DFMCH Wellness and Resiliency Task Force Proposal
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"*Never doubt that a small group of thoughtful committed citizens can change the world: indeed, it's the only thing that ever has."* - Margaret Mead

I Description of the issue:

Our department, DFMCH, is a collection of amazingly talented people who do not feel as well as they could. Strategic planning efforts identified employee wellness and resilience as the most important opportunities for revitalizing our department**.** It is clear: our friends and colleagues all across DFMCH are struggling when it comes to feeling resilient.

What does it mean to feel well and resilient in general and specifically at work? How does one place a broad definition on qualities that seem uniquely individual and personal? We think it is by simultaneously examining the macro-level terms and the micro-level lived interpretations.

First the broad, according to the National Wellness Institute, "wellness is an active process of becoming aware and making choices toward a more successful existence." The Alliance Institute for Integrative Medicine describes wellness as "much more than just a state of physical health. It also encompasses emotional stability, clear thinking, the ability to love, create, embrace, change, exercise intuition, and experience a sense of spirituality." The American Psychological Association defines resilience "as an individual's ability to properly adapt to stress and adversity."

Next the lived, this is what our DFMCH friends and colleagues had to say when we asked what wellness and resiliency mean to them:

- *Wellness is being aware of your own health: looking at mind and body*
- *Wellness is being grounded in my own skin: tuned in and content*
- *Wellness is personal and professional balance of physical, emotional, and spiritual aspects of life/finding my personal passion*
- *Resiliency is being able to handle what is thrown at you, to keep going*
- *Resiliency is sticking with it, not giving up*
- *Resiliency is finding just a little more in the tank when it is running on empty*

On our traveling roadshow journey across the department, meeting with roughly 400 people at 14 different DFMCH locations, we heard and learned a lot. Some common themes of what we need to feel well and resilient surfaced out of our roadshow chats.

Some examples of these repeated themes include:

- Protected time for collaboration
- Knowing it is permitted and even encouraged to take a lunch or space to breathe
- Clear displays of encouragement and validation
- Feeling appreciated and recognized
- Flexibility in schedule and realistic demands
- Opportunities to be healthy/access to wellness and resiliency programming onsite
- A better sense of connection to our work and to our team members

The roadshows started a dialogue, and the above themes are just a brief example of what came out of these robust and lively discussions. A complete list of all roadshow data collected will be provided at our presentation (both in raw and themed format).

We were struck and humbled by how willing our friends and colleagues were to honestly share, brainstorm, and partner with us. One example comes from one of the thirty replies we received to our all DFMCH email asking what makes you feel well at work, not well at work, and how could we help, "*Back in the good old days when the department was much smaller and more cohesive, there were a lot of social gatherings… Now we are much larger and spread out, but many are feeling the desire to connect as a greater whole, to come together with a sense of purpose."* Another example comes from the Fall 2015 All Location Annual Resident Survey, *"I would like more resources to help myself develop better skills to cope with stressors, and remind me that it's ok to take time for me or my family when I am not at work."* We also heard from one resident that our decline in resiliency as a faculty is being felt by those we teach, mentor, and guide, *"It seems that both attendings and residents are overworked and occasionally burnt out. I am not sure where the source of the issue is, but it seems to be present in more than one person I have talked to recently."*

The thoughtful voices of our DFMCH community motivated us to take a look at this issue from all sides, from the evidence in the literature and best practices to the voices of our friends and colleagues. Where do we begin when the success of the roadshows lite a fire in us to listen, help, and heal? Let's first take a look at status quo, the current state of wellness and resiliency initiatives at and around us at the DFMCH. What are we already doing to address the health of those we work alongside each day?

II Best & Current Practices:

We decided to discuss current practices in place with two clinic managers in our department, one from a residency clinic and one from a community clinic.

According to these managers, the status quo is a lot of encouragement and support for employees taking on their own wellness and resiliency (for example, taking a walk at work, moving during the day, and organizing social gatherings), but what is missing is clear and cohesive wellness and resiliency programming and leadership. Both managers spoke to the confusion with previous reliance on DFMCH resources and now including UWMF after the transition. Many folks are still unaware of what UW Health has to offer, and in some ways it still feels foreign and too removed from DFMCH culture. Actual wellness and resiliency offerings per our manager colleagues have been *"hit or miss*." One explained, *"We had a yoga class onsite offered through UWMF. Staff arranged the class, and leadership fully supported it. We maintained the class for two years, but then numbers and momentum faded. The class stopped two years ago, but many staff are eager for it or something similar to return.*" UW Health Clinics do have a budget for employee relations, which according to these managers, is mostly for food at meetings, new employee welcome events, and coffee. One UW Health Clinic has relied on faculty donations to fund social gatherings and staff appreciation events, which have positively benefitted morale and workplace culture. The take home message from one manager we spoke with about the current state is that *"we would benefit from cohesive wellness and resiliency programming with clear leadership, site based offerings are important, and finding a way to sanction time for wellness and resiliency shows a clear commitment to the cause."*

