

**ATTITUDES OF  
EMPLOYEES FOR  
AN ON-CAMPUS HEALTH  
PROMOTION PROGRAM  
AT A LARGE URBAN  
UNIVERSITY**

*This article describes the results of a survey among employees at Wayne State University that were designed to determine the desire for and willingness to participate in a campus wellness program. All 4,300 employees were mailed a questionnaire during the period March-June 1989. Among the 2,401 respondents (56% response rate), 81% felt a wellness program should be offered and 57% indicated an intention to participate. A significantly higher percentage of Blacks (77%) and women (62%) stated they would participate as compared to Whites (51%) and men (51%). There was an inverse relationship between desire for the program and income level; those who held commercial health club memberships and resided closer to campus showed higher interest. In the overall sample, lunchtime activities were the most requested. Types of services most requested included health screening (e.g., cholesterol testing and fitness assessment) and exercise classes.*

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Over the past 15 years, many large and small organizations have begun to offer a variety of programs designed to promote health and prevent disease in various employee populations. In a national survey of worksite health promotion activities, Fielding and Piserchia (1989) documented the prevalence and exponential growth of these programs. Historically, the development of workplace health promotion programs appears to have resulted in part from the altruistic belief that an organization should assume some responsibility for the well-being of its work force. On the other hand, the rising health care costs associated with employee disease and injury has motivated employers to consider workplace health promotion programming as a potential avenue of cost containment (Gebhart & Crump, 1990).

To date, the evidence concerning the value of worksite health promotion programs for producing significant net savings in health care costs for employers is ambiguous (Gebhart & Crump, 1990; Warner, Wickizer, Wolfe, Schildroth, & Samuelson, 1988). In a Canadian study, for example, Shephard, Corey, Renzland, and Cox (1982) reported that, although medical costs were lower for a company that introduced a fitness program when compared with a control site, savings were distributed equally among participants and nonparticipants. In addition, there was only a weak relationship between changes in measured fitness status and cost savings. A similar study, however, did observe that 1 year after the introduction of a fitness program, employees who participated experienced a \$262 annual reduction in health care expenditures (Bowne, Russell, Morgan, Optenberg, & Klarke, 1984). More recently, Bly, Jones, and Richardson (1986) compared health care expenditures of two large Johnson and Johnson facilities that offered the company's comprehensive Live-for-Life program with a control group over a 5-year period. Results of this well designed economic study showed that in the Live-for-Life sites, there was a modest saving for inpatient hospital costs and lower rates of increase in hospital admissions, but no significant differences were found for outpatient or other health care costs (Bly et al., 1986). The inconsistent evidence to date indicates a need for more well-controlled research to determine the economic impact of work-site health promotion programs on health care cost and utilization.

On the other hand, it is clear that work-site wellness programs have been successful in helping many employees improve their health habits and clinical risk factor profiles. Increases in levels of physical activity and measured fitness status, reductions in smoking, improvements in lipid profiles and blood pressure levels and weight loss have been reported in numerous studies (Blair, Piserchia, Wilbur, & Crowder, 1986; Bruno, Arnold, Jacobson, Winick, & Winder, 1983; Fielding, 1982; Foote & Erfurt, 1983; Leviton, 1987; Spilman, Goetz, Schultz, Bellingham, & Johnson, 1986; Stunkard & Brownell, 1980). Several investigations have also revealed that work-site health promotion programs promote improved worker morale and job satisfaction, and result in decreased absenteeism and job turnover (Bjurstrom & Alexiou, 1978; Cox, Shepard, & Corey, 1981; Fielding, 1982).

Those involved in the planning and delivery of health promotion activities must face the challenge of meeting both the needs and interests of their specific target population (O'Donnell & Ainsworth, 1984). This article describes results from an assessment survey that was conducted as an initial step to determine the perceived interest for an on-campus health promotion program among employees at a large urban university.

## METHOD AND STATISTICAL ANALYSIS

During the spring of 1989, the entire population of 4,300 employees at Wayne State University in Detroit was sent a "wellness survey." The survey consisted of a three-part, 40-item questionnaire that was adapted from an instrument developed by Eckhart, Ebro, and Claypool (1988) to study the interests of university faculty for a wellness program at Oklahoma State University. Part 1 consisted of a set of attitudinal questions concerning employee's perceived need for and intention to participate in an on-campus wellness program. Part 2 elicited demographic information on the employees (e.g., age, sex, education, ethnic background). Part 3 consisted of a healthstyle self-test developed by the U.S. Public Health Service (1981).

Using the university payroll classification code system, the questionnaire was sent to all regular employees via the campus mail

system. Departmental affiliation of the employees was determined using color coding of the questionnaire; however, individual participants were not identified. Employees were asked to return the completed questionnaire in the campus mail using a self-addressed envelope that was provided to them.

The results presented in this article are limited to the questionnaire items concerning whether the program should be offered, preference for types of services, and whether the employee intends to participate if a program were developed. Chi-square analysis was performed to test the relationship between selected demographic variables and both perceived need for a wellness program and intention to participate; chi-square tests were also used to study the impact distance from campus and membership in an off-campus health club had on interest and intention to participate.

## RESULTS

The overall response rate was high, with 2,401 employees (56%) returning the questionnaire. Mean age of respondents was 41 years; 57% were female and 43% were male. Seventy percent were White, 22% were Black, and 7% were Asian. The highest percentage (44%) earned between \$20,000 to \$40,000, 24% earned a low income (<\$20,000), and 32% earned a high income (>\$40,000).

