Understanding how a culture of wellness was established and is perceived at a large Texas public school district that has an award-winning employee wellness program

by

Cordelia Rodriguez- Sarabia

B.S., Texas A & M International University, 2004
M.S., Texas A & M International University, 2008

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF EDUCATION

Department of Educational Leadership
College of Education

KANSAS STATE UNIVERSITY
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Abstract

The COVID-19 global pandemic not only transformed but also reinvented the U.S. workforce, with many workers returning to the workplace demanding more work–life balance options for increased quality of life and health. As a result, many employers explored employee health promotion programs, also known as employee wellness programs (EWPs). Wellness programs in the academic setting, however, are typically designed and implemented for students, not faculty and staff. Historically corporations have been the leaders in instituting EWPs (Amaya et al., 2019).

Wellness programming is consistent with the college mission, making it ideal to offer programs to their employees (Linnan et al., 2010). An obstacle for academic institutions, like colleges, is that they have unique challenges due to their large and diverse employee population, including maintenance staff, administrators, and faculty from different disciplines (Hill-Mey et al., 2015). In addition, few specific examples of how to establish a successful EWP and a culture of wellness on community college campuses are available. In fact, the limited amount of community college EWPs that have received recognition for creating a culture of wellness was the reason for a change in the study site.

The purpose of this study was to understand how a culture of wellness was established and perceived at the United Independent School District, a large Texas public school that has received recognition for their EWP from the American Heart Association for several years. Understanding key elements of their EWP can provide value to other academic institutions, like community colleges, that are trying to establish a culture of wellness at their campus and may contribute to policy or practice for such initiatives.

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Acknowledgements

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"She believed she could, so she did."

- *R.S. Grey*

Chapter 1 – Introduction

On March 13, 2020, the Trump Administration declared a nationwide emergency due to the coronavirus disease, also known as COVID-19 (Centers for Disease Control and Prevention [CDC], 2023a). COVID-19 is a disease caused by a virus named SARS-CoV-2 and can be very contagious and spread quickly (CDC, 2023b). According to the COVID-19 timeline (CDC, 2023a), a couple of days after March 13th, many states and school systems began to shut down. In 2021, the PEW Research Center, a nonpartisan organization that informs the public about the issues, attitudes, and trends shaping the world, reported approximately one third of people in the United States felt their physical and mental health had degraded throughout the COVID-19 global pandemic. Thus, the COVID-19 global pandemic changed the lives of many.

The COVID-19 global pandemic also changed the future of work for millions of employees, disrupting their prepandemic work lives and putting a spotlight on the need to create a work culture that supports physical and mental employee health (American Heart Association, n.d.-c). The COVID-19 global pandemic not only transformed but also reinvented the U.S. workforce, with many workers returning to the workplace demanding more work–life balance options for increased quality of life and health. Many employers explored employee health promotion programs, also known as employee wellness programs (EWPs). For this study, the term EWP was used to describe programs offered by employers designed to promote health, prevent disease, and encourage the health and safety of all employees (CDC, n.d.).

Statement of the Problem

In 2010, the Affordable Care Act (ACA, Patient Protection and Affordable Care Act, 20-10), a comprehensive reform, was amended to include and encourage employers to implement health promotion programs (American Medical Association [AMA], n.d.). Healthy People 2030,

national data informed objectives originally created in 1980 by the U.S. Department of Health and Human Services (HHS) and released every decade since, have resulted in developing workforce objectives with a focus on increasing the proportion of worksites that offer EWPs (U.S. Department of HHS, n.d.). In higher education, the American College Health Association's (ACHA, n.d.-c) Healthy Campus, formerly Healthy Campus 2020, empowers campus communities to improve health and well-being. Healthy Campus has created topics, such as nutrition and weight status, physical activity and fitness, stress management, and tobacco, as areas of focus for higher education. ~~Similarly~~Similarly, in the state of Texas, the Texas Education Agency (TEA, n.d.-b), included staff wellness promotion as one of the eight pillars of their Coordinated School Health program. These reforms, objectives, and initiatives serve to stress the importance of a healthy workforce and EWPs.

The goal behind EWPs is for employees to adopt and sustain behaviors that lower health risks, improve physical and mental quality of life, and enhance worker productivity (Change Agent Work Group, 2009). Added benefits of EWPs include lower healthcare cost trends, less absenteeism, improved employee safety, enhanced recruitment and retention, and improved employee relations and morale (Change Agent Work Group, 2009). Investing in building a culture of health is beneficial to employers and employees.

Wellness programs in the academic setting have been typically designed and implemented for students. Many academic institutions, including colleges and school districts, have unique challenges regarding EWPs due to their large and diverse employee population, including maintenance staff, administrators, and faculty from different disciplines (Hill-Mey et al., 2015). However, corporations have historically been the leaders in instituting EWPs (Amaya et al., 2019). The problem addressed in this study was few specific examples of what has been

used in establishing successful EWPs and a culture of wellness at academic institutions are available.