As mentioned, DFMCH is now part of a unified UW Health, and we were excited to take a look at current wellness and resiliency practices offered under UW Health Promotions and Employee Wellness. Of specific interest to us was the UW Health Wellness at Work Program. This resource open to all UW Health employees, which now includes all of us, provides an interactive, informative, and tool rich website (http://blogs.uwhealth.org/wellness/). It also offers a multitude of programming options, such as yoga and exercise classes at AOB and 20 South Park as well as web-based meditation downloads, mindfulness resources, and stress reduction lectures.

We also discovered that as a part of current practice UWMF clinics have 'wellness champions' whom, as a small sanctioned part of their job, take on the task of galvanizing and strengthening wellness initiatives at their UWMF work sites. Per Lisa Riehl, the manager of UW Health Wellness at Work program, there are currently 50-60 active champions, and the expectations of the wellness champions are as follows:

"We ask that you commit to active membership for 2 years with the option to renew or opt out after that time.

- *Provide grassroots support for the wellness program's goals*
- *Promote the program by encouraging participation in wellness events on-site*
- *Advocate for worksite policies and environments that support the program*
- *Participate in at least 3/4 of the scheduled committee meetings during a 12-month period*
- *Be in good standing*
- *Receive supervisor's signature of support on commitment pledge*
- *Lead by example through their enthusiastic commitment to wellness"*

This idea of location based ownership, leadership, and time investment is not only supported in the research literature, but it also fits nicely with what our DFMCH colleagues are confirming they need via our roadshow chats. It is evident that UW Health values wellness and resiliency in their employees and is committed to making such initiatives a priority with sanctioned time, financial investment, and job allocation.

At this point, one might make the assumption that we have all we need. UW Health has some best practices in the works, and we are all part of UW Health. We could simply just start using all the resources they provide. Our task force has found, however; it is not quite that simple.

At our roadshow chats and in a recent email survey sent to one residency clinic's employees, we asked about UW Health Employee Resources, namely Wellness at Work programming. We specifically inquired about how many people had used this resource, and if they had not: why? To quote some data from the roadshows, *"Where is AOB? How could I get there when I'm at clinic all day?" "That's not us, that's them. I don't know anyone there."* From a non-Madison based UW Health Clinic, *"A yoga class at 5:45pm in Madison is impossible. If that's our wellness option, it makes us feel more forgotten up here."* 12 DFMCH employees have responded to our email inquiry thus far, with more replies coming in daily. Of the 12 respondents, only one person had used the UW Health Wellness at Work website with a favorable response. Comments from others who have not used this resource range from *"I*

didn't know it existed, I'd like to know more" and "That just doesn't seem like it's for me or who I work with" to *"It might be useful if we could get them to come to my clinic. The yoga class here was great. Why did it stop?"*

To summarize the overall consensus from the roadshow data and responses coming in from our internal survey: UW Health Employee Resources literally and emotionally feels too far away and not part of our DFMCH culture. This, to us, sounds like an opportunity for borrowing and partnership. Can we build a bridge from us to them on a shared path to wellness and resiliency? We think we can, and we plan to work directly with Lisa Riehl and her team to collaboratively coordinate a site coordinator/wellness champion system under both UW Health leadership and, as proposed later in this document, the creation of the FamWELL board representing DFMCH. As Lisa reiterated in our correspondence, *"We need to make sure all clinics and facilities have a champion/site coordinator."* The FamWELL board will serve as a unifying link between what has been happening and will be expanding at UW Health, and what we hope will be happening throughout DFMCH.

As detailed above, current practices can become best practices with connection, collaboration, and a good dose of empirical support. Our task force has been immersed in a literature review of what makes wellness and resiliency best practices not only work but also last and truly change culture. Thanks to our research, we have broadened the definition of what works to encapsulate multiple holistic measures, including increases in wellness, resiliency, productivity, positive morale, and social connection.

We explored key components of effective wellness and resiliency initiatives under the guidelines of Healthy People 2010 and found "effective programs have strong senior and middle management support and grassroots champions, include employee input when developing goals and objectives, have a dedicated staff, have a strong communication strategy consistent with the culture, and are regularly evaluated using well-defined measures of success" (Goetzel et al., 2014).