Findings indicate that the vast majority (81%) felt that a wellness program should be offered. Positive responses were significantly higher among women (85%) than among men (75%) ( $p \leq 0.001$ ) and among Blacks (95%) compared to Whites (77%) ( $p \leq 0.001$ ). There was an inverse relationship between income and interest, with those earning more than \$40,000 the least likely to state that the program was needed. Respondents who held commercial health club memberships, and those who resided closer to campus were slightly more likely to favor development of the program, although these trends were not statistically significant. These findings between perceived need for the program in relation to gender, ethnicity, income, and fitness club membership are shown in Table 1.

**TABLE 1**  
**Should a Campus Wellness Program Be Offered?**  
**(in percentages) *N* = 2,401**

	<i>Yes</i>	<i>No</i>	<i>Not Sure</i>
All respondents	81	9	10
Males	75	4	21
Females	85	1	14
Whites	77	3	20
Blacks	96	1	3
High income	75	4	21
Middle income	83	2	15
Low income	88	2	10
Commercial health club member	86	2	12
Nonhealth club member	78	8	14

Health assessment screening services (e.g., cholesterol screening) were the most requested (40%), followed by exercise classes (36%) and educational materials (24%). Lunch hour (43%) and early evening activities (39%) were preferred over early morning activities (18%).

Fifty-seven percent of respondents indicated they would participate in the program as compared with 10% who would not participate and 33% who were "not sure." A higher percentage of women (62%) than men (51%) ( $p \leq 0.001$ ) stated an intention to participate. Blacks were more likely to participate than Whites (77% and 51%, respectively) ( $p \leq 0.001$ ) and those in the upper-income bracket indicated far less interest in participating as compared to the low- and middle-income groups ( $p \leq 0.001$ ). Health club members and those residing closer to campus were slightly more willing to participate. Findings concerning the relationship between intention to participate and sex, ethnicity, income, and membership in a commercial health club are shown in Table 2.

## DISCUSSION

The unusually high return rate and the percentage of employees who indicated that the wellness program should be offered are encour-

**TABLE 2**  
**Would You Participate in the Wellness Program?**  
**(in percentages) *N* = 2,401**

	<i>Yes</i>	<i>No</i>	<i>Not Sure</i>
All respondents	57	10	33
Males	51	13	36
Females	62	7	31
Whites	51	12	37
Blacks	77	2	21
High income	47	13	40
Middle income	63	7	30
Low income	68	5	27
Commercial health club member	61	8	31
Nonhealth club member	55	8	37

aging in that they provide evidence for a high interest in wellness activities. Our findings are similar to those reported previously among faculty members at Oklahoma State University (Eckhart et al., 1988) and among university employees at another large midwestern university (Sarvela, Holcomb, & Huetteman, 1991). In the latter study, 21% of the 500 employees randomly selected to receive the questionnaire returned it. Seventy-five percent of respondents felt that an employee wellness program would enhance the work environment.

Our findings also revealed that, whereas 81% of the employees stated that the wellness program should be offered, only 57% said they would participate. Other studies have indicated that individuals with healthier life-styles (e.g., nonsmokers, regular exercisers) are significantly more likely to both respond to such surveys and to actually participate in ongoing wellness programs (Donton & Elias, 1979; Nice & Woodruff, 1990; Spilman et al., 1986). Although we have no data in this study by which to directly compare responders with nonresponders, it was found that the employee group with the largest number of employees and with the lowest level of education (maintenance workers) had the lowest return rate (25%).

Viewed more optimistically, however, if only half of the 57% respondents who stated an intention to participate actually use the

services offered, this would represent nearly 1,400 employees. It should be noted that no mention was made of whether any costs would be incurred by participants. Potential costs might be a perceived barrier to lower-income employees who, in fact, showed an unusually high interest for and willingness to participate in the program.

A related finding was that, among the upper-income group, disparity between desire for the program and intention to participate was greater than that found in the middle and lower incomes. The percentage difference between perceived need for the program and intention to participate was also greater for Whites than for Blacks. Perhaps those with high income feel less personal need for such services despite realizing the overall benefit to the university community. In addition, the geographic location of the university is such that there is a fairly strong relationship between income and distance from campus. Thus less willingness to participate among those in the high-income group may also be related to issues of convenience, commuting time, and so forth.

Conversely, those with lower incomes may feel that this program could provide services and opportunities that were previously unavailable, inconvenient, and/or perceived as too expensive. The development of a Wayne State University wellness program might therefore attract a higher-than-average percentage of "at-risk" individuals and might thereby substantially improve the health habits of those employees with the most need for an intervention program.

Over the course of the 2 years preceding the publication of this manuscript, the results have been reviewed by several key faculty and university administrators. Negotiations are currently proceeding aimed at the development of a campus wellness program. Economic and logistic issues, including what facilities and equipment would be needed and how the services will be financed (e.g., percentage of employee contribution), are paramount in these discussions.

Concurrently, the university administration has commissioned a study that is evaluating the current facilities in the Division of Health, Physical Education, and Recreation in the context of both current programs and future goals.

The results presented here have buttressed arguments in favor of developing a campus wellness program. It is hoped that this report,

along with the impetus provided by faculty with wellness-oriented research interests, will be instrumental in moving the process forward.

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