practicing healthy behaviors can favorably impact an individual's overall health status, which may result in a decrease of medical issues and

associated costs. Second, these interventions can improve an individual's outlook, as well as their physical and mental capacity to be more productive in the workplace. Third, lifestyle change interventions have the potential to boost morale and public relations. Fourth, these lifestyle interventions facilitate the creation of a network for individuals with the opportunity to acquaint themselves with each other, which has the potential to stimulate overall cooperation and efficiency. One concern with lifestyle change interventions is its inability to sustain long-term behavior change, which is where the concept of supportive environment programs should be considered (O'Donnell, 2014).

Supportive environment programs. O'Donnell (2014) stated the purpose of supportive environment programs is to create environments that support behavior change and healthy lifestyles. These environments are an important factor in assisting individuals to maintain their recent positive behavioral changes towards health habits and wellness. Worksites often use healthy physical settings, policies, and organizational culture to support healthy lifestyles and behavior change. On-site worksite wellness programs have a greater level of participation in comparison to off-site programs. On-site wellness programs have the ability to influence participants through the physical setting in which healthier cafeteria and vending machine foods and nutritional options are available.

On-site programs also have the ability to furnish amenities, such as locker rooms and showers that are convenient to exercisers. Another important approach is the removal of tobacco-related products and smoking areas from worksites. Worksite policies have the potential to increase wellness program participation and adherence

through schedule flexibility, non-smoking facilities, non-alcoholic functions, networking activities, and health care programs that reward good employee health practices (Hamil, 1998). Additionally, supportive environment programs aim to reward employees who remain healthy, rather than being sick and absent from work. Worksite wellness policies often allow family members to also participate in wellness activities, which have the potential to favorably impact the entire family's wellbeing and further support behavioral changes at home (Wilson et al., 1996).

Dimensions of Wellness

Hettler, co-founder of the National Wellness Institute (NWI), introduced the Six Dimensions of Wellness Model, which describes wellness as a balance of physical, intellectual, emotional, social, occupational, and spiritual aspects. See Figure 1 for the model of the six dimensions of wellness. Each dimension is linked to the human existence, which is why it is important to continue developing these dimensions while also maintaining their balance (Strout & Howard, 2012). Each dimension is comprised of key tenets that should be used as guidelines for personal development and optimization of wellness (Hettler, 1976; Powers, 1994).

Physical dimension. The physical dimension of wellness involves the functional capacity of the human body. Exercise, nutrition, substance abuse, habits, sleep patterns, and medical checkups are all considered in the physical dimension of wellness (Strout & Howard, 2012). The physical dimension recognizes the importance of regular exercise and/or physical activity as an important factor in the prevention of disease and optimization of overall wellbeing. Within this dimension, an emphasis on exercise and

nutrition education is common practice, whereas substance abuse, smoking, and other unhealthy habits are discouraged (Powers, 1994).

Wellness is optimized through the inclusion of consistent exercise and healthy nutritional choices. Individuals must be capable of self-care during minor injuries, while also knowing when an issue should be referred to a medical professional for consultation. The physical dimension emphasizes that individuals learn how to measure their own vital signs, and also be able to recognize the body's warning signs or alerts. The physical benefits of looking good and feeling good often lead to psychological benefits, such as improved self-esteem, self-control, determination, and an overall sense of meaning and purpose (Hettler, 1976). Key tenets of physical wellness include consuming foods and beverages that enhance health and maintaining a healthy level of fitness, rather than consuming products that are of little nutritional value or living a sedentary lifestyle.

Intellectual dimension. While the physical dimension of wellness involves the function of the body, the intellectual dimension involves the function of the mind. Reading, critical thinking, application of information, and continuing education are all considered in the intellectual domain (Strout & Howard, 2012). The intellectual domain recognizes the human need for creative exercises that stimulate mental capacity. Individuals who embrace the concept of wellness continually work on improving their knowledge and skills, while also self-actualizing their potential for sharing these acquired talents with the rest of the world. The well person values intellectual growth and seeks opportunities to enhance their talents, and often does so through the pursuit of personal interests, as well as reading books, magazines, newspapers, and websites.

Individuals who follow the wellness path confront issues related to problem solving, creativity, and learning (Powers, 1994).

Through the process of enhancing the intellectual dimension, individuals will progressively work towards challenging their mind with creative tasks. There are key tenets that need to be considered within the intellectual dimension (Hettler, 1976). First, individuals must be motivated to expand their knowledge and skills, rather than remain content with stagnancy and unproductivity. Next, individuals should confront challenges head on instead of waiting and worrying, which only creates a larger problem that must still be confronted in the future.

Emotional dimension. The emotional dimension of wellness is comprised of the awareness, acceptance, and management of emotions (Strout, & Howard 2012). Coping with the stress of life, maintenance of relationships, and comprehension of one's own strengths and limitations are all important factors within the emotional dimension of wellness (Powers, 1994). Emotional wellness also comprises the extent to which an individual feels positive and optimistic about their life. Throughout the path of wellness, individuals learn to express themselves openly, while also managing feelings effectively. Embracing the concept of emotional wellness equips individuals to make better decisions based upon the synthesis of feelings, thoughts, philosophies, and behavior (Hamil, 1998).

The emotional dimension fosters independence, while also allowing individuals to appreciate outside support when it is necessary (Strout & Howard, 2012). Commitment, trust, and respect are important attributes during the formation of relationships for emotionally well individuals. Well persons are able to recognize challenge and conflict

as a potentially rewarding and healthy (Hettler, 1976). The tenets of emotional wellness include an awareness and acceptance of one's own feelings, rather than denial of them. Additionally, individuals must remain optimistic in their approach to life, rather than approaching life from a pessimistic perspective.

Social dimension. The social dimension of wellness is based upon interpersonal relationships, which includes appreciating differences, acting with diplomacy, and exhibiting altruistic behaviors towards others and the environment (Strout & Howard, 2012). The interdependence between others and nature is the major theme of the social dimension. Individuals develop greater awareness of their impact on society and various environments as they progress through the path towards wellness. Well persons take an active role in improving their environment through their efforts to encourage healthier lifestyles and relationships (Powers, 1994). The social dimension of wellness fosters preservation for the beauty and balance of nature as individuals recognize their autonomy to make decisions that enhance relationships (Hettler, 1976). The key tenets of social wellness include contributing to the community, rather than thinking only of oneself. Also, individuals should aim to live in harmony with others and their environment instead of living in conflict with them.

Spiritual dimension. The spiritual dimension of wellness involves the development of the self and soul (Strout & Howard, 2012). The spiritually well person is capable of identifying their purpose and meaning in life, developing a sense of right and wrong, acting ethically, and adopting a positive philosophy towards life (Powers, 1994). A deeper sense of appreciation for the depth and diversity of life as well as the natural forces that exist in the universe are key components of the spiritual dimension of

wellness. Individuals will experience feelings of doubt, disappointment, and fear, as well as feelings of pleasure, joy, and happiness throughout their path to spiritual wellness (Hamil, 1998).

Becoming spiritually well is characterized by the alignment of one's actions with their beliefs and values, which results in a new worldview (Strout & Howard, 2012). The key tenets of the spiritual dimension of wellness involve the reasoning of the meaning of life and tolerance of different beliefs, rather than intolerance and a close-minded approach. Another important tenet is to live each day in alignment with our values and beliefs than to do otherwise and compromise our truth. Individuals should aim to align their actions with their beliefs for the purpose of fostering spiritual growth. Individuals who do not align their actions with their true beliefs experience an internal confrontation known as cognitive dissonance (Hettler, 1976).

Occupational dimension. The occupational dimension of wellness deals with the matters of vocation, job and/or career (Strout & Howard, 2012). Identification of the internal and external rewards individuals seeks in their line of work is an important aspect of the occupational dimension. Individuals must recognize the importance of the work to life balance, as well as understand their motivations and challenges relative to their work (Powers, 1994). The occupational dimension reflects one's satisfaction and attitude towards work. The path of occupational wellness fosters the capacity for individuals to contribute their knowledge, skills, and talents, which is both personally rewarding and meaningful (Hamil, 1998).

An individual's choice of profession, job satisfaction, career ambitions, and performance are important factors in the occupational dimension of wellness (Hettler,

1976). The key tenet of occupational wellness includes selecting a line of work that matches personal values and beliefs, rather than work that is unrewarding. It is also important to continue developing one's knowledge and skills through opportunities instead of remaining inactive and unengaged.

Figure 1. Model of the Six Dimensions of Wellness.

Key Concepts in Evaluation

Evaluation draws on the methods of the social sciences, while also used to serve a variety of social and political functions. Evaluation is defined as the systematic investigation of the merit, worth, and significance of something (Scriven, 2007). Fitzpatrick, Sanders, and Worthen (2011) describe evaluation as the identification of defensible criteria for the purpose of determining an object's value (merit or worth),

quality, utility, effectiveness, or significance relative to those criteria. Evaluators investigate the value and importance of a program or product. Scriven (1991) describes value as being comprised of an object's worth or merit. An object may be considered to have worth if it is recognized as having a collective extrinsic value, or it may be deemed to have merit for having intrinsic value. The goal of an evaluation is to determine the value of an evaluand (i.e., the item or program being evaluated) and to provide answers to questions that develop relative to the evaluation.

Value and criteria. Evaluations are often criticized for not being a valid form of research due to its consideration and use of values. Evaluators often emphasize the importance of the value of a program or product, which refers to the merit, worth, or significance of a program or product (Scriven, 2007). This value-laden approach allows for the use of criteria by which the program or product will be evaluated. The use of the term value in evaluation literature is often misinterpreted as evaluators using their personal values to determine the value of an evaluand. It has been stated that all researchers are influenced through their personal values and perspectives (Scriven, 1991). However, evaluators should never rely exclusively on their personal beliefs when evaluating a program or product. Personal values may result in biased opinions, which is a violation of the objectivity tenant that serves at the foundation of the evaluation profession. The criteria and standards through which a program is evaluated should be clearly defensible (Fitzpatrick et al., 2011). The terms value and criteria are synonymous and often used interchangeably in the evaluation literature.

Formative and summative evaluation. Evaluations have the capacity to measure the process, outcome, or impact of a program. Evaluations can also be either formative

or summative. Formative evaluations are conducted during the developmental stages of a program for the purpose of improving and strengthening a program. In contrast, summative evaluations are performed at or near the end of a program to judge a program's final worth or even determine whether or not it will continue in the future (Scriven, 1991). The formative evaluation audience is likely to be program personnel, whereas the audience for the summative evaluation may be comprised of consumers, funding resources, supervisors, as well as program personnel. Issues related to the design, implementation, and outcomes of a program are addressed by both formative and summative evaluations. The primary difference between formative and summative evaluations is not their respective areas of investigation, but the purpose why an evaluation is being performed (McKenzie, Neiger, & Thackeray, 2009).

Internal and external evaluation. Evaluations can be performed internally or externally depending on the purpose of the investigation or preference of the stakeholder(s). Typically, internal evaluations are carried out through program employees, whereas external evaluations are performed by outside professionals and/or agencies. Internal evaluators may have more knowledge about a given program in comparison to an outsider, but they may also have a biased approach that could result in overlooking important variables of the evaluation. External evaluators typically know less about the program, but are more likely to have the knowledge, skills, abilities, and credibility to effectively conduct the evaluation.

The benefit of internal evaluation includes evaluator knowledge of the program model and history of the program. Internal evaluators are likely to be familiar with stakeholder's concerns, interests, and influence. These internal evaluators remain with

the organization or company after the evaluation, and may continue to serve as an advocate for the evaluation findings and recommendations. Benefits of external evaluation are that evaluators appear unbiased and more credible to outside audiences. Additionally, external evaluators are more likely to be impartial and present unpopular findings.

Evaluation standards. Evaluation has been described as the comparison of an object of interest against a standard of acceptability (McKenzie, Neiger, & Smeltzer, 2005). Evaluation standards are utilized by evaluators to assist in guiding the design, implementation, and assessment of evaluations in a variety of settings. The joint committee on standards for education evaluation states that evaluation standards are categorized into four groups with attributes of sound and fair practice in evaluation. These groups include proprietary standards, utility standards, feasibility standards, and accuracy standards (Joint Committee on Standards for Educational Evaluation, 2011).

Proprietary standards ensure that a program evaluation will be conducted legally, ethically, and with regard to welfare of the evaluand and those involved in the evaluation. Utility standards guide the evaluation so that it is informative, timely, and influential. Feasibility standards guide personnel evaluation systems so that they are easy to implement, efficient with time and resources, properly funded, and viable from a logistical standpoint. Finally, accuracy standards determine whether an evaluation has produced sound information (Yarbrough, Shulha, Hopson, & Caruthers, 2011).