Resoundingly in the research literature is "the importance of instituting a culture of health as a necessary foundation for effective programs" (Goetzel et al., 2014). When we think of a culture of health, we envision a workplace where being healthy and taking care of ourselves emotionally, physically, and spiritually is the stated given rather than the 'wish I could' after thought. As one roadshow participant so clearly stated to us, *"I just want to know that maybe it would be OK to leave my desk for a bit at lunch. I don't want to get in trouble or have others think I'm not working hard enough."* Goetzel et al, agrees with us by defining a culture of health as "one in which individuals and their organizations are able to make healthy life choices within a larger social environment that values, provides, and promotes options that are capable of producing health and wellbeing for everyone regardless of background or environment. Improving population health requires more than simply convincing people to take better care of themselves. It requires that the organization where individuals spend a good portion of their waking hours creates an environment where leading a healthy lifestyle is the default option."

Research by O'Donnell et al through the American Productivity and Quality Center found 10 common characteristics of wellness initiatives that "work" according to our definition above:

- Linking the program to the organization's values and goals
- Executive management support
- Multi-year strategic planning
- Employee input and choice when developing goals and objectives of the initiative
- Wide variety of programming offerings
- Effective targeting of at risk populations (reaching out and making all feel included)
- Incentives to motivate employees to participate
- Programming is accessible to all employees
- Effective and ongoing communication plan in place (the roadshows continue!)
- Evaluation of effectiveness

It is well documented in the research literature that successful wellness programs that promote health and resiliency with their employees enjoy financial benefits: fewer sick days used (up to 25%) based on a 2012 study. The CDC found that wellness programs that were individualized for each employee resulted in 35% increase in time spent being physically active. Active employees are more physically healthy, more likely to avoid depression and substance abuse, and are more likely to be loyal to their job.

In discussions had and partnerships forged with Molly Heisterkamp, the employee wellness coordinator for UWell through the UW-Madison Office of Human Resources and Talent Development, (more to come on UWell in a bit), we learned of the Wisconsin Department of Health Services Worksite Wellness Toolkit 2010 (see link to Worksite Wellness Toolkit, http://www.dhs.wisconsin.gov/publications/p4/p40135.pdf, also included in the addendum). Molly and the toolkit provided us with some numbers on what can happened when evidence based wellness programs meet a willingness to create a culture of health: 79.9% of employees whose employer implemented an evidence based wellness program felt their employer truly cared about them, 7 out of 10 employees said wellness programs positively influenced the culture at work, 57.5% of employees say participating in wellness programs has had a positive influence on colleagues, and 87% of potential employees state they consider whether or not an organization has a wellness program when taking a job.

This is clear: the success of a wellness and resiliency program seems to mirror how genuinely the whole institution has committed to wellness and resilience at every level. Unless work culture is saturated with the belief that employee wellness is important and efforts are made to invest time in making it a priority, wellness programs often offer well-meaning, but superficial advice that leaves employees feeling misunderstood and cynical about whether their employer genuinely cares about them. This talk the talk, walk the walk mentality is the pulse of Paul Spiegelman and Britt Berrett's book, "Patients Come Second: Leading Change by Changing the Way you Lead" (2013), an attention grabbing title and pages that follow suggesting that a full investment in employee wellness is also a full investment in patient satisfaction, in that order. From surprise cookie rounds in the middle of the night and ongoing company social gatherings and trainings to the creation of Beryl Cares, (a committee created at Beryl Health designed to systematically promote caring across an organization by managing a database of

special dates for employees that prompts CEO Paul Spiegelman to send a hand written note), these two gentlemen make wellness count in words and action.

The results have been impressive. Britt Berrett CEO of Texas Health Presbyterian Hospital in Dallas notes employee engagement scores were in the 50th percentile when he took over. Berrett and his team decided to design fun and interactive listening sessions to talk about how to improve the patient experience and work morale. They started hosting socials and showing up to toast achievements with sparkling cider, and at each listening session they reviewed the mission, created a shared purpose, listened, and made it clear to employees that their thoughts and actions mattered. Long story short, one year later engagement scores jumped from the 50th percentile to the 85th percentile.

These two lively Texans reminded us of an innovative and engaging speaker at last year's Blue Sky Event: Dr. Frank deGruy, Woodward-Chisholm Professor and Chair of the Department of Family Medicine, University of Colorado School of Medicine. In our conversation, Dr. deGruy described setting the stage for a culture of rewarding work for his team and colleagues. "*It starts with me, and when I see my team, I see whole lives. We need to help each other live whole lives.*" Dr. deGruy goes on to explain that those working in his department are encouraged to take two hours in their day to exercise, meditate, and/or focus on their needs. Many migrate together to a fitness facility onsite. There is also an ongoing wellness and resiliency conference series open to all employees with topics including mindful meditation and yoga. We were particularly struck by Dr. deGruy's passionate and no nonsense response to our questions of funding and metrics. *"We bake in a 10% overhead rate because we know people taking care of themselves (mind, body, soul) is important. There is ample evidence that shows a healthy workforce is a productive workforce: an investment in mental wellbeing is an investment in productivity, which pays for the cost. I believe in measurement, but I know this works. Do it because it is the right thing to do."* Well said, Dr. deGruy, and we will provide more specifics on ROI and possible evaluation metrics later in this proposal.