According to Marken and Matson (2019), faculty and staff members who are emotionally and psychologically engaged are more committed to their work and produce better student outcomes than less engaged peers. School employees who take care of themselves can serve as role models to students. Linnan et al. (2010) suggested wellness programming is consistent with the community college mission, making it ideal to offer programs to their employees. Similarly, the CDCs Healthy Schools (2023a) agreed school staff can give their best when they feel their best.

Although the focus and goals of EWPs are clear, there is no one-size-fits-all approach for establishing or implementing such programs (Cooper, n.d.). Resources and infrastructure can also be an obstacle in program planning (ACHA, n.d.-c). According to Cooper (n.d.), EWPs should be designed and customized to meet the needs of unique employee populations.

Background of the Problem

The leading causes of death and disability in the United States have been chronic diseases, such as heart disease, cancer, chronic lung disease, stroke, diabetes, and chronic kidney disease (CDC, 2022b). According to the CDC (2022b), 6 in 10 adults had chronic disease, and 4 in 10 adults had two or more conditions. In 2020, COVID-19 was known for affecting individuals who had chronic medical conditions more harshly. Wortham et al. (2020) reported 4 in 10 people who died from COVID-19 had diabetes. As a result of COVID-19 and chronic conditions, the life expectancy dropped from 79 to just a little over 76 years old in 2020 (Shmerling, 2022).

Key lifestyle factors that contribute to chronic disease are tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use (CDC, 2022b); these four key factors are modifiable, meaning they can be changed. Ways to change risk factors include implementing smoking cessation, physical activity, nutrition, and substance abuse programs. Leading a healthy lifestyle, obtaining preventative care, and establishing communities of health are also important to reduce chronic disease (CDC, 2020). CDC (2022b) has also suggested sharing information to help individuals understand risk factors and how to reduce them. Strengthening health care systems to deliver prevention services was another suggested intervention to reduce risk factors (CDC, 2022b).

The AMA (2023) reported health spending in the United States increased by 2.7% in 2021 to $4.3 trillion. The top four categories of health expenditures included hospital care (31.1%), other personal care (16.0%), physician services (14.9%), and prescription drugs (8.9%). Of all expenditures reported by the AMA (2023), 10.2% were out-of-pocket expenses. CDC (2022a) also reported spending for personal health care was $3.207 trillion in 2019. Modifying risk factors, education, preventative measures, and building communities of health and wellness, as the CDC (2022b) suggested, could reduce national health spending.

Even before alarming facts and statistics like those from the AMA (2023) and CDC (2022a, 2022b) became available, organizations like the ACHA (n.d.-a) advocated for healthy college campuses. In 2010, the ACHA (n.d.-b) formed the Faculty Staff Health and Wellness Coalition and has conducted three surveys to follow health trends in higher education. In 2012, 2014, and 2018, the ACHA investigated and compared what measures and programming were being implemented to reduce health issues at college campuses. Responses varied by question and year, but evidence supported measures focused on the reduction of chronic conditions.

Around the same time the ACHA formed the Faculty Staff Health and Wellness Coalition, the TEA mandated pre-K–12 schools complete the School Health Survey, a survey that gathers information on the implementation of school health-related polices, programs, and practices (TEA, n.d.-b).

More recently, an emphasis on mental health of not only students, but also of faculty and staff, has gained attention in academic institutions. According to Course Hero (2020), the COVID-19 global pandemic left college faculty stressed and burnt out. The Society for Public Health Education (SOPHE) reported the pandemic ignited an ongoing problem in the U.S. educational system. In 2020, 80% of teachers reported feeling burned out, and stress was the number one reason for leaving the teaching field during the first year of the pandemic (SOPHE School Employee Wellness, 2023). Riba and Malani (2022) suggested institutions of higher education invoke a public health lens when considering the health needs of their faculty and staff. Stakeholders, including faculty, staff, and health care representatives, play a key role in the long-term care of all members of the campus community, including all employees (Riba & Malani, 2022).

In 2023, the American Association of Community Colleges (2023) reported there were 1,038 community colleges in the United States, making them uniquely equipped and positioned to provide adult health programs. Linnan et al. (2010) suggested wellness programming is consistent with the community college mission, ideal then, for community colleges to offer programs to their employees. Amaya et al. (2019) concurred when academic institutions take the lead in creating best practices and standards in health and wellness, they support the health efforts of their own students, faculty, and staff, and facilitate wellness in the surrounding community.