Evaluation standards are written in a non-technical language and are easy to use and implement. The standards should be used as guidelines, rather than hard fast rules, which can at times lead to differences in the interpretation of findings. Standards

are designed to stimulate dialogue among stakeholders and provide guidance on judging the adequacy of an evaluation. Adhering to the evaluation standards allows for the use of a variety of evaluation methods including, but not limited to surveys, case studies, focus groups, experimental designs and quasi-experimental designs (Yarbrough et al., 2011). The use of evaluation standards helps to minimize bias and political corruption, and allows for reflection upon a variety of scenarios. Finally, evaluation standards serve as a means for exchanging information relative to evaluation quality among parties (Joint Committee on Standards for Educational Evaluation, 2011).

Evaluation and research. There is often confusion among the academic community as to the difference between the field of evaluation and social science research. While both evaluation and research are forms of investigation, they can be vastly different relative to their design, implementation, and data analysis procedures. Evaluation determines the merit, worth, or value of something. Evaluation standards are utilized during an evaluation to assist in determining the value of the program or product. Evaluators also utilize empirical techniques from the social sciences, and integrate conclusions with evaluation standards (Scriven, 1991).

In contrast to evaluation, social science research does not utilize values and/or standards and is considered to be value free. Social science researchers are restricted to empirical methods and techniques; their conclusions are developed from factual data that have been observed, collected, and analyzed (Scriven, 1991). While the current landscape of social science research excludes the use of evaluation techniques, the increasing demand for researchers to be more involved with social problems and issues will eventually require the adoption and utilization of some evaluation techniques.

Similarly, evaluators must recognize that social science methods are necessary for conducting proper evaluations.

Evaluation of Worksite Wellness Programs

Worksite wellness evaluations have the capacity to measure the process, outcome, or impact of a program or wellness initiative (Grossmeier, Cipriotti, & Burtaine (2010). While many worksites choose to evaluate internally, skilled academicians or degreed specialists are recommended when a rigorous evaluation is required (Chenoweth & Hunnicut, 2011). Worksite wellness evaluations are important for three primary reasons (McKenzie et al., 2009). First, they assist in determining program outcomes and accomplishments, which may help justify a program's existence in some cases. Second, it provides information that allows for the allocation of budget, so that time and resources are spent on meaningful programming. Last, worksite wellness evaluation is important as it provides evidence that can be shared with employees, clients, and stakeholders.

Process evaluation. Process evaluation involves measurement of how a program or activity is implemented in order to control, assure, or improve the quality of delivery. The goal of a process evaluation is to discover how employees perceived the program, if they participated, their purpose for participating, or reasons for not attending (Valente, 2002). It is recommended that process evaluations occur up to 18 months post-program (McKenzie et al., 2009). Metrics for a process evaluation may include promotion of the program, such as questions related to dissemination of materials and topics of interest. Participation rates, convenience of classes or activities, and

relevancy of selected topics may also be part of the data collection procedures (Hunnicut, 2007). Additional metrics may include trainer and/or speakers and their proficiency for a selected topic.

Impact evaluation. Impact Evaluation focuses on the immediate observable effects of a program leading to intended outcomes. Variables include employees' behavior and risk factors, as well as tracking incidents and injury trends. Impact evaluations also consider cause and effect, such as whether or not changes that occur can be attributed to the program that was implemented (Valente, 2002). Impact evaluations should be conducted 18-36 months post-program (McKenzie et al., 2009). Metrics to measure the impact level of evaluation are focusing on short-term changes that occur as a result of the program. Change is expected to occur based on the content area of the program. For example, if a program focuses on smoking cessation, one would expect to see a change in smoking rates, rather than a change in an unrelated variable (Hunnicut, 2007).

Outcome evaluation. Outcome evaluations are focused on an ultimate goal or product of a program, generally measured by financial outcomes and increasingly through biometric (e.g., body mass index, blood pressure, cholesterol) health outcomes. It includes risk factor-based medical costs, absenteeism-based lost productivity costs, injury-based workers' compensation, and disability-driven rehabilitation costs. Evaluations should occur 36 months and later, post-program (McKenzie et al., 2009). Metrics for outcome evaluations typically include dollars spent on health care annually, presenteeism, absenteeism, and turnover (Hunnicut, 2007). Outcome evaluations can reveal the degree to which a program is having an effect on the target population's

behaviors. It can also determine whether or not a program is effective in meeting its objectives.

Evaluation of program implementation. Process evaluations are used to examine program implementation for the purpose of identifying relationships between specific program elements and outcomes. Process evaluations do not attempt to measure the impact or effectiveness of a program, but instead serve to highlight a program's objectives and goals for analysis of whether or not the program was implemented as designed. There are four components of a program that must be considered and analyzed when evaluating the implementation process for that program. These four components include reach, dose, fidelity, and participant satisfaction.

Saunders, Evans, and Joshi (2005) describe *reach* as the proportion of the intended audience that participates in an intervention. Reach can be measured through examination of a program's target audience, recruitment techniques and participant characteristics. Dose can be described as the amount of intended units for each intervention delivered by interventionists and the extent to which participants engage, interact, and/or use available resources (Saunders et al., 2005).

Fidelity examines the degree to which an intervention is implemented as planned. Fidelity also involves comparing activities to the goals and objectives of a program. Finally, participant satisfaction investigates the proportion of participants or members who are content with the program activities and staff. This component utilizes the feedback and survey answers completed by participants or members. Collectively, these four components provide the foundation for determining whether or not programs are being implemented effectively.

Chapter 3: Methods

The purpose of this study was to conduct a program evaluation of ACME's weight loss initiative and collect evidence relative to the efficacy of the program. In this chapter, the methodological approach used to evaluate the worksite wellness initiative is presented. The parts of this chapter include the introduction, research design, population and sample, program description, instrumentation, data collection procedures, and data analysis.

Research Design

Process evaluations aim to identify the primary goals and objectives for programs and assist in determining if such programs were implemented as they were intended. Additionally, process evaluations help to identify specific factors that may lead to successful outcomes. These types of evaluations allow the program and stakeholders to review the findings at the end of the evaluation and determine the specific components of a program that resulted in success or failure. Knowledge of effective and efficient program design is critical for organizations dependent on funding for their wellness program. Newly acquired information from an evaluation can be incorporated into future programs to make them more effective and efficient (Linnan & Steckler, 2002).

The process evaluation described in this study was conducted alongside a weight loss initiative developed by a large telecommunications company's worksite wellness program located in Southeast region of the United States. The objective of this evaluation was to assess the weight loss wellness initiative through a collection of survey data, which was designed to generate responses relative to the efficacy of the program, ways to improve practice, justify the use of resources, and reveal unexpected outcomes. Following participation in the worksite wellness initiative, respondents were emailed a link to complete an online survey aimed at assessing their perceptions of the weight loss initiative in areas of participation, goals, behavior change, strengths, weaknesses, and overall satisfaction. The respondent's dimensions of wellness were also assessed at the end of the survey.

Research that combines both quantitative and qualitative methods, known as mixed methods, has become increasingly popular in the scientific community (Borg & Gall, 1989). Both quantitative and qualitative data were collected in this study. Data analyses consisted of descriptive information and trends from open-ended questions. All data for this investigation were collected through an anonymous online survey from respondents who participated in the weight loss wellness initiative. Creswell (2009) described the survey method as a viable quantitative approach to collecting data from a representative sample of participants.

Evaluation approach. This evaluation adopted a management-oriented approach. The management-oriented approach emphasizes optimization as the primary objective of evaluation (Stufflebeam & Shinkfield, 2007). This approach considers evaluation from the evaluator's point of view in addressing issues and information needs of the

program and/or organization (Fitzpatrick et al., 2011). This study was a formative evaluation, since it was conducted during the developmental stages of weight loss wellness initiative provided by ACME Wellness. Formative evaluations have the potential to improve and strengthen any program through informing the program stakeholders of findings that may assist in the decision-making processes for program improvement in the future.

The audience for this formal evaluation audience was the program personnel from ACME Wellness. This evaluation was conducted through the efforts of the researcher serving as an external evaluator. External evaluations are typically performed by outside individuals who typically know less about the program, but are more likely to have the knowledge, skills, abilities, and credibility to effectively conduct the evaluation. One of the primary benefits of external evaluation is that evaluators appear unbiased and are more likely to be impartial and present unpopular findings.

Logic of evaluation. While evaluation methods and approaches can be complex and comprised of many components, all evaluations follow four fundamental steps known as the logic of evaluation (Scriven, 1991). The first step in any evaluation is to determine the merit, worth, or significance of the program or product. In this first step, specific areas (e.g., participation rates, program effectiveness, goal achievement) by which the program is evaluated are selected. Second, the standards that determine levels of performance (e.g., poor, fair, good) for all criteria are selected. The third step involves comparing the program's performance to the selected standards. The fourth and final step is to synthesize all the data into an evaluative conclusion. Scriven (2007) stated that the fourth step is what separates evaluation from other forms of

investigation. If scientific research is primarily concerned with answering the question "What so?" then evaluation is interested in determining "So what?" (Davidson, 2005).

Phases of the evaluation. Not to be confused with the logic of evaluation, there are also phases to an evaluation. Although there are multiple types of evaluations, most follow specified phases when conducting the evaluation. First, the evaluation must be designed and developed for implementation. Evaluation questions need to be developed and clear purposes and objectives of the evaluation are identified at this point. The determination of the criteria for an object's merit, worth, or significance must also be considered. Also, identification of the areas to be evaluated and their corresponding standards are established. Additionally, the development of the methods used in the evaluation is determined. Finally, evaluators need to consider their approach, data collection methods, and data analysis procedures during this first phase of evaluation process. In the second phase, the data collection procedures that were developed earlier are then implemented and set into action. It is during the final third and fourth phases of an evaluation that data are analyzed, reported, and disseminated.

Population and Sample

Of the approximate 300 members of ACME Wellness, 35 members participated in the weight loss wellness initiative. The ACME Wellness staff was responsible for recruiting its members for participation in the weight loss initiative. Participants were comprised of both male and female adults (18 years and older) of varying age groups. All participants from the wellness initiative were invited to complete the anonymous survey, which was hosted by surveymonkey.com. See Appendix C for the IRB

response and review of this program evaluation. The goal of this evaluation was to obtain a high response rate of 80% or greater. The ACME Wellness Staff was willing and motivated to express the importance of participating in the online survey upon completion of the wellness initiative. The incentive drawing and support from the wellness staff to promote the online survey worked to assist this evaluation in obtaining the desired response rate.

Program Description

The weight loss initiative was a free program provided by ACME Wellness for its employees at the beginning of he new year. The name of initiative was *The Biggest Loser* and was a competition style program similar to the popular reality television show with a weight loss theme. The weight loss initiative aimed to encourage participants to frequent the wellness facility and engage in regular exercise, utilize personal training and facility resources, and receive educational materials related to training and nutrition. The initiative was promoted by the wellness staff through word of mouth, strategic placement of promotional materials, and signup sheets inside of the wellness facilities. Members who registered to participate in the weight loss initiative had their baseline assessments recorded by the wellness team to compare at the end of the program.

Some of the baseline assessments included body composition measurements including, but not limited to total body weight, body mass index (BMI), and percentage of body fat. Additional baseline measurements of resting heart rate and blood pressure were also conducted via the wellness team at ACME Wellness. The number of visits for each participant was recorded on a weekly basis by the wellness staff. Participants in

the weight loss initiative received points both for losing weight and for each visit to the wellness facility, which encouraged employees to visit the facility more frequently.

The wellness facility was centrally located in a high traffic area near the entrance of the worksite. The wellness facility was equipped with locker rooms, showers, and exercise equipment for both aerobic and resistance training. The wellness team offered free personal training and group exercise classes for all participants enrolled in the weight loss initiative. At the end of the 6-week initiative, the total points for each participant and team was calculated to determine the highest scores. The participant and team with the highest scores and largest decreases in weight were selected as winners of the weight loss initiative. There were no rewards or certificates of completion provided to the participants upon completion of the 6-week program.

Instrumentation

A survey questionnaire was used to evaluate the efficacy of the wellness initiative provided by ACME Wellness. The survey was developed in collaboration with faculty members in the College of Education at the University of South Florida and stakeholders from ACME Wellness. The research questions gathered during the initial interview with the client served as the framework for developing the survey, which was designed to address the specific needs of the client. The survey did not intend to assess the degree to which the results led to program change, but instead to measure respondent's perceptions of the wellness initiative, which could allow program designers the opportunity to determine if the data could be used to benefit the program.