While examining the research literature, the notion of vitality in the workplace resonated with us. Pololi et al, defines workplace vitality characteristics as, "professional fulfillment, motivation, and commitment to ongoing intellectual and personal growth, engagement, enthusiasm, positive feelings of aliveness and energy, and excitement about work." Pololi et al surveyed a stratified random sample of 26 nationally represented US academic health care centers and found that we at the DFMCH are not alone in losing a bit of our vitality these days. A quarter of faculty surveyed reported lacking vitality, and relevant to our mission, the most common pathways back to feeling vital according to these researchers are through positive professional relationships and a sense of belonging in the organization. In other words, "To achieve optimal vitality in the workplace, faculty need trusting relationships with colleagues and need to feel authentic at work, believing their personal values align with those of their academic health care center."

What has been made increasingly clear to us through evidence based practice, in the words of the roadshows, and in dialogue with newly formed partners is that our wellness and resiliency

initiative needs to be practical and sustainable, engaging all levels of staff about what they need to feel well and resilient at work.

As supported by our best practice research, we are exceedingly glad we decided to step out of the literature and ask ourselves and our DFMCH family what makes us feel well at work, what makes us feel unwell, and what do we think we need to build a culture of wellness and resilience across our department. This is how the Wellness and Resiliency Roadshow that you have heard much about was born. We made it our mission to have face-to-face contact with as many employees as humanly possible.

We went everywhere, and more specifically our roadshow stops were as follows:

- UW Health Verona
- UW Health Wingra
- UW Health Northeast
- UW Health Fitchburg
- UW Health Oregon
- Odana Atrium Clinic
- UW Health Yahara
- UW Health Portage
- Alumni Hall
- The PA program
- The State of the Department Meeting
- UW Health Deforest-Windsor
- UW Health Cottage Grove
- UW Health Sun Prairie

We listened to everyone. From September to now, people are still talking, and we are still listening. We visited with 14 sites and over 400 people. Our all-department email gave everyone a chance to make his/her voice heard (and they did—we have received over 30 direct emails, and they are still coming in.) We have also had one-on-one conversations with every member of our DFMCH executive team. From the grassroots to Alumni Hall, we have engaged the energy and nurtured the trust of our community. Now it is time to put it all together: What do we do with all we have heard and learned?

III Option:

Our task force was thrilled to discover that what we had been envisioning was in practice right outside our front door, both at UW Health and the UW-Madison campus community. In meeting and partnering with Molly Heisterkamp, the Employee Wellness Coordinator, working in the Office of Human Resources for the UW Madison campus community, we learned that all the research we reviewed and voices we heard were leading us to a shared vision of a sustainable wellness movement. With her newly created position on campus, Molly acts as a wellness resource and support for the entire campus community, and she inspires, trains, and guides wellness best practices for wellness representatives from different schools and divisions to join together to create a wellness revolution for faculty and staff. Additionally, UW Madison has a campus-wide wellness initiative called UWell. It was envisioned in 2009 in union with the healthy campus 2020 movement and was officially sanctioned in 2011, serving

as a catalyst for establishing and strengthening a culture of wellness on campus. UWell supports policies and environments that are conducive to healthy lifestyles and that create positive downstream proactive health outcomes for the population as a whole. The UWell Partnership Council provides cross-campus connections and collaborations supporting wellness-focused efforts. UWell's mission is to support, promote and advance the health and wellbeing of the entire UW Madison campus community through strategic, collaborative, and broad-reaching efforts that drive a culture and environment of wellness on campus. (See website: www.uwell.wisc.edu)

We were energized by the enthusiasm, success, and staying power of UWell and the best practices in place through UW Health Employee Wellness. Thus we arrived at our evidenced-based, literature-supported, neighbor-approved proposal: the creation of our own FamWELL board and site coordinator system for the DFMCH.

The elected FamWELL board, much like UWell's Partnership Council, will be charged with being the wellness gatherers, supporters, and ambassadors of our department. FamWELL's board will consist of members from across clinic and department sites, including a resident member. The FamWELL board will, quite literally, be a support hub, a "well" of energy, human power, financial resources, and community ties all paving the way for a menu of ongoing and evolving, wellness and resiliency options for each clinic and department site. The FamWELL board will take on the task of creating an evidenced based, wellness best practices menu of options and a tool-kit that each DFMCH location will have the opportunity to choose from and use. This allows the board to ensure that the DFMCH wellness and resiliency options provided will be validated in the research literature and shown to be effective, and it allows us to make sure our menu offerings/tool-kit strategies are financially feasible, sustainable, and fully vetted by DFMCH leadership. Further we plan to combine evidence based, best practice with the voices we heard and learned from in the roadshows to create a menu of options and tool-kits that are not only empirically sound, but also grassroots based and supported.