Academic institutions are ideal environments for EWPs, but securing commitment and support is essential for a successful EWP. According to Quirk et al. (2018), employees felt it was essential to have the executive board and managerial team support. SOPHE School Employee Wellness (2023) also noted for school EWPs to be successful and sustainable, they need the support of top leadership and decision makers. Top-down support is essential for buy-in. Support from management is also a strategic driver and best practice.

Although an EWP can be monumental for developing a culture of health and wellness, not only for employees, but also students and the community, few specific examples of what has been successful in establishing a culture of wellness at college campuses are available. The limited amount of community college EWPs that have received recognition for creating a culture of wellness was the reason for a change in the study site. The National Center for Education Statistics (2016) recognized the pre-K–12 setting employed more than 6 million individuals, also making it suitable to establish and implement EWPs. Understanding key elements of EWPs in the pre-K–12 setting can provide value to other academic institutions, like community colleges, that are trying to establish a culture of wellness at their campus and may contribute to policy or practice for such initiatives.

Purpose of the Study

The purpose of this study was to understand how a culture of wellness was established and perceived at the United Independent School District (UISD), a large Texas public school, that received recognition for their EWP from the American Heart Association for several years.

Research Questions

The following questions guided the current study:

1. How was a culture of wellness established at UISD?
2. How do employees ~~the faculty and staff~~ perceive the culture of wellness at UISD?

Theoretical and Conceptual Frameworks

A theoretical framework is "a structure that guides research by relying on a formal theory that is constructed by using an established, coherent explanation of a certain phenomena and relationship" (Eisenhart, 1991, p. 203). The theoretical framework that guided this study was Schein's (2010) three levels of culture. Schein (2010) believed culture is developed over time and in three levels. The three levels include (a) artifacts, (b) espoused beliefs and values, and (c) basic underlying assumptions. Table 1 defines the three levels of culture.

Table 1

Edgar Schein's Three Levels of Culture

Cultural level	Description
1. Artifacts	• Visible and feelable structures and processes • Observed behavior ○ Difficult to decipher
2. Espoused beliefs and values	• Ideals, goals, values, aspirations • Ideologies • Rationalizations ○ May or may not be congruent with behavior and other artifacts
3. Basic underlying assumptions	• Unconscious, taken-for-granted beliefs and values • Determine behavior, perception, thought, and feeling

Note. From *Organizational Culture and Leadership* (p. 24), by E. H. Schein, 2010, John Wiley & Sons.

According to Schein (2010), although the essence of a group's culture is its pattern of shared, basic taken-for-granted assumptions, the culture will manifest itself at the level of observable artifacts and shared espoused beliefs and values. Manifestation occurs over time as employees go through numerous changes, adapt to the external environment, and solve problems (Schein, 2010). Examining observable artifacts, espoused values, and basic underlying assumptions, and looking at the embedding mechanisms leaders use will highlight whether institutions are living the values they profess. When Pronk (2010) considered the notion of culture as defined by Schein, and applied it in the context of health, he stated "both the support for individual and population health must be considered, while supporting the marketplace performance of the business" (p. 36). The study's researcher used this theoretical framework to better understand organizational culture.

A conceptual framework is a lens through which the research problem is viewed and explains key factors, variables, or constructs and presumed relationships among them (Miles et al., 2019). The conceptual framework that guided this study was Schein's (2010) learning culture. The learning culture is comprised of the following 10 characteristics:

1. Proactivity
2. Commitment to learning to learn
3. Positive assumptions about human nature
4. Belief that the environment can be managed
5. Commitment to truth through pragmatism and inquiry
6. Positive orientation toward the future
7. Commitment to full and open task-relevant communication
8. Commitment to cultural diversity

9. Commitment to systemic thinking
10. Belief that cultural analysis is a valid set of lenses for understanding and improving the world.

Schein (2010) stated cultures need to be more adaptive and flexible in a time where the world is more turbulent. The researcher used Schein's three levels of culture and the learning culture to learn how UISD established a culture of wellness at their institution and the perception of employees.

Methodology

The study used a qualitative case study to observe the EWP at UISD. The study analyzed district artifacts (e.g., facilities), espoused values (e.g., the district's strategic goals, vision, and mission), and underlying basic assumptions (e.g., thoughts and feelings). In addition, the researcher used Schein's (2010) three levels of culture and the learning culture to create semistructured questions and interview district employees to learn about their perceptions. Document analysis was used as a means of triangulation to seek convergence and corroboration by comparing the written documents to the employee's semistructured interviews (Bowen, 2009).

Alignment Table

The alignment table in Appendix A provides an overview of how Schein's (2010) three levels of culture and learning culture aligned with research methodology, research, and interview questions of the study.