The survey included a section in which respondents were asked to provide demographic information (e.g., age, gender, and duration of membership), as well as job-related tasks and reasons for participating in the wellness initiative. The next part of the survey included questions intended to answer the research questions. Likert style questions were utilized for the survey and rated on a five-point scale (i.e., 1 representing “Very Dissatisfied” through 5 representing “Very Satisfied”). An added zero point on the Likert scale was used for questions that might not apply to the respondents. The survey questions, which contained the added zero point were not factored into the data analyses and had no impact on the results described in the findings. Open-ended questions were utilized in the survey to gather additional data, which revealed trends and supporting comments for quantitative findings. A general overview of the data collection procedures is provided in Table 1. The objective of the survey questions was to assess respondents’ perceptions with the different aspects of the wellness initiative. The following aspects were assessed:

1. *Demographics*. This section included six items for assessing the workplace profile.
2. *Participation.* This section included four items for measuring participatory factors of the weight loss program.
3. *Goals.* This section included eight items, which measured satisfaction with program’s effectiveness in helping participants achieve their goals (i.e., assistance and resources accessible when and how needed, including program staff, educational content, events and tools).

4. *Behavior Change.* This section included two items, which measured satisfaction with program's effectiveness in driving change or improvement in behavior, health and other meaningful areas.
5. *Overall.* This section included seven items for measuring general satisfaction with the program. An opportunity to provide written feedback on areas of strength, weakness, and areas of improvement was provided at the end of this section.
6. *Dimensions of Wellness.* This section included six groups of five items, which measured the six dimensions of wellness (e.g., physical, intellectual, emotional, social, spiritual, occupational). This section was guided via the Holistic Lifestyle Questionnaire (HLQ) with permission from the National Wellness Institute (National Wellness Institute, 1999).

All items were structured so that the highest rating was associated with the higher levels of satisfaction. There was no requirement for reverse coding of questions during the data analysis process. The researcher, in cooperation with faculty advisors at the University of South Florida and stakeholders from the worksite wellness facility, were responsible for identifying the selected instrument as an appropriate tool for generating the data necessary for this evaluation. See Appendix B for a copy of the survey.

Validity. Validity for this survey was established through collaboration with the primary stakeholders and faculty members to ensure the survey questions addressed the specific needs of the client.

Reliability. Reliability was established through administering the survey to a group of 36 students enrolled in a wellness-related field. In addition, a panel of experts from a wellness-related field reviewed the survey for completeness. The students completed the survey and reviewed each question for clarity. Students placed a mark with comments for any questions requiring additional clarification. Any questions that required clarification were reviewed to determine if additional modifications were required.

Data Collection Procedures

This study utilized an online survey to capture data on program participation, respondent's needs and goals, dimensions of wellness of respondents, and the overall strengths and weaknesses of the weight loss initiative. The online survey was selected as the method of data collection due to the wellness staffs' accessibility to respondent emails and the widespread use of computers encountered in the participants' workplace. Online surveys present a minimal investment of time and cost to respondents, which was an important factor in conducting this external evaluation effectively. Following completion of the weight loss initiative, ACME Wellness staff sent all participating members of the wellness initiative an email with a hyperlink to complete the online survey, which was hosted at surveymonkey.com.

Participating members were encouraged and reminded by the wellness staff to complete the online satisfaction survey. No identifying information was collected through the survey instrument, and thus all participant responses were completely anonymous. The online survey provided an introduction page, which informed

participating members that their responses would be anonymous prior to starting the survey. The hosting site, SurveyMonkey.com labeled each submission with a random numerical identifier to ensure duplicate submissions were not included in the data set to be analyzed.

An incentive was offered in the form of a random drawing for the respondents who completed the survey. Upon completion of the survey, respondents were prompted to enter a separate (non-identifying) survey hosted by SurveyMonkey.com for the incentive drawing. This survey had only one question, which asked the respondent to enter an email address of their choice. The email addresses collected for the incentive drawing were not linked to the respondents initial survey submission. All email addresses were grouped and eight randomly selected to receive an incentive. Respondents that entered the drawing were eligible to receive one of eight gift cards in the amount of $25. In total, eight $25 gift cards were available for the drawing. The gift cards were then delivered to the wellness staff to be distributed to the selected winners.

Data Analysis

Data analysis was performed using The Statistical Package for Social Sciences (SPSS). Reporting of data was comprised of descriptive statistics that included means and frequencies. Percentages were calculated to describe the characteristics of variables and their distribution. Qualitative data were collected through open-ended survey responses, which were analyzed for trends and summarized to support quantitative findings. Results are presented in various tables and figures.

Table 1

General Research Questions and Data Collection Methods

Research Questions	Methods of Data Collection	
	Survey	Open-Ended Questions
1. What barriers to participation in the weight loss initiative do members perceive?	X	X
2. Are members satisfied with their level of engagement with the wellness team and resources available to obtain their goals?	X	X
3. Does the weight loss initiative align with the needs and goals of the wellness members?	X	X
4. What do members perceive as the primary strengths and weaknesses of the weight loss initiative?	X	X
5. What is the general profile of the participant's dimensions of wellness?	X	

Chapter 4: Findings

The purpose of this study was to conduct a program evaluation of ACME's weight loss initiative and collect evidence relative to the efficacy of the program. In this chapter, the findings from the evaluation of the worksite wellness initiative are presented. The parts of this chapter include the characteristics of the respondents as well as the findings by research questions 1-5, which include barriers to participation, level of engagement with wellness resources to facilitate respondents' goal achievement, alignment of initiative's theme with respondents' goals, strengths, weaknesses; and areas of improvement for the initiative, as well as the general profile of the respondents' dimensions of wellness.

Characteristics of Participants

Of the 35 employees enrolled in the weight loss initiative, 32 (91%) responded to the online survey. The respondents were comprised of 22 adult males (69%) and 10 females (31%) above the age of 18 years. Of the 32 respondents, 12 (38%) were 50 years or older, 9 (28%) of the respondents were between the age of 40 and 49 years, 7 (22%) of the respondents were between 30 to 39 years of age, and 4 (13%) of the respondents were between the age of 18 and 29 years. Respondents reported being a member of ACME Wellness for either less than 6 months (19%) or more than 6 months (81%). A list of respondent characteristics is provided in Table 2.

Table 2

Characteristics of Worksite Wellness Respondents

Variable	%	*n*
Gender		
Male	69	22
Female	31	10
Age		
18-29	13	4
30-39	22	7
40-49	28	9
≥50	38	12
Membership Duration		
< 6 Months	19	6
> 6 Months	81	26

N = 32

Research Question 1: What barriers to participation in the initiative do members perceive?

In this section, respondents were asked to provide information relative to their perceived and experienced barriers to participation, which included how the respondents discovered the weight loss initiative (Program Promotion), the primary reason for participating in the weight loss initiative (Participatory Factors), satisfaction of communication or lack thereof with the wellness staff relative to registration and participation in the weight loss initiative (Communication Satisfaction), whether or not respondents felt intimidated by the weight loss theme of the initiative (Approachableness of the Program), the perceived challenge respondents felt about participating in the weight loss initiative (Perceptions of Challenge Prior to Participation),

and the actual challenge respondents experienced following participation in the weight loss initiative (Perceptions of Challenge Following Participation).

Program promotion. A primary consideration of the barriers to participation in the weight loss initiative was the source of promotional efforts provided by the stakeholders. Of the 300 ACME Wellness members, only 35 (12%) participated in the weight loss initiative. Of the 32 respondents who participated in the weight loss initiative, 30 (94%) respondents reported learning about the program from the wellness staff, while only one (3%) respondent learned about the initiative via promotional materials provided at the wellness center, as well as one (3%) other respondent who was recruited into the initiative via word of mouth. See Figure 2 for a pie-chart depiction of methods used for program promotion.

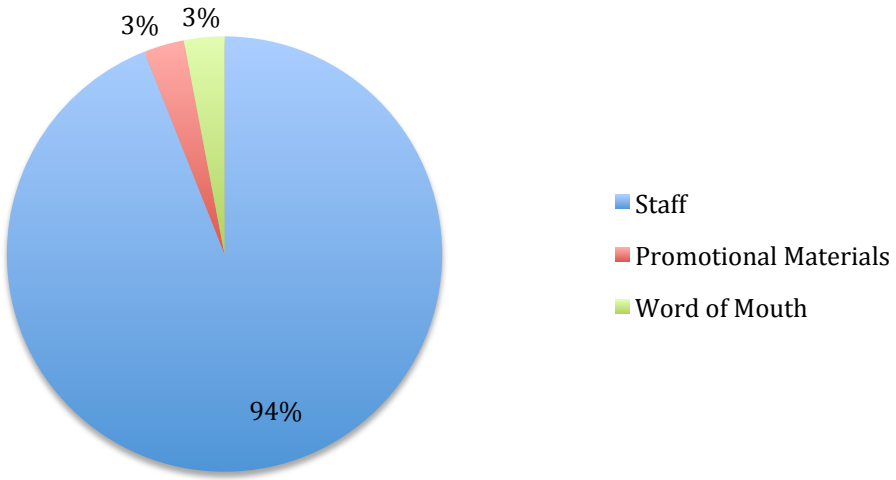

Figure 2. Pie chart depicting the percentages for the promotional source of the wellness initiative.

Participatory factors. The reason for member registration in the initiative was an important factor relative to the potential barriers to participation in the program. Therefore, respondents were asked to identify their primary purpose for participating in the weight loss initiative through open-ended responses. Of the 32 respondents, 15 (47%) of identified the primary reason for their participation as the desire to lose weight. Additional trends were related to accountability from wellness coaches and staff as a motivating factor for participation in the weight loss initiative. Other trends included having structured and repetitive exercise implemented into their daily routine as well as the desire to improve their overall health and wellness.

Communication satisfaction. Another consideration of the weight loss initiative's barriers to participation was respondent satisfaction with the level of communication provided by the wellness staff regarding participation in the program. Based on the total number of responses, 30 (93.75%) of the respondents reported satisfaction with the level of communication regarding their participation in the weight loss initiative, with 6.25% satisfied, and 87.50% very satisfied. Only one (3.13%) of the respondents reported a neutral response, and one (3.13%) other reported feeling very dissatisfied.

Approachableness of the program. The approachableness of the weight loss initiative was assessed through asking respondents to identify how intimidating they believed the program to be. Consideration of the weight loss initiative's perceived level of intimidation was another factor in discovering potential barriers to participation. Out of the 32 respondents, 7 (21.88%) reported feeling intimidated about participating in the weight loss initiative, with 15.63% feeling intimidated, and 6.25% feeling very intimidated. Relative to intimidation, 14 (43.75%) of the respondents reported a neutral

response towards participating in the weight loss initiative. Out of the remaining respondents, 11 (34.38%) reported not feeling intimidated with 18.75% feeling non-intimidated and 15.63% feeling very non-intimidated about their participation in the weight loss initiative. See Figure 3 for a pie-chart description of the approachableness of the weight loss initiative.

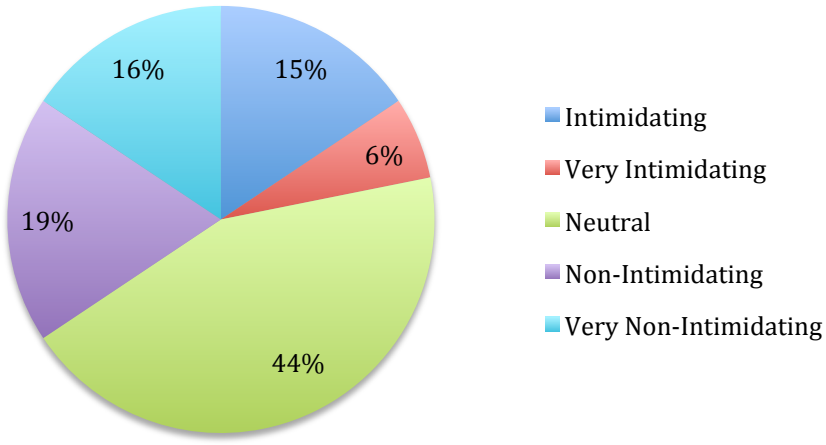

Figure 3. Pie chart depicting the percentages for perceptions of the approachableness of the initiative.

Perceptions of challenge prior to participation. The respondent's perceived challenge prior to beginning the weight loss initiative was considered as a potential barrier to participation. Based on the total number of respondents, 30 (93.76%) reported perceiving participation in the weight loss initiative as being challenging, with 84.38% challenging, and 9.38% very challenging. Only 2 (6.25%) of the respondents reported a neutral response relative to their perception of the program challenge.