Some examples of menu options/tool-kits strategies that meet these requirements include:

- One hour training on building resiliency in the workplace (led by Julia Yates)
- One hour yoga class onsite (use internal resources to find volunteer instructor)
- One hour mindfulness training (led by internal medicine fellow)
- 10 minute game break on Fridays at 3pm (already happening at Alumni Hall)
- After clinic Spanish class for staff (explore internal resources for instructor)
- Lunch walking groups
- Monthly birthday potluck
- Common interest meet up groups (hosted and facilitated by FamWELL board members)
- End of work 10 minute meditation (hosted through FamWELL website, led by FamWELL board

We propose that in addition to creating the FamWELL board, each clinic or department site will have an appointed FamWELL Site Coordinator (see FamWELL Site Coordinator Job Description Addendum). This Site Coordinator will be selected/nominated at his/her employment location, and 1-2% of his or her time will be allocated to serving as a FamWELL

Site Coordinator, (in addition to his or her regular duties), for a one year term. We envision each coordinator serving a year term and then selecting a new Site Coordinator annually in hopes that the momentum and energy will spread from coordinator to coordinator. The location manager/leadership will need to vet and support the appointed Site Coordinator and complete a form stating their support. We would also strongly suggest that the location manager join with the elected FamWELL Site Coordinator to create a FamWELL site location dyad team. Site Coordinators will be appointed on a staggered schedule to ensure consistency and continuity. We are adamant that the FamWELL Site Coordinator be truly representative of the entire location, and we will provide clear expectations of his/her role (see job description.) The FamWELL board will provide ongoing training and support for the Site Coordinator/location leadership dyad teams throughout the year, including a kick-off training and quarterly meetings that will include every Site Coordinator/leadership dyad team from all DFMCH sites.

As noted previously, the FamWELL board will be tasked with developing a structured, equitable, evidence based, menu of ongoing and evolving wellness and resiliency options/tool-kit in collaboration with the executive team and leadership council. FamWELL will partner with UWell, our department's Office of Community Health, and UW Health Employee Wellness, (among others), to share ideas, resources, and pathways to menu options and tool-kit fundamentals. The FamWELL board members will meet at least quarterly with all FamWELL Site Coordinator/location leadership dyad teams to support the teams in bringing back tailored options, energy, and ongoing resources to their specific site. The FamWELL board will also make sure the options selected and tool-kits provided are evaluated by its participants at each DFMCH location. The FamWELL board will not only provide the evolving options/tool-kits, but it will also ensure that each plan is carried through at each site. Our goal is to create local ownership, with FamWELL support.

In addition to being the resource and support hub for the FamWELL Site Coordinator/location leadership dyad teams, The FamWELL board will offer regular elective workshops and trainings open to all department employees. These trainings will be on a wide range of wellness and resiliency topics, from Six Hat Thinking and healthy boundary setting, to mindfulness training and stress-management techniques. The FamWELL board plans to offer regular "meet-ups" and interest groups and hold an annual State of Wellness event for all who participate in and help build our community of wellness and resiliency. This event will be a day of reflection, honoring, future planning, and visioning.

Also annually, FamWELL board members and Site Coordinator/location leadership dyad teams will host a department-wide Wellness and Resiliency Symposium. Staying connected in big and small ways is important to us. The FamWELL board will work with IT to create and maintain an interactive web presence on the InsideDFM website that can be accessed by both DFMCH and UW Health employees.

The FamWELL board will make vibrant functional partnerships with the recently unified UWHealth, UWell, the Office of Community Health, the Morgridge Center, UW Health Employee Wellness, and other community groups to share human resources, talent, and energy. We hope to be able to tap into many internal resources to build our wellness and

resiliency menu options and tool-kits. The FamWELL board will also be the liaison between the clinic/department sites and the executive team and funding sources. The FamWELL board hopes to be innovative in its use of human and financial resources by exploring grant funding, partnering with community initiatives, and making connections with local learning institutions that often offer economical pathways to services.

Finally, the FamWELL board will be responsible for ongoing evaluation of the effectiveness of our site coordinator/location leadership dyad system, elective workshops and trainings provided, and the annual Wellness and Resiliency Symposium. We investigated defining our metrics and found this is a question many are asking. Lisa Riehl and her team at UW Health Wellness Options at Work shared that currently they use program evaluations and general volume of program use as measures. Lisa shared that their biggest need at this time is to create a metric for evaluation.