Researcher Background

According to Patton (2002), the study should include some information about the researcher. As the Employee Wellness Coordinator at UISD, and the researcher of this study, I

was self-aware and acknowledged the dual role I had in conducting rigorous and objective research. Lochmiller and Lester (2016) stated, “Reflexivity is the process of intentionally accounting for assumptions, biases, experiences, and identities that may impact any aspect of the research study” (p. 94). My position as the EWP Coordinator provided me with insight into the district’s wellness programming, including but not limited to, daily operations, employee needs, and organizational culture.

At the time of the study, I served as the Wellness Coordinator who oversaw the EWP at UISD, a district who received Gold-level recognition from the American Heart Association’s Workforce Well-being Scorecard. The main objective of the Wellness Coordinator’s role is to establish, implement, oversee, and evaluate the district’s EWP. I had been employed with UISD for 5 months the first time they completed the Well-Being Scorecard and was one of the three individuals who completed the assessment. The subsequent year, I reviewed the district’s responses and submitted the Well-Being Scorecard for the district. Given my background in health and wellness, most recently worksite wellness, I am aware of the standards and best practices often recommended for the implementation of EWPs. I was cognizant in not allowing my experiences and potential biases to misrepresent the data presented. To address this, I also took intentional steps, like using Tracy’s (2010) big tent as a model to evaluate the quality of the study. The big eight criteria are discussed in Chapter 3.

Delimitations

A boundary of the current study was it included a small sample size of referred employees from only one school district in Texas (i.e., UISD) that received Gold-level recognition on the Workforce-Wellbeing Scorecard by the American Heart Association (n.d.-a, n.d.-b). Another delimitation was the study focused on elements of the school district (e.g.,

programs, policies, or practices) perceived to contribute to the culture of wellness. The last delimitation is the short timeframe, about 3 months, in which the data was collected.

Assumptions

Assumptions of the study included (a) all interviewees answered truthfully and transparently and (b) there were no hidden agendas among interviewees.

Significance of the Study

The significance of the study was that it may assist in understanding how to establish a culture of wellness at any academic institution and contribute to the research of EWPs in the community college setting. Understanding key elements of UISD's EWP may provide value to other institutions, like community colleges, that are trying to establish a culture of wellness at their institution and may inform policy or practice for such initiatives. The study of a successful academic institution's wellness program can also demonstrate how an organization can contribute to a healthier workforce.

Definitions of Terms

American College Health Association (ACHA) is a principal leadership organization with a mission for advancing the health of college students and campus communities through advocacy, education, and research. ACHA (n.d.-a) represents over 700 institutions of higher education and the collective health and wellness needs of 20 million college students.

Employee wellness programs (EWP), or workplace health programs, are a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite that includes programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees (CDC, n.d.).

Healthy Campus is an ACHA (n.d.-c) initiative that has provided a foundation for campuses working toward health and well-being. Healthy campuses are supported by a strong infrastructure and foundational cornerstone, share strategies that create community, and have an established culture of health and well-being among students, faculty, and staff (ACHA, n.d.-c).

Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade (U.S. Department of HHS, n.d.).

National health expenditures are estimates from the Centers for Medicare and Medicaid Services that measure calendar year spending for health care in the United States by type of service delivered (e.g., hospital care, physician services, or nursing home care) and source of funding for those services (e.g., private health insurance, Medicare, Medicaid, or out-of-pocket spending; CDC, 2022a).

Presenteeism is a decrease in job performance due to the presence of health problems (Change Agent Work Group, 2009).

Texas Education Agency (TEA) is a state agency that oversees primary and secondary public education. It is headed by the commissioner of education. The TEA (n.d.-a) improves outcomes for all public-school students in the state by providing leadership, guidance, and support to school systems.

The American Heart Association's Workforce Well-being Scorecard is a tool designed to help employers evaluate the culture of health and well-being in their workforces to identify gaps and determine how their progress stacks up to peer organizations (American Heart Association, n.d.-b).

The Society for Public Health Education (SOPHE) is a nonprofit, independent professional association that represents a diverse membership of health promotion and health

education professionals and students in the United States and several international countries (SOPHE, 2024).

The United Independent School District (UISD) is a large public school district in Laredo, Texas. UISD has approximately 7,000 employees with 30 elementary schools, 13 middle schools, five high schools, and four high school freshman campuses (UISD, 2024a).

Chapter Summary

Chapter 1 provided an overview of the study, including the background of the problem, and the purpose and significance of the study. Schein's (2010) three levels of culture and the learning culture served as the theoretical and conceptual frameworks. An overview of the methodology used in the study was also included, in addition to the study's quality, delimitations, assumptions, and definitions of key terminology.

Organization of the Study

Chapter 1 of the dissertation presented an overview of the problem and purpose, its significance, the researcher's background, and an outline of the study. Chapter 2 provides a detailed literature review of EWPs, best practices for successful EWPs, and EWPs in the college and pre-K–12 settings. Chapter 2 also includes the theoretical and conceptual frameworks of Schein (2010). Chapter 3 details the qualitative research methodology planned for the study, which includes conducting semistructured interviews and document analysis. Chapter 4 discusses the research findings, and Chapter 5 provides the researcher's analysis, conclusions, and recommendations for future research based on study findings, as how they relate to the literature.