Perceptions of challenge following participation. Upon completion of their participation, the respondents' recognized the extent of the challenge the initiative provided. Out of the 32 respondents, 30 (93.76%) of the respondents reported participation in the weight loss initiative as actually being challenging, with 71.88% reporting the program being challenging, and 21.88% reporting very challenging. Only 2 (6.25%) of the respondents reported a neutral response relative to program challenge.

Question 1 summary. The respondents' perceived barriers to participation during the initiative are addressed in this section. The majority of respondents learned about the weight loss initiative through the promotional efforts of the wellness staff, whereas a small number of respondents learned about the initiative through the promotional materials that were provided at the wellness center, as well as through word of mouth from wellness members. Respondents identified the primary reason for participating in the weight loss initiative as the desire to lose weight. Additionally, respondents felt that the accountability provided by the wellness coaches and staff was a source of motivation for participating in the initiative. Also, respondents identified the structured and repetitive exercise routine provided by the initiative as a factor that supported their participation.

Respondents reported a high level of satisfaction with the degree of communication provided by the wellness staff regarding their participation in the weight loss initiative. Only a small number of respondents had a neutral or non-satisfactory response relative to their satisfaction with the level of communication from the wellness staff during participation in the initiative. Approximately one quarter of the respondents felt intimidated about participating in the weight loss initiative based on a reality show

theme. Nearly one half of the respondents reported a neutral response relative to feeling intimidated about participating in the initiative. Additionally, the remaining one quarter of respondents reported not feeling intimidated regarding their participation in the initiative. The majority of respondents felt that participating in the weight loss initiative would be a challenging experience. Only a small number of respondents reported a neutral response relative to their perception of the program challenge prior to participation. The majority of respondents felt that participating in the initiative was actually a challenging experience. Only a small number of the respondents reported a neutral response relative to the actual program challenge.

Research Question #2: Does the weight loss initiative align with the goals of the wellness members?

In this section, respondents were asked to provide information relative to whether or not the weight loss initiative aligned with their own personal wellness goals, which included determining if weight loss was their primary goal for the 2017 calendar year (Primary Wellness Goal), identification of all current wellness goals for respondents (Alternative Wellness Goals), whether or not the weight loss initiative was effective in assisting respondents adopt behavior changes to achieve their personal wellness goals (Behavior Change Effectiveness), and overall satisfaction with the weight loss initiative to facilitate behavior change (Behavior Change Satisfaction).

Primary wellness goal. Respondents' primary wellness goal for 2017 was assessed to determine whether or not the weight loss initiative aligned with the goals of its members. Based on the total number of respondents, 26 (81.25%) reported weight loss as their primary personal wellness goal for 2017, and 6 (18.75%) selected "other",

which allowed respondents to provide an open-ended response relative to their primary wellness goal for 2017. The primary trend from respondent's open-ended comments included the desire to become healthier. Additional trends from respondents included the desire to gain strength and improve overall fitness levels.

Alternative wellness goals. Respondents were asked to identify all of their current wellness goals in addition to their previously stated primary wellness goal, as this was another area of interest for the stakeholders. The results showed that 84.38% selected regular exercise, 68.75% selected weight loss, 53.13% selected strength gains, 53.13% selected to increased muscle mass, 40.63% selected to increase water intake, 25% selected lower blood pressure (BP), 18.75% selected to decrease cholesterol levels, 6.25% selected to reduce blood glucose levels, 3.13% selected to quit smoking, and 9.38% selected "other" as an open-ended response, which included the primary trend of wanting to improve cardiovascular endurance. See Table 3 for a comprehensive description of the current wellness goals for respondents.

Behavior change effectiveness. The effectiveness of the weight loss initiative to facilitate behavior change was an important consideration for the program's stakeholders. Of the 32 respondents, 29 (90.63%) reported the weight loss initiative as being effective in helping them adopt healthier behaviors, with 14 (43.75%) reporting effective, and 15 (46.88%) reporting very effective. Only three (9.35%) of the respondents reported a neutral response relative to the effectiveness of the initiative assisting them in the adoption of healthier behaviors.

Behavior change satisfaction. The level of satisfaction respondent's perceived relative to their changes in behavior following participation in the weight loss initiative

was also considered. Based on the total number of respondents, 29 (93.76%) reported feeling satisfied with the weight loss initiative's ability to facilitate healthier behavior changes, with 17 (53.13%) feeling satisfied, and 13 (40.63%) feeling very satisfied. Only two (6.25%) of the respondents reported a neutral response relative to the effectiveness of the initiative's ability to facilitate healthier behavior changes.

Question 2 summary. The consideration of whether or not the weight loss initiative aligned with the goals of the respondents is addressed in this section. The majority of respondents identified weight loss as being their primary personal wellness goal for 2017. A small number of respondents selected "other" as an open-ended option for describing their primary wellness goal, which was expressed as the desire to become healthier, gain strength and improve overall fitness levels. Respondents identified their alternative personal wellness goals, which are listed in order of the frequency of mention. These goals included regular exercise, to lose weight, increase strength, increase muscle mass, increase water consumption, lower blood pressure, decrease cholesterol levels, reduce blood glucose levels, quit smoking, and to improve cardiovascular endurance.

Most of the respondents felt the weight loss initiative was effective in helping them adopt healthier behaviors during their participation. A small number of respondents reported a neutral response relative to the effectiveness of the initiative's ability to assist them in the adoption of healthier behaviors. The majority of respondents also reported feeling satisfied with the weight loss initiative's ability to facilitate healthier behavior changes. A small number of the respondents selected a neutral response regarding the initiative's ability to effectively facilitate healthy behavior change.

Table 3

Frequency and Percentages of Alternative Wellness Goals

Variable	%	*n*
Goals		
Exercise More	84.38	27
Lose Weight	68.75	22
Increase Strength	53.13	17
Increase Muscle	53.13	17
Increase Water Intake	40.63	13
Lower Blood Pressure	25.00	8
Lower Cholesterol	18.75	6
Lower Glucose	6.25	2
Quit Smoking	3.13	1

Note. Responses do not reflect 100% of the total number of respondents since more than one option was available to select. *N = 32*

Research Question #3: Are members satisfied with their level of engagement with the resources available to obtain their goals?

In this section, respondents were asked to provide information relative to their level of engagement with the resources available to them at the wellness center to assist them in goal achievement during participation in the weight loss initiative, which included the personal training service provided by the wellness staff (Personal Training), group fitness classes provided by the wellness staff for participating members (Group Fitness Classes), educational information and materials distributed by the wellness staff and strategically placed at the wellness center (Educational Materials), and the resources most helpful in assisting respondents achieve their goals (Program Impact). Additionally, respondents provided information relative to the effectiveness of the weight loss initiative to achieve goals (Effectiveness of Program and Goal Achievement), and respondent satisfaction towards wellness staff to support goal achievement (Wellness Staff Support).

Personal training. The level of engagement between respondents and the personal training staff and its impact on goal achievement was an area of interest for the program stakeholders. Of the 32 respondents, 28 (87.50%) utilized the free personal training available in the wellness center to assist them in achieving their personal wellness goals, while 4 (12.50%) of the respondents did not take advantage of the personal training option to help them work towards their personal wellness goals. Respondents who selected "no" were provided an opportunity to describe the reason(s) for not utilizing the personal training option through an open-ended response. Open-ended responses related to not using the available free personal training option were grouped. Responses for not using the available free personal training were related primarily to respondent self-confidence in their ability to design a training program to achieve their goals. The participants felt comfortable working at their own pace to achieve their goals. Additional responses were related to schedule conflicts and the inability to attend training sessions on a regular basis. Other comments were related to participant's lack of confidence participating at the perceived expected level of the personal training sessions.

Group fitness classes. The level of engagement respondents experienced towards the initiative's group fitness classes was another area of interest for the program stakeholders. Based on the total number of responses, 14 (43.75%) reported utilizing the free group fitness classes available in the wellness center to assist them in achieving their personal wellness goals, while 18 (56.25%) of the respondents did not take advantage of the group fitness class option to help them work towards their personal wellness goals. Respondents who selected "no" were provided an opportunity

to specify the reason(s) for not utilizing the group fitness classes through an open-ended question. Trending responses for not using the available free group fitness classes were related primarily to schedule conflicts. Most respondents stated that the timing of the classes clashed with their work schedule, which did not allow them to attend. Additional trends included the desire to work out individually because members were confident in their own plan and/or approach to reaching their personal wellness goals. Other trending responses were related to members not feeling confident or having the self-efficacy to participate in the group fitness classes. Notably, one respondent commented that the group fitness spin class was cancelled due to a low attendance rate.

Educational materials. The program stakeholders were also interested in the potential impact of educational materials distributed to respondents at the wellness center. The educational materials provided by the wellness center included exercise and nutritional information for weight loss, as well as cardiovascular disease prevention. Of the 32 respondents, 26 (96.88%) reported satisfaction with the wellness educational materials provided by the weight loss initiative, with 5 (15.63%) feeling satisfied, and 26 (81.25%) feeling very satisfied. Only one (3.13%) of the respondents reported feeling dissatisfied with the provided wellness educational materials.

Program impact. The program stakeholders were also interested in discovering which specific areas of the weight loss initiative had the greatest impact on respondent's goal achievement. Based on the total number of responses, 16 (50%) of the respondents identified personal training as the most helpful aspect of assisting them work towards their personal wellness goals. Six (18.75%) of the 32 respondents

identified the group fitness classes as the most helpful aspect of assisting them work towards their personal wellness goals. Six (18.75%) of the 32 respondents identified the provided wellness educational materials as the most helpful aspect of assisting them work towards their personal wellness goals. Four (12.50%) of the 32 respondents selected "other", which allowed for an open-ended response for describing the most helpful aspect in empowering them to work towards their personal wellness goals. Open-ended responses relative to the most helpful aspect of the weight loss initiative included the support from the wellness staff to help members reach their goals. Other responses were related to peer support and the motivation it provided in assisting members reach their personal wellness goals. Additional responses were related to the combination of all of the weight loss initiative's aspects as playing a role in goal achievement. See Figure 4 for a pie-chart depiction of the impact of the program's resources on respondent's personal wellness goals.

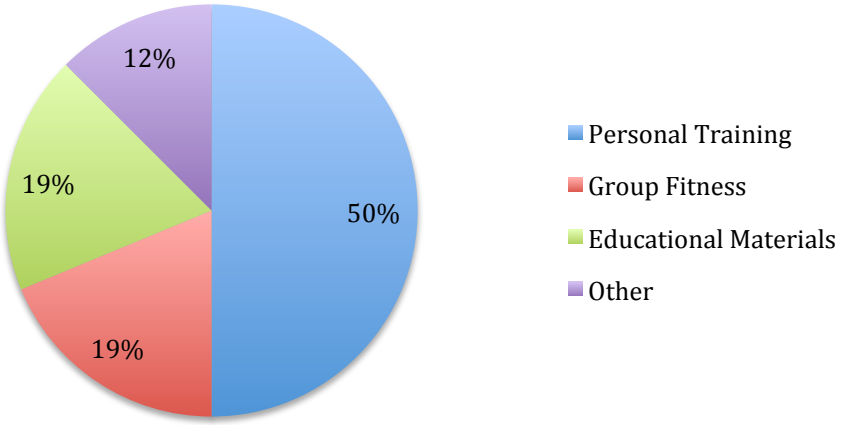

Figure 4. Pie chart of showing the percentages for the impact of program resources on respondents' wellness goals.

Effectiveness of program and goal achievement. Respondents were asked their perception of the weight loss initiative's effectiveness on assisting them achieve their personal wellness goals. Of the 32 respondents, 30 (93.76%) reported the weight loss initiative as being effective in helping them achieve their personal wellness goals, with 17 (53.13%) reporting effective, and 13 (40.63%) reporting very effective. Only two (6.25%) of the respondents reported a neutral response relative to the effectiveness of the weight loss initiative helping them achieve their personal wellness goals.

Wellness staff support. The level of satisfaction respondents perceived relative to the support they received from the wellness staff was also an area of interest for the program's stakeholder. Based on the total number of respondents, all 32 (100%) reported satisfaction with the support from the wellness staff in helping them achieve their personal wellness goals, with 3.13% feeling satisfied, and 96.88% feeling very satisfied.

Question 3 summary. The level of engagement respondents experienced with the resources available through the weight loss initiative to assist in goal achievement is addressed in this section. The majority of respondents utilized the free personal training available through the weight loss initiative, while only a small number of the respondents did not utilize the personal training option. Reasons expressed by the respondents for not utilizing the personal training option were related to respondents' self-confidence in their ability to design their own program, the comfort of working at their own pace, schedule conflicts and the inability to attend training sessions consistently, and lack of confidence participating at the perceived expected level of the personal training sessions.