Molly Heisterkamp, Employee Wellness Coordinator for the UW-Madison campus community had the following recommendations when it comes to program evaluation:

- *On the one hand, I encourage you to ask the leadership team what is most important to them and overlay the wellness initiative over their priorities. For example, some units are very interested in employee engagement and have engagement surveys to measure change. Or, perhaps employee retention is being measured. Again, the wellness initiative can be supportive of retaining employees.*
- *Regarding measuring process and immediate impact, I encourage you to track participation rates, program/activity/initiative satisfaction rates, immediate perceived behavior changes and increased knowledge as identified in post-program/activity surveys (both immediately and possibly 3 months out) and collect qualitative data and individuals' success stories.*

We spoke to the RN manager at a UW Health Clinic that is conducting a study of how employee wellness, sense of wellbeing, and morale are impacted by adding exercise equipment open to use onsite. We were impressed by the metrics this clinic had in place to evaluate the above mentioned outcomes, namely The SR-36 Health Survey and the Mini Z Survey Plus, (both of which we have included with our proposal re-submission).

In light of what we have learned about evaluation measures (or even lack thereof), we recommend the following evaluation plan:

- Collecting pre and post data using the SR-36 Survey and the Mini Z survey plus
- Measuring participation in site based wellness options, trainings, and annual symposium
- Ongoing roadshow follow-ups to all location sites two per year to collect in-person feedback and maintain social connection
- 6 month check-in individual interview with site coordinator and location leadership at each site
- Compose pre and post measure of social connectedness (Blue Zone option)
- Ongoing monitoring of FamWELL website: development of interactive blog for timely feedback/suggestions across all DFMCH

Before taking a moment to investigate the possible financial requirement in creating and implementing the FamWELL board and Site Coordinator/location leadership dyad system, we would like to clearly propose two options in making our vision of an ongoing, evidence based, and sustainable wellness and resiliency movement at DFMCH a reality.

Our first option we are calling our **Premium Plan** and this includes all we have outlined above, namely:

- Creating the FamWELL Board
- Electing the Site Coordinators at all DFMCH location sites, sanctioned time in existing job description at 1-2%
- Creating Site Coordinator/location leadership dyad teams
- A kick-off training for Site Coordinator/location leadership dyad teams
- Quarterly meetings with FamWELL board members and dyad teams
- FamWELL board developing a menu of wellness options and tool-kits for all DFMCH site locations
- FamWELL board ensuring through the Site Coordinator system the delivery and follow through of site based menu options, ongoing tool-kit resources, and evaluation and quality improvement measures at each site: pre and post Mini Z survey Plus, SF-36 Health Survey, Blue Zone social connectedness measure, program volume and participation tracking
- FamWELL board making clear and functional partnerships with UWell, UW Health Employee Wellness, etc
- FamWELL board providing ongoing trainings, wellness programming, meet up groups, and annual events for all of DFMCH
- Launching the first Annual DFMCH wellness and resiliency symposium
- State of wellness annual retreat for the FamWELL board and all who partnered with us in creating and delivering our menu of options/tool-kits and those who provide ongoing support for FamWELL
- Maintaining easily accessible and regular communication channels via our website, (feedback blog), and follow up/ongoing roadshows (two roadshows to each DFMCH site annually)
- **In premium plan only: hiring a Director of FamWELL (see addendum for job description), Possible job/time allocation for bi-annual roadshows**

In our discussions with Molly Heisterkamp, the employee wellness coordinator for UW-Madison, and her team at UWell, and in exploring best practices in the Wisconsin Department of Health Services Workforce Wellness Toolkit (see link to toolkit in the addendum), the need for someone to manage and direct an evidence based, sustainable wellness initiative designed to systematically change culture quickly became apparent. As Molly shared with us, *"It is very exciting that you are proposing to create a job for the director of FamWELL. This is so important and often overlooked."* When Molly reviewed our proposal, she also commented *"I feel the FTE you recommended for the director at 50% time should actually be higher."* Molly then directed us to the following set of statistics outlining the suggested %FTE dedicated to overseeing workplace wellness initiatives based on number of employees in an organization as recommend by the Wisconsin Department of Health Services Workforce Toolkit, page 9:

- .1 FTE for up to 25 employees
- .4 FTE up to 100 employees
- .8 FTE up to 250 employees
- 1.0 FTE up to 500 employees
- 1.5 FTE up to 1,000 employees
- 2.5 FTE up to 2,500 employees

A final thought on the **Premium Plan** is to share the anecdotal evidence of the amount of work and energy needed to build and sustain the type of wellness movement the DFMCH deserves. The evidence of best practice shows and our roadshow data confirms that we need a system that is imbedded in our way of working, day to day. Coming together in this task force is a great example of how passion and purpose motivates, but we all agree; it would be a challenge to maintain the kind of energy and commitment we would want to invest to uphold our fully engaged momentum beyond a limited number of months to the years necessary to produce this kind of needed and entrenched change. Having someone with sanctioned time and a clear job investment to lead the charge, assume responsibility, and stay the course when the messy middle hits, (as is the practice of both UW Health Wellness Promotions and UWell), is one answer to not only how do we do this, but how do we keep doing this.