Chapter 2 – Literature Review

The COVID-19 global pandemic transformed the U.S. workforce, leaving nearly a quarter of U.S. citizens looking for more work–life balance, and about one third feeling their physical and mental health had degraded throughout the pandemic (PEW Research Center, 2021). The World Economic Forum (2022) stated, "Post-pandemic, employers have a new responsibility to actively support the health and wellbeing needs of employees to help them feel safe and to flourish" (para. 1). According to the Society for Public Health Education (SOPHE) School Employee Wellness (2023), "The COVID-19 pandemic ignited an ongoing problem within the U.S. educational system, which has included a declining labor force, increased stress and anxiety among school staff, and low morale among employees in K–12 public school settings" (p. 4). The literature review in Chapter 2 describes the literature search, employee wellness programs (EWPs), best practices for successful EWPs, EWPs in the college and pre-K–12 settings, and leadership. Finally, Chapter 2 includes a review of the theoretical and conceptual frameworks that guided the study and addresses the absence of guidance and clarity on the design and implementation of EWPs in academic institutions (Alexander et al., n.d.; Fonarow et al., 2015).

The Literature Search

Information in Chapter 2 was gathered to provide guidance and context to the study. The literature sources used were peer-reviewed journal articles, public health websites, professional reports, subject specific articles, dissertations, and books. Documents were discovered through the Kansas State University library databases and Google Scholar.

Employee Wellness Programs

In 2014, the Affordable Care Act (ACA, Patient Protection and Affordable Care Act, 2010) proposed the creation of new incentives for EWPs and suggested building on existing program policies to promote employer wellness programs and encourage opportunities to support healthier workplaces (U.S. Department of Health and Human Services [HHS], n.d.). Many companies responded to the promotion of employee wellness in the workplace. However, according to Nash, (2015), even before the ACA emphasized employee health promotion, employers had already begun acknowledging the value of a healthy workforce. Hammer et al. (2015) also stated workplace wellness programs began over 30 years ago.

The U.S. Department of Labor Employee Benefits Security Administration (2014) stated EWPs were programs offered by employers designed to promote health or prevent disease. According to the Change Agent Group (2009), a group of leaders and influencers working together to accelerate improvement in the U.S. workforce health and productivity, the goal behind EWPs is for employees to adopt and sustain behaviors that lower health risks, improve physical and mental quality of life, and enhance worker productivity. For employers, healthy employees mean lower costs associated with chronic conditions, less disability and medical claims, and less turnover (Goetzel et al., 2014). A properly designed program can have a substantial positive impact on an organization's employee health and its finances (Cyboran & Paralkar, 2013). The Change Agent Group (2009) noted the following benefits of EWPs:

- lower healthcare cost-trends,
- greater productivity,
- less absenteeism,

- less presenteeism (a decrease in job performance due to the presence of health problems),
- improved employee safety,
- enhanced recruitment and retention of employees,
- reduced rates of illness and injuries, and
- improved employee relations and morale. (p. 9)

In the early 1900s, facilities such as parks or swimming pools were made available to employees (Hill-Mey et al., 2015). Since then, EWPs evolved to incorporate not only physical fitness elements, but also programs that revolve around health education, smoking cessation, weight loss, stress management, and mental health. According to Miller (2015), the strongest EWPs are supported by senior leadership who build a culture of health and interweave individual health needs with overall company goals.

Although health care reforms and programming exist, there are no defined or established quality standards for EWPs (Fonarow et al., 2015). As a result of the lack of guidance and clarity on the design and implementation of EWPs, every EWP can be different. The use of health risk assessments (HRAs), areas of focus, and use of incentives are a few differing factors. In addition, an EWP does not guarantee effectiveness or benefits because programs may be poorly planned or lack design, implementation, and/or evaluation components, resulting in more negative effects (Fonarow et al., 2015).

Strategies and Best Practices of Successful EWPs

Due to the absence of clear guidance and direction on designing and implementing EWPs, adopting best practices and strategies is essential. Miller (2015) pointed out wellness programs are most effective when they are clearly tailored to the goals and needs of specific

populations and provide sufficient opportunities for employee engagement and input, which can be accomplished by looking at the entire employee population, families, and organizational culture to determine how people can be encouraged to change their behavior. Coordinating and incorporating a comprehensive set of strategies with the whole employee in mind is the key to having a successful program. Key strategies referenced in the literature include wellness champions and committees, communication, wellness programming services, assessments and surveys, and incentives.