Slightly less than half of the respondents utilized the free group fitness classes to assist them in achieving their personal wellness goals, whereas just more than half of the respondents did not use the option of group fitness classes. Most respondents who did not attend the group fitness classes stated that the timing of the classes conflicted with their work schedule. Other respondents felt confident in their own ability to structure and implement their own training program to achieve their goals. A smaller number of respondents did not feel they had the confidence to participate in the group fitness classes. Relative to the distribution of educational materials, all except for one of respondents were satisfied with the educational materials provided by the weight loss initiative.

The majority of respondents felt that the free personal training option provided by the weight loss initiative was a primary factor in assisting them in their goal achievement. A smaller number of respondents identified both the group fitness classes and distribution of educational materials as the primary factor in helping them achieve their wellness goals. A few respondents stated that the support from the wellness staff, peer support, and a combination of all of the weight loss initiative's aspects as playing a primary role in goal achievement. The majority of respondents felt the weight loss initiative was effective in helping them achieve their personal wellness goals, while only a small number of the respondents reported a neutral response relative to the effectiveness. All of the respondents reported feeling satisfied relative to the support they experienced from the wellness staff to assist them in achieving their personal wellness goals.

Research Question #4: What do members perceive as the primary strengths and weaknesses of the weight loss initiative?

In this section, respondents were asked to provide information relative to their perception of the weight loss initiative's strengths and weaknesses as a result of their participation in the program. Areas of interest relative to the strengths and weaknesses of the initiative included the overall satisfaction with the experience of the weight loss initiative (Overall Satisfaction), whether or not respondents would recommend the program to a co-worker for future participation (Participation Recommendation), willingness of respondents to participate in the weight loss initiative again in the future (Personal Participation), summarization of the weight loss initiative experience in three words (Word Summary), overall perceived strengths of the weight loss initiative (Strengths of the Program), overall perceived weaknesses of the weight loss initiative (Weaknesses of the Program), and perceived areas of improvement for the weight loss initiative (Areas of Improvement).

Overall satisfaction. The overall satisfaction respondents felt relative to their experience in the program was an area of interest for the stakeholders. All 32 (100%) respondents reported feeling satisfied with the weight loss initiative overall, with 15 (46.88%) feeling satisfied, and 17 (53.13%) feeling very satisfied. There were no respondents who appeared to be dissatisfied with their experience in the weight loss initiative.

Participation recommendation. Another area of interest for the stakeholders was the likelihood of whether or not respondents would recommend the weight loss initiative to a fellow co-worker for future participation. All 32 (100%) of the respondents reported

a willingness to recommend the weight loss initiative to a co-worker for future participation.

Personal participation. Respondents were also asked the likelihood of whether or not they would be willing to participate in the weight loss initiative again in the future. Of the 32 respondents, 30 (93.75%) reported a willingness to participate in the weight loss initiative again in the future. Only two respondents (6.25%) reported that they were not likely to participate in the weight loss initiative again for personal reasons. One respondent stated that the program typically required checking in every workday and since the individual telecommuted, it was not feasible to participate on a daily basis. The second respondent explained that personal participation would have been greater if the individual were in better shape. The respondent felt that being overweight would let the team down by not participating enough and/or losing enough weight during the initiative.

Word summary. Respondents were asked to summarize their experience in the weight loss initiative using three words. The primary trending comments from respondents were that the program was both motivating and challenging. Secondary trends included the responses that the program was both fun and rewarding. A tertiary trend from respondents was identified as teamwork. The majority of the responses were formatted properly by the respondents and included three separate words that embodied the essence of their experience (e.g., motivating, challenging, fun), whereas a few respondents improperly provided a three-word sentence instead, which did not capture the overall experience of their participation in weight loss initiative (i.e., it was good). Additionally, the majority of responses were positive, but at least one of the

respondents provided negative feedback relative to the word summary (e.g., frustrating, depressing, numb). However, it should be noted that as previously stated, 100% of the respondents would recommend the initiative to co-workers.

Strengths of the program. Respondents were asked to provide open-ended comments relative to the strengths of the weight loss initiative provided by the worksite wellness program. Responses are summarized and categorized below as primary, secondary, and tertiary trends based on their frequency of appearance. Based on respondent's comments, trends relative to the strengths of the program were identified as teamwork, motivation, and communication.

Teamwork. The primary trend relative to the strength of the program was related to the team structure of the weight loss initiative in which employees/members were grouped together to work towards the common goal of weight loss. Respondents felt that the teamwork structure of the initiative allowed for a greater level of encouragement among peers and served as an inspiring factor for working out together for the purpose of losing weight and establishing healthier lifestyle habits. Respondents identified the positive peer pressure associated with the team/group setting was responsible for holding members accountable for their individual actions and choices, and this ultimately favorably impacted the entire team's results. Being a part of a team setting places all members is the same situation, working on the same challenges, which helps them continue working towards their weight loss goals. Additionally, respondents believed that being part of a team allowed them to bond with other members, rather than simply working on individual goals. Finally, respondents believed it was a strength

that they were responsible for the progression of their own weight loss journey and how it could affect the rest of the team.

Motivational factors. A secondary trend relative to the strength of program was related to motivational factors associated with being part of the weight loss initiative. The competitive nature of the initiative kept members focused on attending the gym and maintaining a consistent workout routine. Respondents felt that the weight loss initiative provided a goal-oriented environment that was conducive to losing weight and achieving a healthier lifestyle. Additionally, respondents identified the varied types of workouts and classes as a means for keeping them motivated, which also made their weight loss journey more interesting. Respondents also identified both the one-on-one personal training and the multiple resources available at the wellness center as an important factor in motivating members to successfully progress through their weight loss journey. Respondents also suggested a strength of the weight loss initiative was its impact on improving overall health habits of its members. Participation in the initiative provided discipline and a mindset to build positive health habits and improve overall lifestyle. Finally, the competition style initiative provided the motivation for both individuals and their respective teams to work consistently towards achieving their weight loss goals.

Communication. A tertiary trend relative to the strength of the program was related to the communication skills employed by the wellness staff in their efforts to keep members on track and guide them throughout the weight loss initiative. Respondents felt that the communication from the wellness staff was substantive and an important factor in maintaining member interest in the weight loss initiative. Respondents also appreciated the presentations and emails that were provided on a weekly basis during

the program. An additional trend was the impact of communication on accountability of the members. Respondents felt it was important to maintain a high level of responsibility to ensure they were meeting the expectations established through the communicative efforts of the wellness staff. Respondents also felt the consistent and frequent in-person and online support from the wellness staff was encouraging, and was a strong aspect for the weight loss initiative. Finally, respondents appreciated the consistent communicative efforts from the wellness staff relative to educational information, such as diet, training, and exercise, which served as a means of support throughout the program.

Weaknesses of the program. Respondents were asked to provide open-ended comments relative to the weaknesses of the weight loss initiative provided by the worksite wellness program. Responses are summarized and categorized below as primary, secondary, and tertiary trends based on their frequency of appearance. Based on respondents' comments, trends relative to the weaknesses of the program were identified as organization, participation, and readiness.

Organization. A primary trend relative to the weakness of the program was related to the organization of the weight loss initiative. Respondents believed that the competitive nature of the initiative was a positive experience, but also felt the gamification concept could have been employed to a greater degree. An example of this would be the inclusion of real-time statistics or a point structure scheme that could provide individuals and teams a clearer understanding of where they stood in the rankings of their own team as well as their competitors. Respondents also felt as though the organization of teams allowed for non-motivated members of the team to not

try as hard and, instead, to allow the more motivated members to complete most of the work or lose the majority of the weight. Respondents felt that the lack of a hierarchy within the teams (i.e., no captains or role models) allowed for a more liberal approach in which team members could progress through the program without giving a full effort. Some respondents felt as though they were dependent on the efforts of other team members who may not have been as willing to put an effort equal to their peers. Another trend was related to the wellness facility's hours of operation, which was perceived to be a limitation. Some respondents felt it was easier to fall off track during the weekends or other times when the gym was not readily accessible. Finally, respondents felt a minor limitation was the initiative's strict emphasis on weight loss. Although the initiative's theme was weight loss, some respondents felt the weight loss themed approach did not appeal to everyone's personal wellness goals.

Participation. A secondary trend relative to the weaknesses of the program was related to the participatory factors associated with the weight loss initiative. Respondents felt that the lack of time (e.g., lunch hour only) to meet with their team was a limitation for their ability to participate effectively. Additional comments were related to the limited hours of availability of the group fitness classes offered by the wellness facility. Respondents also felt that the weight loss initiative had a low number of participants, which posed a limitation for the overall competition. Another perceived limitation was related to the duration of the program. Some respondents felt as though the 6-week program was too short of a participation period to effectively reach their weight loss goals. Finally, a small number of respondents felt that the expectation to

participate daily was also a limitation of the weight loss initiative, and was not practical based on their schedule and availability.

Readiness. A tertiary trend relative to the weaknesses of the program was related to respondents' own self-efficacy and readiness for a program such as the weight loss initiative. Some respondents felt as though they were not prepared or ready to put forth the effort or contribution necessary to achieve their weight loss goals. These respondents attributed their lack of contribution to their own personal commitment, but also felt that the initiative could potentially help in preparing them better prior to participation. Respondents would have appreciated both additional exercise and nutritional information prior to the start of the initiative that could assist them in building their confidence to work smarter and harder towards their weight loss goals. Additionally, some respondents felt embarrassed to reach out for assistance because they perceived the program to be too advanced and that the expectations may have been a little too high. Finally, some respondents felt that while having the ability to make their own decisions throughout the weight loss initiative may have been a positive experience for many, they were not prepared for that level of autonomy.

Areas of improvement. Respondents were asked to provide open-ended comments relative to the potential areas of improvement for the weight loss initiative provided by the worksite wellness program. Responses were summarized and categorized below as primary, secondary, and tertiary trends based on their frequency of appearance. Based on respondents' comments, trends relative to the areas of improvement were identified as planning, structure, promotional recruitment/rewards, and positive feedback.

Planning. A primary trend relative to the areas of improvement for the program was related to the planning of group fitness classes and nutritional information provided by the weight loss initiative. Respondents felt that it would be beneficial to have more games and competitions during the program that would make the experience more fun and enjoyable. Respondents also felt that more classes with varied themes (e.g., yoga, zumba, group walks) would have a positive impact on the overall experience for members participating in the weight loss initiative. Respondents identified classes such as spin and cardio as favorable experiences and would have liked to have more classes that are similar in design. Another trend was related to having a pre-program in which members start exercising a couple weeks earlier in preparation for the larger program. Additionally, comments suggested specific classes and/or programs with individualized considerations could be beneficial for members working towards their weight loss goals. Comments related to nutrition suggest it would be helpful to have additional educational information on food prepping, which could help members in their weekly meal planning process. Respondents enjoyed the free food samples provided by the wellness center and would have like more freebies if feasible. Finally, it was suggested that more attention be paid towards the nutritional plans provided by the wellness center. Members felt they could have benefited from having a licensed nutritionist or other credentialed specialist create a nutritional framework or diet plan to build from.

Structure. A secondary trend relative to the weaknesses of the program was related to the organization and structure of the weight loss initiative. Respondents felt it would be beneficial if the weight loss initiative were longer than 6-weeks in duration with additional milestones and checkpoints to complete throughout the program.

Respondents also felt the weight loss initiative would have a greater impact on weight loss if it was not only longer, but in addition was broken up into two separate parts with each being named something different to maintain interest among participants. Other comments were related to the utilization of face-to-face meetings prior to the start of the initiative, which could serve as a means for reviewing the overall agendas for the different teams and their respective plans of action. Respondents felt that it would be beneficial to implement the option of a weekly get together for team members to review progress and provide support for each other, which could also serve as an opportunity for individuals to get to know their team on a more personal basis, rather than just through email communication. Additional comments were related to tracking both member and team development throughout the weight loss initiative, such as a calendar or website that displays fitness plans and levels of progression. Finally, a smaller trend was evident by a few respondents who believed a change in the name of the weight loss initiative would be perceived more favorably by others potentially interested in participating.