We do understand, however; financial limitations are real. In thinking about what is at the heart of our proposal: we kept coming back to investment, ownership, and partnership. Goetzel et al highlight in another study conducted with the American Productivity and Quality Center that the common themes found in best performing employee wellness programs include organizational commitment, evidence-based interventions, effective implementation, and ongoing program evaluation. This leads us to our second proposal option: **The Baseline Plan.** This plan is aimed to be more budget neutral and eliminates the director of FamWELL position.

The Baseline Plan includes:

- Creating an all-volunteer FamWELL board
- Election of Site Coordinators at each DFMCH site, creation of Site Coordinator/location leadership dyad teams based in shifting of job duties and time allocation
- Kick off training for Site Coordinator/location leadership dyad teams
- FamWELL board developing menu of options/tool-kits for all DFMCH site locations: flexible timescale in delivery: one menu item per site annually? Rotating site delivery, half sites one year, half sites next year option?
- Quarterly meetings with FamWELL board and Site Coordinator/location leadership dyad teams
- FamWELL board ensuring through Site Coordinator system the delivery of site based menu options, ongoing tool-kit resources, and evaluation and quality improvement measures at each site (pre and post Mini Z survey Plus, SF-36 Health Survey, Blue Zone social connectedness measure, program volume and participation tracking)

- FamWELL board will make clear and functional partnerships with UWell, UW Health Employee Wellness, our department's Office of Community Health, etc
- FamWELL board will offer limited trainings, wellness programming, and state of wellness retreat open to all DFMCH staff and FamWELL partners
- Maintaining easily accessible and regular communication channels via our website, (feedback blog), and limited follow up roadshows stops
- Launching a smaller version of the first Annual DFMCH Wellness and Resiliency symposium

In proposing our premium plan and baseline plan, we offer options and open up a discussion on what we can invest and where best to invest it. There is much data in the research literature supporting that investing in wellness and resiliency in our employees is, in fact, a cost benefit and not a cost drain. A meta-analysis examining 42 studies concluded that participants in wellness/health promotion programs had about 25% lower absenteeism and medical expenditures than non-participants (Chapman et al). In terms of specific ROI, a Harvard study found medical and absenteeism ROIs amounting to $3.27 and $2.70, respectfully, saved for every $1 invested in employee wellness initiatives over a three year time span (Baicker et al.) Molly Heisterkamp provided us some statistics from a report from the Department of Health and Human Services indicating that employee productivity rates increased by 52% due to health and wellness programs. Molly also sites a meta-analysis study by Parks and Steelman concluding that once wellness programs are implemented, turnover rates fall and employee satisfaction increases, giving organizations a financial and cultural ROI.

IV Financial Requirement:

FamWELL Budget Proposal and Justification

Personnel: (**Premium Plan Only**)

FamWELL Director (.5 FTE)	$ 50,775
Personnel Total:	$ 50,775

Wellness Program Expenses: (**Decreased amounts in Baseline Plan**)

Quarterly Wellness Options	$ 25,200
Trainings	$ 1,800
Annual Symposium	$ 4,000
Annual State of Wellness Event	$ 2,500
FamWELL Board Planning Meeting	$ 500
Program Expenses Total:	$ 34,000

Total Budget Request:	Premium Plan: $84,775 Baseline Plan: $34,000

Personnel:

FamWELL Director in Premium Plan Only (.5 FTE): *Salary $75,000/35.4% Fringe Rate.* We propose .5 FTE for this position. A substantive time commitment for this position is critical, particularly since the proposal involves engagement with 21 sites to preserve the grassroots nature of this endeavor. We also want to stress the need for creating an internal and separate position for this role to not only maintain grassroots involvement, but also to demonstrate and validate our commitment to an ongoing and lasting culture change (which, according to our literature review, is critical to the sustainment of successful wellness and resiliency initiatives).The role of the Director is outlined in detail in the position description found in the addendum.

FamWELL Site Coordinators (1-2% job allocation) *clinical staff @ 21 sites (20 clinics and Alumni Hall/Health Services Learning Center/UW Hospital and Clinics).* As outlined in detail in the proposal, the Site Coordinators are important to achieving the level of engagement that will make FamWELL part of the DFMCH culture of wellness and resilience. In both the **Premium Plan** and **Baseline Plan** this is an in-kind commitment of time based on a reallocation of duties during the one-year site coordinator appointment.