Wellness Champions and Committees

A critical strategy for an effective and successful EWP is to have wellness champions and wellness committees. Click (2017) stated wellness champions or committees are individuals and groups who facilitate engagement and lead or carry out the strategic health plan and shared vision of the wellness program. The Centers for Disease Control and Prevention's (CDC, 2018) Workplace Health Center Resource stated committees can even assist with early assessment and planning phases. Cyboran and Goldsmith (2012) said wellness champions and committees also ensure program oversight.

According to Miller (2015), wellness champions and committees have a desire to help others and demonstrate the importance of making health and wellness a priority. Wellness champions and committees also play a key role in collaborating with internal and external stakeholders (Cyboran & Goldsmith, 2012). Wellness champions and committees can be key individuals from different departments or campuses and can serve as effective leaders and communicators who help spread a consistent message and open channels for two-way communication (Click, 2017).

Communication

According to the Change Agent Work Group (2009), the goals of communication strategy are to inform employees about policies, influencing behavior, and sharing positive results. Communicating through a variety of channels is critical to ensure all employees are receiving the message. In a study where 59 community colleges were surveyed and 48 responded, Hill-Mey et al. (2015) concluded tailored and customized communications were most successful at creating behavior change.

Some best practices for communicating through various channels are sharing publications like flyers, newsletters, articles, posters, individually addressed letters, postcards, or paystub stuffers (Change Agent Work Group, 2009). Other interactive activities such as emails, phone calls, seminars, focus groups, health fairs, conferences, exhibits, meetings, or mentoring are also effective communication strategies (Change Agent Work Group, 2009). The National Center for Chronic Disease and Prevention and Health Promotion (n.d.) added timing and frequency as a component of communication.

Wellness Programming Services

Effective EWPs provide employees with various opportunities for improving their health. Miller (2015) stated high-quality, effective, and easy-to-use support resources should be in place to help employees and their families change their behavior for the better. Services can include programs that focus on fitness, nutrition, smoking-cessation, and health coaching. Ewing et al. (2007) noted, “Health-related programs increase morale and provide knowledge to individuals about the relationship of health to lifestyle” (p. 14). According to the CDC (2018), providing employees with resources and opportunities can increase healthy behaviors, such as dietary and physical activity changes, improves employees’ health knowledge and skills, and helps

employees get necessary health screenings, immunizations, and follow-up care. Click (2017) noted connecting the needs of the college and assessing the interest of faculty and staff can also assist in program planning.

Assessments and Surveys

Tailoring EWPs and resources are most effective when they are customized to the needs of their employees. Administering a survey to assess employees' physical activity levels, dietary preferences, and interest in health and wellness options is a best practice that can help establish a baseline (Miller, 2015). Participation in HRAs and biometric screenings are important because these tools provide the employer and employees with a snapshot of employee health status and can measure the extent to which employees embrace the overall initiative (Cyboran & Goldsmith, 2012). According to Click (2017), many colleges have found HRAs add value to their wellness programs.

Employees taking health assessments can also shed light on needs, concerns, or potential barriers. Hill-Mey et al. (2015) found HRAs, used in conjunction with a comprehensive health promotion and education program, yielded the best results. Using employee health assessment data to inform and shape the EWP is also a best practice (Miller, 2015).

Incentives

Incentivizing EWPs and rewarding employees for healthy behaviors and results is another strategy (National Center for Chronic Disease and Prevention and Health Promotion, n.d.). Perrault et al. (2020) stated over two thirds of employers in a sample of over 400 U.S. employers offering wellness programs included incentives as part of their program, resulting in employees being more likely to participate. Incentives could be an essential tool for increasing enrollment and participation in wellness programs; approximately 70% of EWPs used some sort

of incentive system (Hill-Mey et al., 2015). Incentives could include time off, a discount on insurance premiums, gift cards, and prizes, to name a few. When companies offered a larger incentive, for example between $100 and $250, more participation was seen (Cyboran & Goldsmith, 2012; Perrault et al., 2020).

According to Hill-Mey et al. (2015), most researchers found financial incentives were the most effective. Miller (2015) stated when:

> Columbus-based Medical Mutual of Ohio raised its maximum wellness incentive from $50 to $350 in 2010 and from $350 to $1,000 in 2014, participation rates rose to 90% for the company's health assessment and to 70% for the entire wellness program. (para. 6)

Again, strategies and best practices, such as those mentioned previously, can help in cultivating a successful EWP and a culture of health and wellness (Pronk, 2018).

EWPs in the Academic Setting

Investing in the employees' health has additional benefits for employees' families and the communities where they live, generating widespread benefits that ultimately strengthen the company (Fonarow et al., 2015). According to Naydeck et al. (2008), wellness programs should address large institutional and community issues and public health policies that are not being targeted. A well-designed program in any academic institution can serve as a model for other schools and communities (Tapps et al., 2016).