Promotional factors. A tertiary trend relative to the weaknesses of the program was related to the promotional recruitment and rewards for the weight loss initiative. Respondents felt that greater promotion of the initiative should be considered prior to the holidays in an attempt to prepare potential members for the competition at the beginning of the year. Other comments were related to targeting employees who may be in need of a weight loss program, as they may have been likely to serve as willing participants in the weight loss initiative. Additionally, respondents felt that a more detailed screening of potential participants may be beneficial to ensure that the

participants that decided to join were serious about their individual weight loss journey, and/or the weight loss goals of the overall team. Respondents also felt it would be appropriate for the wellness center to provide rewards and/or prizes for participants of the weight loss initiative. Individuals and teams that demonstrate success could benefit from receiving some type of reward or prize for their efforts to lose weight and success for achieving their goals. Respondents suggested that a reward in the form of a party or a get together at the end of the weight loss initiative would be perceived favorably by the participants.

Positive feedback. A positive trend was observed relative to potential areas of improvement. Multiple respondents commented that the weight loss initiative was a great experience and minimal, if any, changes were needed. These respondents felt that the initiative brought a new and fresh perspective to the overall program and facilitated good participation for the gym/wellness center. Respondents gave credit to the entire wellness staff and suggested they keep up the good work of providing training and motivation for participants interested in improving their health and lifestyle. Finally, respondents commented that the wellness staff went above and beyond to maintain members interest in the weight loss initiative.

Question 4 summary. All of the respondents were satisfied with their experience and participation in the weight loss initiative. All respondents appeared to be satisfied with the design and implementation of the initiative. Additionally, all participants were willing to recommend the weight loss initiative to a fellow co-worker for future participation. Also, almost all of the respondents expressed a willingness to participate in the weight loss initiative again in the future. Only a small percentage of respondents

felt they would not participate in the initiative again because of schedule conflicts and poor levels of fitness. Most of the respondents summarized their experience in the weight loss initiative as challenging, motivating, and fun. Almost all of the respondents provided a positive summary relative to their experience in the initiative. The respondents identified the strengths of the weight loss initiative as teamwork, motivational factors, and communication. The weaknesses of the weight loss initiative were identified as organization, participation, and readiness. The areas of improvement were identified as planning (fitness and nutrition), structure, and promotional factors. Some respondents did not identify areas of improvement, but instead provided positive feedback of their experience in the weight loss initiative.

Research Question #5. What is the general profile of the participant's dimensions of wellness?

Respondents were asked to answer a series of questions that assessed their current state of wellness, which provided an overview of respondent's dimensions of wellness as described by Hettler, co-founder of the National Wellness Institute. These dimensions are comprised of six categories, which include physical, intellectual, emotional, social, spiritual, and occupational (National Wellness Institute, 1999). The survey utilized for assessing respondent's dimensions of wellness was adapted from the National Wellness Institute. Respondents were asked to answer the survey questions by selecting the option which best represented their response to a series of statements. Likert-style questions were utilized for this survey and rated on a five-point scale (i.e., 1 representing "Never or Almost Never" through 5 representing "Always or Almost Always"). See Appendix C for a comprehensive list of questions from the National

Wellness Institute. Using the methods provided by the National Wellness Institute for calculating scores, each response and/or rating (e.g., 1 through 5) was multiplied by the number 4, which was then summed for a total score for each section.

The primary purpose of assessing the various dimensions of wellness for the respondents was to identify areas in which the weight loss initiative may have favorably impacted their well-being, as well as the identification of potential areas of improvement to be considered by stakeholders when developing future wellness initiatives. Overall, respondents of the weight loss initiative demonstrated that they were making good choices regarding their health. Respondents appeared to be doing particularly well in the following areas: Intellectual (a score of 80), Emotional (a score of 80), Social (a score of 80), and Spiritual (a score of 80). Respondents can build on the progress they have made in the preceding areas by making additional positive changes in the following areas: Physical (a score of 68), and Occupational (a score of 76). Table 4 provides an interpretation of the dimensions of wellness scores with rankings. Also see Figure 4 for an overview of all respondents' dimensions of wellness.

Table 4

Interpretation of Dimensions of Wellness Scores

Score	Ranking
80-100	Excellent
60-79	Good
Less than 60	Needs Improvement

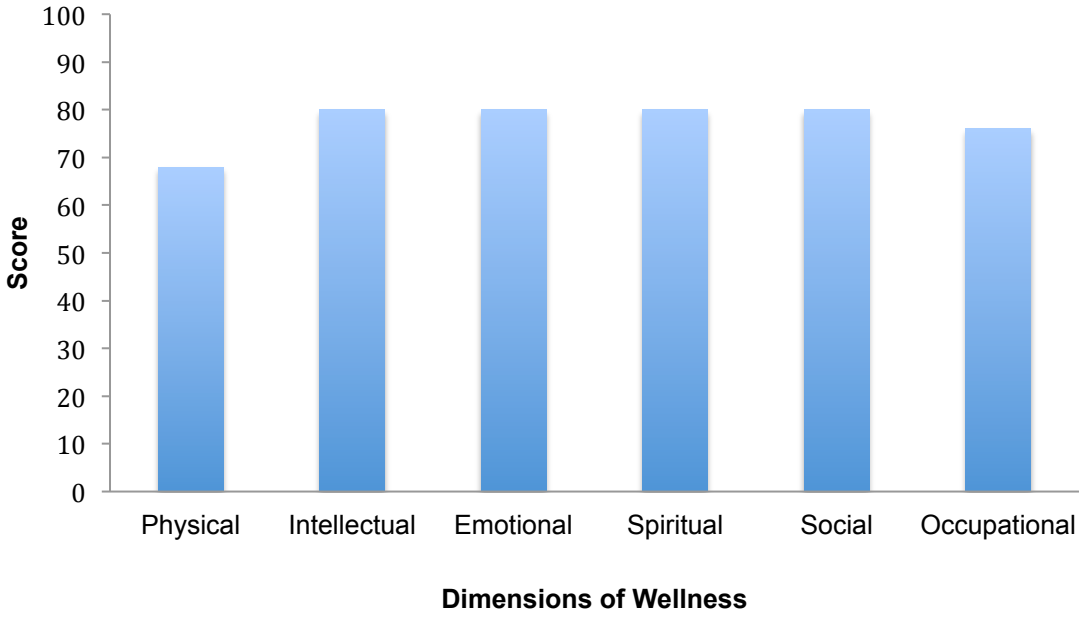

Figure 5. Bar graph of the average score for the Six Dimensions of Wellness for all respondents.

This chapter provided the findings from the evaluation of the ACME worksite wellness initiative. The sections of this chapter were comprised of the characteristics of the respondents, barriers to participation, level of engagement respondents had with wellness resources to facilitate goal achievement, alignment of initiative's theme with respondents' goals, strengths, weaknesses, and areas of improvement for the initiative, as well as the respondents' dimensions of wellness.

Chapter 5: Summary, Conclusions, Implications and Recommendations

The purpose of this study was to conduct a program evaluation of ACME's weight loss initiative and collect evidence relative to the efficacy of the program. This chapter presents the conclusions drawn from evaluation findings as well as recommendations for optimizing the performance of the weight loss initiative. The parts of this chapter include the summary, conclusions, implications, and recommendations for future research.

Summary of the Study

This study aimed to provide relevant findings to the ACME stakeholders relative to the efficacy of the six-week weight loss initiative. This program evaluation utilized a managerial approach, which considered the stakeholder's areas of interest. Subsequently, research questions were developed for the purpose of answering the stakeholder's primary questions. The research questions addressed multiple areas of interest including potential barriers to participation, the level of engagement with facility resources, the alignment of program offerings with the goals of members, strengths of the initiative, weaknesses of the initiative, areas of improvement, and the dimensions of wellness for respondents. Of the 35 participants in the weight loss initiative, 32 responded to the online survey.

Survey responses were collected using anonymous surveying techniques, which were designed to generate both quantitative and qualitative data. Quantitative data analyses consisted of descriptive statistics, which included characteristics, frequencies, and percentages. Qualitative data analyses identified trends contained within respondents' comments, which were grouped together as primary, secondary, and tertiary findings when possible. Satisfaction rates were measured for multiple areas of this evaluation, which served as an indicator of the degree to which participants enjoyed the weight loss initiative offerings. When measuring satisfaction, it is important to consider that not everyone will be satisfied with the program's offerings, which may also serve as valuable feedback for the stakeholders, since it could reveal possible areas of improvement.

The objective of this evaluation was to gain a broadened understanding of the weight loss initiative provided by the ACME Wellness. The aim of ACME's weight loss initiative was to facilitate healthy changes in body composition for its employees through a competition style program similar to the popular reality television show with a weight loss theme. Process evaluations are an important factor in a program's development and enables stakeholders to identify components of a program that require evaluation and measurement (McKenzie et al., 2009).

Developing an effective worksite wellness initiative is accomplished through understanding the needs and interests of its members and establishing clear program goals, which was a determining factor for the stakeholders in allowing an external evaluator to conduct this process evaluation. The findings from this program evaluation aim to provide important information to the stakeholders for the purpose of optimizing

the weight loss initiative for the future. The level of program participation and the ability to reach at-risk target groups or employees in need of intervention is a primary indicator of program success. Worksite wellness initiatives are often implemented due to their ability to reach large groups of at-risk individuals (Chapman, 1994).

Conclusions

Based on the findings of this study, the conclusions are discussed below.

Relative to the barriers to participation, promotion of the weight loss initiative was restricted primarily to direct interaction between the wellness staff and potential members during normal hours of operation for the wellness center. A few of the employees were recruited through strategically placed promotional materials as well as word of mouth from other members. Worksites typically provide easy and regular access to large groups of people who can be recruited into programs for participation (Tones & Tilford, 1994). However, as a result of the wellness initiative's limited promotional methods, only a small group of participants from the larger pool of members were successfully recruited into the weight loss initiative.

The majority of respondents reported feeling non-intimidated towards the thought of participating in the weight loss initiative, which suggests that the theme of the weight loss initiative may have been a potential barrier to participation for wellness members. Almost all of the respondents perceived the weight loss initiative to be challenging both prior to and following participation in the weight loss initiative. It was the concern of the stakeholders that the theme of the weight loss initiative could be perceived as too intimidating and challenging for potential members. However, weight management

interventions are one of the most widely used wellness initiatives utilized by worksites wellness programs (Bunn et al., 2010).

The majority of respondents identified weight loss as their primary reason for participating in the weight loss initiative provided by ACME Wellness. Other reasons for participation were related to the accountability members perceived from wellness coaches and staff, which served as a motivating factor for participation in the weight loss initiative. The effectiveness of a worksite wellness program or initiative is dependent on the characteristics of the target population and the proportion of the population that actually participates in the intervention (Person et al., 2010).

The majority of respondents identified their primary wellness goal of 2017 as the desire to lose weight. Therefore, it appears that respondents' primary wellness goal (e.g., weight loss) aligned with ACME's weight loss initiative as well as interventions typically provided by other wellness programs. Lifestyle change interventions employed by worksite wellness initiatives typically include quitting smoking, managing stress, and a combination of exercise and nutritional interventions for the primary purpose of facilitating weight loss (O'Donnell, 2014).

Importantly, all respondents acknowledged that they had alternative personal wellness goals in addition to the popularly cited weight loss goal. Respondents identified alternative personal wellness goals as engaging in regular exercise, increasing water consumption, and reducing cardiovascular disease risk factors (e.g., high blood pressure, high cholesterol, high blood glucose, smoking). Respondents also expressed a desire to increase their overall cardiovascular endurance and to reduce their pains associated with activities of daily living. The Health Enhancement Research

Organization identified seven risk factors responsible for rising health care costs, which include depression, stress, high blood glucose, overweight, tobacco use, high blood pressure, and lack of exercise (Goetzel et al., 1998).

The weight loss initiative delivered by ACME Wellness appeared to provide the necessary support and motivation for its members to adopt healthy behavior change. Generally, worksite wellness initiatives aim to provide supportive environments that are conducive for behavior change (O'Donnell, 2014). Nearly all respondents reported making healthy behavior changes as a result of their participation in the weight loss initiative, and also reported satisfaction with the initiative's ability to facilitate behavior change. Successful worksite wellness programs are characterized by individualized behavior change information (Pelletier, 1996). Overall, respondents felt the initiative was a favorable option for allowing them the opportunity to start a training program and build new healthy habits.

Respondents identified the support and motivation from the wellness staff as a pivotal aspect for inspiring them to achieve healthy behavior change. Other responses were related to participants who were currently active and desiring a program to assist them in maintaining their current levels of fitness. Wellness can be taught through the utilization of three strategies (e.g., awareness strategies, lifestyle change interventions, supportive environment programs), which together work to inform, encourage change, and support change (O'Donnell, 2014).