Wellness Program Expenses: (Decreased amounts for each in Baseline Plan)

Quarterly Wellness Options ($25,200): *$1,200 per site.* These are designed to be supplemental to the site's funds that are used for staff relations and wellness. There may be options offered that are available for a nominal cost or even free. We are hoping that that FamWELL Site Coordinators, in partnership with the FamWELL Board, can develop ongoing, sustainable partnerships that will allow us to offer a wide range of affordable options to our DFMCH sites. We also welcome collaborative input in designing a reasonable delivery plan in terms of scope and financial requirement: for example, once a year site based menu options delivered during roadshows or a rotating delivery schedule across multiple years (half of sites first year, second half the following year).

Trainings ($1,800): *$600 per training/3 trainings per year.* We will offer elective trainings targeted to site coordinators but open to all DFMCH employees.

Annual Symposium ($4,000, based on Whole Me, Whole WE costs): Once a year the FamWELL board members and Site Coordinators will organize a wellness symposium that will bring staff and faculty from all of the sites together to experience time devoted to wellness and resilience. UWell holds an annual symposium, and we will use this and the success of the Whole Me, Whole WE Integrative Medicine Conference as models.

Annual State of Wellness Event ($2,500): This will be an all department event open to all those who have participated in our wellness programming and those who have partnered with us in delivering our wellness/resiliency programming. The FamWELL board will lead an interactive day of reflection/debriefing from the previous year, sharing and honoring successes, examining needs for improvement, and visioning/goal setting for the upcoming year.

FamWELL Board Planning Meeting and Miscellaneous Supplies ($500): In addition to regular meetings, the FamWELL Board will hold a yearly planning retreat in partnership with the Site Coordinators. The funds budgeted are for food and other supplies needed for the meeting.

Funding Sources: FamWELL will be steadfastly committed to exploring innovative means of funding: our board will work with our DFMCH research team to apply for applicable grant funding through sources such as the Morgridge Center and Healthy Campus 2020.

V Planning:

Short Term Tactical Plan (Year 1)

- Creation of the FamWELL Board
- Appointing the Director of FamWELL (**In Premium Plan**)
- Creation of the interactive FamWELL Website
- FamWELL board creates evidence based menu of wellness and resiliency options/tool-kits
- Partnering with UWELL, UWHealth, DFMCH and community resources to facilitate and provide menu of options
- Secured human and financial resources to fund menu options for one calendar year
- Appointment of FamWELL l Site Coordinators and creation of Site Coordinator/location leadership dyad teams
- Training and Launch meeting for FamWELL l Site Coordinator/location leadership dyad teams
- Plan in place for quarterly FamWELL meetings including all Site Coordinator/location leadership dyad teams and the FamWELL board members
- Program design for ongoing FamWELL trainings, workshops, and ongoing/evolving programming
- Development of evaluation plan including
    - Roadshow data about DFMCH employees' experiences with the FamWELL initiative and ongoing needs
    - FamWELL website traffic data
    - Pre-post data from FamWELL workshops and symposia
    - Department-wide wellness survey (SF-36 Health Survey, Mini Z survey Plus, Social connectedness/Blue Zone evaluation

- Plan for ongoing program evaluation and revisions (bi-annual roadshow stops, site coordinator check-ins)

Long Term Tactical Plan (Year 2)

- Implementation of and systematic follow through with success measures and ongoing and timely quality improvement processes and evaluations
- Plan, organize, and complete first annual DFMCH FamWELL symposium
- Bi-annual Roadshows to maintain department wide communication and feedback: how are we doing, what should we do more of, less of?
- Maintaining and strengthening partnerships with UWell, the Office of Community Health, DFMCH leadership, UW Health and Employee Wellness
- Appointment and training of second round FamWELL Site Coordinators: annual rotation and training
- Publications/paper presentations/getting the word out about our work

As we hope is now clear, FamWELL is a wellspring of what has been running dry in our department. The creation of the FamWELL board and the FamWELL Site Coordinator system bring wellness and resiliency back as a foundational element of our community. FamWELL promotes a synergy of local voice and upward support. Choice and ownership come at the clinic and site level, with the FamWELL board serving as the resource and support bridge to what is possible, feasible, and sustainable on the leadership side of the pond.

We were asked in our proposal presentation “is this about cultural change?” and “who is this for, individuals, community, or DFMCH?” Our answer is a resounded yes to all of the above. To borrow some powerful wording from the UWell charter, “Sustained, population-based wellness is most effectively achieved through a culture of wellness, defined as the sum of social influences on attitudes and behaviors, including shared values, norms, support, and environment.” We wholeheartedly agree, and our goal is to create a work ecosystem that promotes, demonstrates, and validates individual wellness and resiliency, which symbiotically supports community wellness and resiliency, which in turns strengthens and maintains a healthier, more resilient, and more socially connected DFMCH.

FamWELL’s mission is built on 3 foundational pillars: trust, authenticity, and follow-through. We believe they are what we need to create a cyclic and reinforcing culture of wellness that permeates every interaction, every communication, and every connection.