Employers at academic institutions may have a higher level of participation in their EWPs because many have established physical structures and action plans to promote cultures of wellness on campuses (Hunt & Griffeth, 2020). Hill-Mey et al. (2015) and Lloyd et al. (2019) agreed college and pre-K–12 settings offer some advantages for implementing health promotion programs because many have facilities, such as recreation centers, swimming pools, cafeterias,

and athletic fields, that employees can use. In addition, many academic institutions have employee physical educators, health teachers, school nurses, and nutrition service staff members (Lloyd et al., 2019). Ewing et al. (2007) stated, “Educators and healthcare providers are in a prime position to not only teach health and wellness courses, but to also create wellness programs” (p. 14).

Although amenities and personnel at academic institutions are an advantage, many also have unique challenges due to their large and diverse employee population, including maintenance staff, administrators, and faculty and staff from different disciplines (Hill-Mey et al., 2015). The unique challenges in each academic institution, and the absence of guidance and clarity on program design and implementation, adds to the level of difficulty in creating cultures of wellness (Alexander et al., n.d.).

EWPs in Community Colleges

According to the American Association of Community Colleges (2023), community colleges in the United States are uniquely equipped and positioned to promote and implement adult health. Community colleges are prevalent in many communities and found in both urban and rural settings, and wellness programming is consistent with the community college mission (Linnan et al., 2010). Ewing et al. (2007) stated higher education leaders who advocate, promote, and implement targeted wellness issues and activities will encourage a campus community and wellness lifestyles. Colleges have a responsibility to provide health and wellness services to the entire community (Ewing et al., 2007).

Thorton and Johnson (2010) stated an investigation of higher education EWPs discovered the predominant focus was on the physical dimension of health with program offerings using facilities for aerobic dance, cycling, jogging, water exercise, and weight training. Other focuses

included programs on drugs and alcohol, nutrition, musculoskeletal health, high blood pressure, smoking, stress management, and weight loss. The other areas of focus could be supported by the fact that many campuses have health and fitness related academic degree programs that use their staff and expertise (Hill-Mey et al., 2015). Although the amenities and personnel at academic institutions offer significant advantages, challenges exist. Regardless of challenges and differences in the college setting, Hill-Mey et al. (2015) noted:

> The college setting is an ideal place for health promotion programs because (1) people spend a lot of time on the job; (2) an established vehicle of communication already exists, wherein messages can be promoted, education can be provided, and skills (e.g., how to eat healthier foods or how to better manage stress) can be taught; (3) employees can receive social support from coworkers and managers; (4) the capability of instituting policies (e.g., "no smoking") that can foster behavior change and a healthy work environment; and (5) leveraging incentives can motivate program participation and increase the impact of healthy behaviors on the bottom. (p. 2)

One organization that has understood the unique challenges and provided a foundation and framework in the college setting is the American College Health Association (ACHA). The ACHA has provided a collaborative framework, named Healthy Campus, that helps support health and well-being at the collegiate level (ACHA, n.d.-c). The following section discusses ACHA's healthy campus framework that informs EWPs in the community college setting.

ACHA's Healthy Campus Framework

Over the last 30 years, the ACHA's healthy campus project has provided a foundation and framework, aligned with national objectives, for college campuses working to improve the health of students, faculty, and staff (ACHA, n.d.-c). The ACHA's (n.d.-c) healthy campus

framework focuses on providing infrastructure, building a cornerstone, applying systemic strategies that create communities, and embracing long-term commitments to foster a culture of health and well-being on college campuses. Figure 1 illustrates the framework for a comprehensive college health program that includes strategies used for employee health and wellness.

Figure 1

Framework for a Comprehensive College Health Program

Note. From *The Healthy Campus Framework* (p. 10), by American College Health Association, 2023, American College Health Association.

From 1980–2000, the wellness movement gained momentum and was taken more seriously by the medical, academic, and corporate worlds (Global Wellness Institute, n.d.). According to the Healthy Campus Leadership Team (ACHA, n.d.-a), the shift to a broader conversation about well-being and the realization that each college campus is diverse, unique, and has different needs, has allowed the framework to adopt a more holistic approach focusing on resources and tools campuses need for health promotion, rather than national objectives. The new line of thinking was created by evaluating college campuses that had cultivated and embedded a culture of health and well-being as a core value (ACHA, n.d.-c). The newly introduced and revised healthy campus framework is a road map that has an institutional inventory tool. The inventory tool includes strategies for each of the framework's components that allows campuses to evaluate their status and areas of opportunity.