The majority of respondents identified the personal training option as the most helpful resource in assisting them to work towards their personal wellness goals. Other respondents identified the group fitness classes and the educational materials provided

by the initiative as the most helpful aspect of goal achievement. The awareness strategies utilized by worksite wellness programs provide important wellness information, empower individuals to change behaviors, and create networks for individuals with resources that aid in the development and maintenance of behavior change (Chapman, 1994).

Some respondents who chose not to participate in the personal training and group fitness classes felt confident in their ability to plan, implement, and execute their own training programs successfully without the additional assistance from the ACME Wellness staff. Additionally, respondents identified schedule conflicts as a factor that did not allow them to participate in personal training. Other respondents expressed a lack of confidence in their ability to meet the demands of a vigorous personal training program and/or group fitness classes. Overall, the personal training option provided through the initiative was the greatest factor in allowing respondents to effectively pursue their weight loss goals. Worksites often use healthy physical settings, policies, and organizational culture (e.g., personal training and group fitness) to support healthy lifestyles and goal achievement (O'Donnell, 2014).

All of the respondents were satisfied with their overall experience and participation in the weight loss initiative. Additionally, all participants suggested that they were willing to recommend the weight loss initiative to a fellow co-worker for future participation. Most of the respondents reported that they would participate in the weight loss initiative again in the future. Most of the respondents positively summarized their experience in the weight loss initiative as being challenging, motivating, and fun. Through the utilization of the worksite's built-in social support, recognition of varying

levels of influence (intrapersonal, interpersonal, institutional, community), awareness of perceived barriers, and addressing employee preferences, the potential of successfully achieving and maintaining improved health and well-being can be dramatically increased (McLeroy et al.,1988).

The interaction and interpersonal relations between staff and participants were identified as strengths of the weight loss initiative. The teamwork aspect provided a group setting that encouraged participation and accountability, and allowed an environment for bonds to be formed between respondents. The weekly presentations and educational information provided by the wellness staff provided a high level of communication. Motivational factors were attributed to the competitive format of initiative and the varied types of trainings (e.g., personal training, group fitness), which encouraged consistency and progression towards goal achievement. Worksite wellness initiatives have been shown to encourage peer support and favorable peer pressure among employees (Tones & Tilford, 1994).

Weaknesses of the weight loss initiative included program operations such as organization, participation, and readiness. The game aspect of the initiative was organized in such a way that participants and teams were not aware of ranking and/or standings throughout the program. The lack of team captains and/or leaders allowed some members to give minimal effort throughout the initiative without repercussion or accountability. The decision made by the wellness staff to organize the initiative strictly for the purpose of weight loss may have been a limitation for some participants. Low participation rates may have reduced the intensity of the overall competitive nature of the program for some participants. Some participants felt as though they were not

prepared or ready to put forth the effort or contribution necessary to achieve their weight loss goals. If participants are not interested, unmotivated, or perceive the information as not relevant, then even the most well-planned program or initiative can fail (Bull et al., 2003).

The areas of improvement for the weight loss initiative were related to planning, structure, and promotion. Relative to structure, extending the weight loss initiative beyond six weeks may allow for additional weight loss milestones to be met. Additionally, changing the name of the weight loss initiative may appear less intimidating and more attractive to potential participants. Relative to planning, the inclusion of more games and competitions throughout the initiative could create a more enjoyable training environment. It could be helpful for staff to plan more classes with varied themes to help maintain interest and improve the overall experience. Comprehensive worksite wellness programs plan ongoing and integrated initiatives of health promotion and disease management, with personalized risk reduction for employees as an important aspect (Pelletier, 1996).

The dimensions of wellness are comprised of six categories, which include physical, intellectual, emotional, social, spiritual, and occupational (National Wellness Institute, 1999). Respondents demonstrated that they were making favorable choices regarding their health in multiple areas including intellectual, emotional, social, and spiritual dimensions of wellness. While respondents showed favorable ratings in the previously described dimensions of wellness, additional attention may be directed towards the physical and Occupational dimensions.

Implications

Based on the findings of this study, the implications are discussed below.

This study contributes to the knowledge of program evaluation for worksite wellness initiatives and has the potential to stimulate further assessment of program operation, implementation, service delivery, as well as the overall efficacy of future worksite wellness initiatives. The recruiting efforts by ACME Wellness staff and stakeholders appeared to be a barrier to participation that could be addressed for subsequent programs and/or future initiatives. Increasing promotional efforts beyond the direct interaction with members has the potential to recruit a greater number of participants for the wellness initiative. Utilization of email blasts and strategically placed flyers outside of the wellness center could expand the promotional efforts to effectively reach target groups and at risk employees in need of weight loss interventions, rather than only reaching members who regularly frequent the wellness center.

The promotional efforts of the stakeholders could be adjusted to reduce the challenge or the threat potential participants may perceive prior to participating in the program. Stakeholders could consider the inclusion of additional information relative to the weight loss initiative experience (i.e., details of intensity level and expectations prior to participation), which may serve to reduce the perceived challenges members may have regarding their participation in the program. The scope of this program evaluation did not include the perceptions and/or responses of nonparticipating members. However, it may be helpful for researchers conducting program evaluations to include a survey and/or focus group to assess nonparticipating members' perceptions of the weight loss initiative's competitive theme.

Relative to promotional factors, the wellness staff should consider promoting the weight loss initiative earlier in an attempt to recruit more participants into the program. Additional responses suggested targeting wellness members in need of weight loss interventions, rather than just members who regularly frequent the wellness center. Other responses suggested an increased emphasis on screening participants to ensure they are committed to the weight loss initiative and not progressing through the program with minimal effort, which could negatively impact other team members. Respondents also felt it would be appropriate for the wellness staff to provide rewards and/or prizes to participants who successfully completed the initiative and those who finished with the highest scores. Addressing potential barriers such as insufficient incentives, inconvenient locations, and time limitations may facilitate higher participation in future worksite wellness initiatives (Person et al., 2010).

Wellness programs and/or initiatives might continue to strategically place weight loss initiatives at the beginning of the year, when individuals may have set weight loss as a New Year's resolution goal. Weight loss initiatives may be a favorable option for wellness programs to offer its members, as it not only aligns with the majority of members' primary wellness goal of weight loss, but losing weight also addresses many chronic disease risk factors (Bull et al., 2003).

ACME's personal training and group fitness classes appeared to be the most beneficial resource in assisting members to achieve their personal wellness goals. Wellness initiatives and staff could consider maximizing the potential for contact hours with members to engage in personal training and group fitness classes to ensure success and optimize the potential of goal achievement for its members. ACME

wellness and other potential programs might consider increasing staff and/or hours of operation to minimize schedule conflicts and create more opportunities for training sessions.

Wellness staff could also provide information or lectures that demonstrate the benefits of personal training and periodization (i.e., structured planning with participant) as a tool to persuade members who choose to not utilize the personal training and/or group fitness classes, and instead decide to train on their own. Additional consideration could be given to the area of self-efficacy, as some members demonstrate a lack of confidence and may not feel capable of meeting the perceived demands and/or intensity of an initiative's personal training and/or group fitness classes. Future initiatives might also consider varying intensity levels of personal training and/or group fitness classes that may be more appropriate for members with lower or higher levels of fitness.

ACME'S weight loss initiative provided a teamwork aspect that encouraged participation and accountability. Future wellness initiatives and/or programs might consider a group or team setting similar to ACME's weight loss initiative, which may allow for relationships and bonds to be formed between respondents and add to the creation of a supportive environment. Programs that provide a competitive themed initiative might consider increasing communicative methods for encouraging participants to be consistent with training and progression towards their goals. Communicative methods such as educational information, presentations, and demonstrations may help to keep respondents on track towards goal achievement. Wellness staff should also consider implementing varied types of trainings in addition to personal training and group fitness classes in an attempt to maintain interest and motivation in the initiative.

Wellness staff, considering competitive style initiatives, could organize programs in such a way that participants are informed of rankings and/or standings throughout the program, which would work to appease members' concerns of their progress throughout the program. Wellness staff might want to include the identification of team captains and/or leaders that can serve to hold team members accountable for their efforts and actions throughout the initiative.

ACME's weight loss initiative had a low participation rate relative to the total number of potential participants available for recruitment. ACME Wellness only staffs three wellness coaches capable of interacting with the members throughout the day. Therefore, it is likely that a larger number of participants could not be effectively accommodated over the course of the six-week initiative. One way of accommodating a larger number of participants could be to employ more group fitness classes, which do not require one-on-one personal attention. To increase the participation rate of individuals over time, wellness staff could attempt to offer programs to a percentage of different individuals each year, which could result in a larger number of employees willing to participate in the initiative. Future initiatives could start promotional efforts earlier and expand them to target specific populations (e.g., overweight, at risk) in an attempt to increase participation rates and overall efforts towards the program.

Wellness staff responsible for planning weight loss initiatives should consider extending the duration of their program beyond the six weeks in an attempt to optimize the potential for participants to effectively achieve their weight loss goals. Weight loss is a process and may require additional time (i.e., longer than six weeks) to achieve safe and effective results. The findings from this study suggest that some participants were

not prepared to contribute the effort necessary to achieve their weight loss goals. Future initiatives might consider employing methods (e.g., information, one-on-one coaching) that could assist participants in the preparation to meet the demands of a competitive themed program.

Future initiatives could consider the inclusion of more games and competitions throughout the duration of the program, which has the potential to create a more enjoyable training environment. Additional planning considerations on the part of wellness staff could include a pre-program to prepare participants for the larger weight loss program. Weight loss initiatives might also consider giving their program a positive name (e.g., the biggest winner) in comparison to a name with a negative connotation (e.g., the biggest loser). Relative to future weight loss initiatives, ACME Wellness could consider providing rewards and/or prizes to participants and teams who complete the program and for those who finish with the highest scores. Future evaluations might consider applying for grants and/or funding from outside sources, which could allow for additional recruiting opportunities, exploration of additional variables, and potential rewards for participants to support the weight loss initiative.

Wellness programs interested in assessing members' overall wellness might employ methods for measuring the six dimensions of wellness (e.g., physical, intellectual, emotional, social, spiritual, occupational). Assessing members' dimensions of wellness provides stakeholders with the information necessary to make decisions for subsequent programs. One example of this might be if members' scores need improvement within a specific area such as the emotional dimension, subsequent

initiatives could be developed (e.g., stress management) to address the concerns and improve members' scores in the area(s) needing improvement.

Recommendations for Future Research

Based on the findings of this study, the recommendations for future research are as follows.

1. This study focused only on the participants enrolled in the weight loss initiative, who worked as a team, competed for points, received optional personal training, attended optional group fitness classes, and were provided with educational materials related to training and nutrition. Future research may consider including all members (i.e., members not enrolled as participants in the initiative) of the wellness program to determine whether or not the initiative had a favorable or significant impact on the wellness of its participants.
2. Data collection for this research focused on frequencies, percentages, and open-ended responses to a survey-style questionnaire. Further research may consider including inferential statistics to determine whether or not significant differences occurred between different groups and/or areas of the weight loss initiative.
3. This study utilized the Dimensions of Wellness survey created by the National Wellness Institute and provided by TestWell. Additional research might consider the creation or use of a different instrument and/or tool for measuring the dimensions of wellness for respondents.
4. For this research, data collection was restricted to one site of a large telecommunications company located in the Southeast region of the United

States. Future considerations may want to include the entire organization or, at a minimum, other sites that may want to conduct similar weight loss initiatives.

5. This study focused strictly on the weight loss initiative provided by the telecommunications company's worksite wellness program. Future research may consider investigating other initiatives that address other aspects of wellness (e.g., emotional, social, spiritual, occupational etc.).
6. For this study, a managerial approach was used to evaluate the weight loss initiative. The managerial approach allows for autonomy on the part of the evaluator to conduct the evaluation without assistance from the stakeholders. Future research might consider utilizing a collaborative approach in which the researcher works alongside the program stakeholders to conduct the evaluation.
7. Data collection and analysis were restricted to a single evaluation (i.e., the duration of the weight loss initiative) for the purpose of providing information to the stakeholders that may be helpful for subsequent weight loss initiatives. Further research may want to conduct a follow-up and/or longitudinal evaluation (e.g., six months, one year) for the purpose of providing a more comprehensive analysis of the weight loss initiative.
8. This study had a total of 32 participants out of the 35 participants, which totaled a 91% response rate. While the response rate was favorable and above the targeted 80% range, additional research might want to aim for a higher response rate and/or ensure that a greater number of participants who can serve as respondents are recruited into the wellness initiative, thus allowing for a larger sample size.

9. This study did not have permission to conduct focus groups. Therefore, it may be helpful for researchers conducting program evaluations to include a focus group to assess respondents' perceptions of the weight loss initiative's competitive theme.
10. Additional studies might want to compare participants who met their goals to those who did not meet their goal. Discovery of the factors influencing participant success in the weight loss initiative could be implemented in subsequent programs in an attempt to optimize goal achievement for future initiatives.

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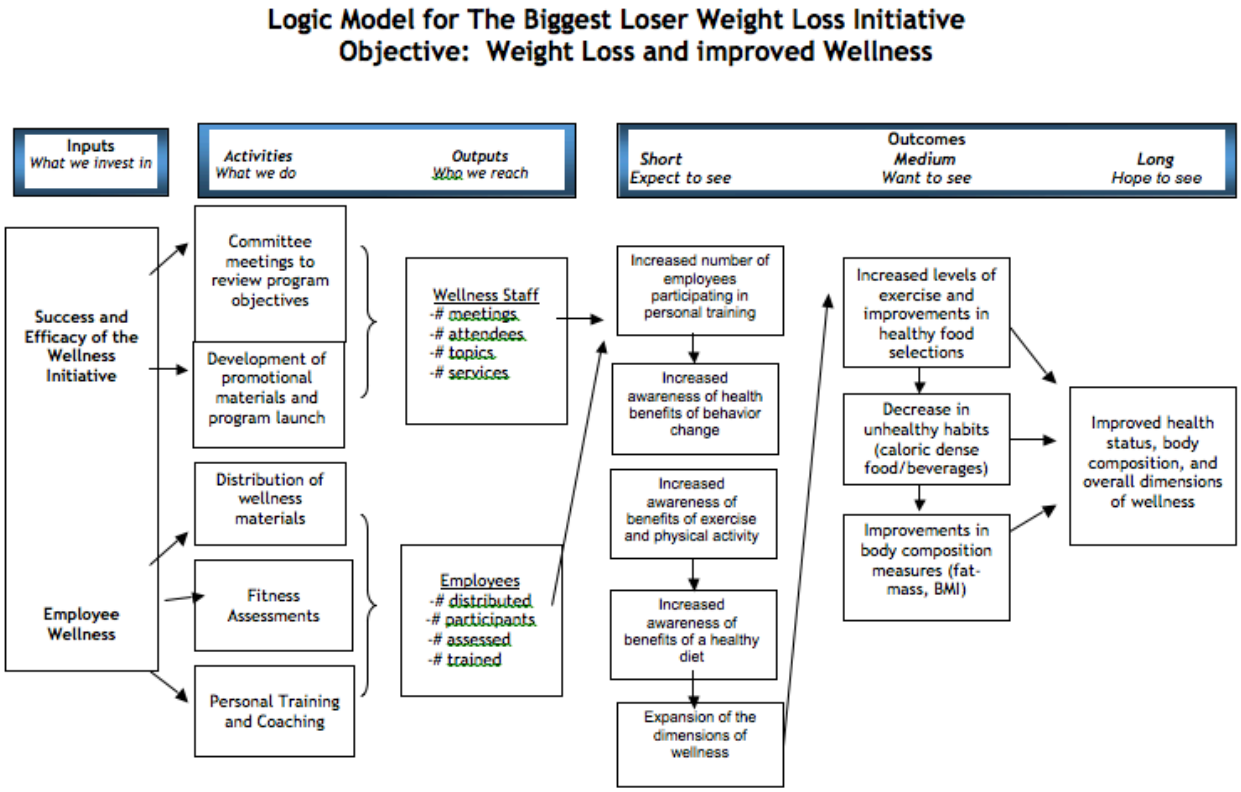
Appendices

Appendix A: Logic Model



Appendix B: Wellness Survey

Section One: Please complete or select the following questions. Your answers will remain confidential.

1. Gender

- Male
- Female

2. Age _____

3. Which department do you work in?

4. How long have you been a member of ACME Wellness?

- Less than 6 months
- More than 6 months
- More than 12 months

5. How did you learn about *The Biggest Loser* program?

- From the wellness staff
- Promotional materials in the wellness facility
- Word of mouth (from a coworker)
- Other _____

6. Please tell us why you decided to participate in *The Biggest Loser* program?

Section Two: Please select the most appropriate responses to the following questions related to participation in *The Biggest Loser* program. Your answers will remain confidential.

7. During the program, how satisfied were you with the communication about your participation in *The Biggest Loser program*?

5 = very satisfied
4 = satisfied
3 = neutral
2 = dissatisfied
1 = very dissatisfied

8. How intimidating was the thought of participating in a weight loss challenge program such as *The Biggest Loser*?

5 = very intimidating
4 = intimidating
3 = neutral
2 = unintimidating
1 = very unintimidating

Appendix B continued

9. How challenging did you think *The Biggest Loser* program would be?

5 = very challenging
4 = challenging
3 = neutral
2 = unchallenging
1 = very unchallenging

10. How challenging did you find *The Biggest Loser* program to ACTUALLY be?

5 = very challenging
4 = challenging
3 = neutral
2 = unchallenging
1 = very unchallenging

Section Three: Please describe and/or select the most appropriate responses to the following questions concerning your wellness goals during *The Biggest Loser* program. Your answers will remain confidential.

11. Was your primary wellness goal for 2017 to lose weight? If no, what was your primary wellness goal?

- Yes
- No (please specify) _____

12. What other wellness goals do you currently have? (select all that apply)

- Lose weight
- Increase muscle
- Get stronger
- Lower blood pressure
- Lower LDL cholesterol levels
- Lower blood glucose levels
- Quit smoking
- Drink more water
- Exercise regularly
- Other (please specify) _____

13. Did you take advantage of personal training offered by *The Biggest Loser* program to help you achieve your personal wellness goals? If no, please describe why you chose not utilize the wellness resources.

- Yes
- No (please specify) _____

14. Did you take advantage of group fitness classes offered by *The Biggest Loser* program to help you achieve your personal wellness goals? If no, please describe why you chose not utilize the wellness resources.

- Yes
- No (please specify) _____

Appendix B continued

15. Which area of *The Biggest Loser* program was the most helpful in assisting you work towards your personal wellness goal?

- Personal Training
- Group fitness classes
- Educational information (exercise & diet info)
- Other (please specify)

16. How satisfied are you that the educational materials you received during *The Biggest Loser* program were appropriate for your needs and/or goals?

5 = very satisfied
4 = satisfied
3 = neutral
2 = dissatisfied
1 = very dissatisfied
0 = does not apply to me

17. In your opinion, how effective was *The Biggest Loser* program in helping you achieve your personal wellness goals?

5 = very effective
4 = effective
3 = neutral
2 = ineffective
1 = very ineffective

18. How satisfied are you with the support you received from *The Biggest Loser* program staff to assist you in working towards your personal wellness goal?

5 = very satisfied
4 = satisfied
3 = neutral
2 = dissatisfied
1 = very dissatisfied
0 = does not apply to me

Section Four: Please select the most appropriate responses to the following questions related to behavior change during *The Biggest Loser* program. Your answers will remain confidential.

19. In your opinion, how effective was *The Biggest Loser* program at helping you adopt healthier behaviors?

5 = very effective
4 = effective
3 = neutral
2 = ineffective
1 = very ineffective

Appendix B continued

20. How satisfied are you with the behavior changes you made as a result of participating *The Biggest Loser* program?

5 = very satisfied
4 = satisfied
3 = neutral
2 = dissatisfied
1 = very dissatisfied

Section Five: Please describe and/or select the most appropriate responses to the following general questions about *The Biggest Loser* program. Your answers will remain confidential.

21. Overall, how satisfied are you with *The Biggest Loser* program?

5 = very satisfied
4 = satisfied
3 = neutral
2 = dissatisfied
1 = very dissatisfied

22. Are you likely to recommend *The Biggest Loser* program to your coworkers? If no, please specify why you would not recommend the program

- Yes
- No (please specify)

23. Would you participate in *The Biggest Loser* program again? If not, briefly describe why.

- Yes
- No (please specify)

24. Please provide three words to describe your experience in *The Biggest Loser* program.

25. Describe what you perceive as the greatest strength of *The Biggest Loser* program?

26. What do you perceive as the primary weakness of *The Biggest Loser* program?

27. Please provide any suggestions that you believe may help improve *The Biggest Loser* program for the next group of participants?

Please select next to continue to the next part of the survey <next>

Section Six: This is the final part of the survey. Please select the most appropriate responses to the following questions about your general wellness. Your answers will remain confidential.

Appendix B continued

28.	Almost Never	Occasionally	Often	Very Often	Almost Always
I engage in sweat-producing physical activity for 20-30 minutes at least three times per week.	O	O	O	O	O
My physical activity includes stretching, aerobic activity and strength & conditioning.	O	O	O	O	O
I walk or bicycle as a means of transportation whenever possible.	O	O	O	O	O
An integral part of my leisure time includes physical activity instead of TV viewing or surfing the Internet.	O	O	O	O	O
If I am not in shape, I avoid sporadic (once per week or less) strenuous exercise. (If you are in shape answer "Almost Always"	O	O	O	O	O

29.	Almost Never	Occasionally	Often	Very Often	Almost Always
I regularly recycle my paper, plastic, glass or aluminum.	O	O	O	O	O
My behavior reflects fairness and justice.	O	O	O	O	O
I take time to have fun with my family and friends.	O	O	O	O	O
When I notice something that is dangerous to others I take action to correct it.	O	O	O	O	O
I contribute time and/or money to at least one organization that strives to better the community where I live.	O	O	O	O	O

Appendix B continued

30.	Almost Never	Occasionally	Often	Very Often	Almost Always
I express my feelings of anger in ways that are NOT hurtful to others.	O	O	O	O	O
I set realistic objectives for myself.	O	O	O	O	O
When I make mistakes, I learn from them.	O	O	O	O	O
I do not feel unreasonably hurried in my daily routine.	O	O	O	O	O
I accept responsibility for my own actions.	O	O	O	O	O

31.	Almost Never	Occasionally	Often	Very Often	Almost Always
I keep informed about social, political and/or current issues.	O	O	O	O	O
I watch educational programs on television every week, (News, political discussion, documentaries, public TV, or the Discovery channel).	O	O	O	O	O
I seek opportunities to learn new things.	O	O	O	O	O
Before making decisions, I gather facts.	O	O	O	O	O
I participate in activities such as visiting museums, exhibits, and zoos, or attending plays and concerts at least three times a year.	O	O	O	O	O

Appendix B continued

32.	Almost Never	Occasionally	Often	Very Often	Almost Always
I enjoy my work.	O	O	O	O	O
I am satisfied with the balance between my work time and leisure time.	O	O	O	O	O
I am satisfied with my ability to manage and control my workload.	O	O	O	O	O
My work is consistent with my values.	O	O	O	O	O
At work my level of authority is consistent with my level of responsibility.	O	O	O	O	O

33.	Almost Never	Occasionally	Often	Very Often	Almost Always
I feel that my life has a positive purpose.	O	O	O	O	O
My leisure time activities are consistent with my values.	O	O	O	O	O
My actions are guided by my own beliefs, rather than the beliefs of others.	O	O	O	O	O
I spend a portion of every day in prayer, meditation, and/or personal reflection.	O	O	O	O	O
I am tolerant of the values and beliefs of others.	O	O	O	O	O

Appendix C: IRB Response

Comments:
The Vice Chair, Dr. Kristen Salomon has reviewed this study and has determined: "The activities described in the application consist of program evaluation. The study information would appear to be descriptive and would not appear to contribute to generalizable knowledge. This is not to say that the activities do not have value, just that these activities do not appear to meet the definition of research under USF HRPP policy and are therefore not under USF IRB oversight. It would be accurate to state that 'this study has been reviewed by the USF IRB' albeit not formally approved; because it is not research subject to our approval."

About the Author

Nicholas Martinez is an educator and a health and fitness professional who works as an instructor in the Exercise Science program at the University of South Florida. He is actively involved in research and is a published author in peer-reviewed journals within the field of health and fitness. Nicholas values the importance of health and wellness and the favorable impact it can have on both the general population and at risk individuals. Nicholas has also worked as a strength and conditioning coach for professional athletes in combat sports and tennis to optimize performance through training and nutritional mechanisms. He has a bachelor's degree in Psychology, dual master's degrees in Exercise Science and Physical Education, and chose to pursue a doctoral degree in Curriculum and Instruction with an emphasis in Adult Education to enhance his knowledge, skills, and abilities as an instructor in higher education. Nicholas also has a graduate certificate in Evaluation and recognizes the importance of the field and its ability to improve operating efficiency, quality, and productivity for worksite wellness programs and all organizations.