Infrastructure

According to ACHA's (n.d.-c) healthy campus framework, infrastructure is the organizational structure (e.g., administration and management) required to build the capacity to influence health and wellness throughout the entire campus. Strategies of the infrastructure component include leadership, funding, marketing, qualified work force, cultural humility, advocacy, marketing, facilities, practice management and health information technology, accreditation, and assessment of faculty and staff health and well-being (ACHA, n.d.-d). Infrastructure can evolve throughout the course of a wellness program but is a crucial component for the cornerstone, community, and cultural components. Without infrastructure, basic needs might not be met.

Cornerstone

The cornerstone component recognizes the diverse needs of the student population and uses its current community connections (ACHA, n.d.-c). Identifying opportunities in the physical and mental health areas with the holistic approach mindset is a part of the cornerstone component (ACHA, n.d.-c). According to the ACHA's (n.d.-d) healthy campus framework, collaboration with stakeholders, the community, and leadership for medical services, health promotion, access to after-hours care and emergency services, public health and safety, basic food and shelter needs, specialty services, health screenings, and confidentiality are foundational strategies. Although the cornerstone's component's focus is student health, once the cornerstone is established, the institution can move forward to address the needs of the community.

Community

The community component is looking beyond student health and focusing on a healthy campus environment that spans and embeds across policies, cultures, and organizations (ACHA, n.d.-c). A centralized leadership structure includes a core staff, membership, champions, and partnerships (ACHA, n.d.-c). Public guiding documents, evidence-informed tools, assets, data, priorities, communication to the campus community, and resources are also strategies of the community component (ACHA, n.d.-d). The ACHA's (n.d.-c) healthy campus framework emphasizes the backbone organization and identifying influential leaders.

The backbone organization is a full-time dedicated person(s) who is fully committed to the campus' health promoting efforts, including enabling integrative, multisector efforts to advance systems-level change (ACHA, n.d.-c). The individual is not only responsible for championing initiatives, but also for prioritizing issues and finding influential leaders. Also noted in the community section of the framework is foundational infrastructure and financial and

human resources are required for the backbone organization to succeed. Once campus partners are in place and strategies are deployed, the community can build capacity to implement the culture component (ACHA, n.d.-c).

Culture

The culture component is the entire campus community, including faculty, staff, students, external stakeholders, and the surrounding community, who are committed to the ideas and visions of a healthy campus community (ACHA, n.d.-c). The goal of the culture component is to build a common agenda and develop shared measures. Recognizing the talents of partners and using data to drive decisions is another focus of the culture component (ACHA, n.d.-c). Other strategies include measuring campus perception of well-being and institutionalizing the shared agenda, institutional commitment, breadth and scope, evidence, community collaboration, well-being policies, and built and natural environment.

EWPs in Pre-K–12

The pre-K–12 setting employs more than 6 million individuals, also making it suitable to establish and implement EWPs (National Center for Education Statistics, 2016). In Texas, the Texas Education Agency (TEA, n.d.-b) has included employee wellness in their state education code. Inclusion of employee wellness resulted from a federal mandate that required all local agencies, including school districts, to create wellness policies (Meendering et al., 2020).

Like community colleges, the pre-K–12 setting has employees who work in health and wellness areas. Opportunities for flu vaccinations, health assessments, health education, and health-related fitness activities are a few ways they foster a healthy work environment (CDC Healthy Schools, 2023b; TEA, n.d.-b). EWPs in the pre-K–12 setting align with holistic and systematic school models like the TEA (n.d.-b) coordinated school health program and the

CDC's whole school, whole community, whole child model (CDC Healthy Schools, 2023b). Although frameworks and models exist to guide EWPs, for a wellness program to be successful and sustainable in the pre-K–12 setting, support from leadership like the superintendent, school board of trustees, and principal are needed (SOPHE School Employee Wellness, 2023). The following section discusses TEA's coordinated school health, a framework that informs EWPs in the pre-K–12 setting.

TEA's Coordinated School Health

Like the ACHA's healthy campus framework, the TEA established the coordinated school health program for the pre-K–12 setting in the state of Texas. Sections 38.013 and 38.014 of the Texas Education Health and Safety Code called for the availability and training of a coordinated school health program (State of Texas, 2007). Coordinated school health is a systematic approach, consisting of many different components that address the needs of students (TEA, n.d.-b).

One of the eight components is staff wellness promotion. The goal of staff wellness promotion of the coordinated school health model is to provide Texas school staff with opportunities to improve their health status, improve morale, and have a greater personal commitment by being positive role models (TEA, n.d.-c). Figure 2 includes the eight components of coordinated school health.

Figure 2

Coordinated School Health Model

Note. Adapted from *Coordinated School Health*, by Texas Education Agency, n.d.-b, (https://tea.texas.gov/texas-schools/health-safety-discipline/coordinated-school-health)

According to the TEA (n.d.-b), the components listed "encompass a school's instruction, services, and physical and social environments" (para. 2). Like ACHA's healthy campus framework, the TEA recognizes individual and institutional needs and resources are different between communities and campuses.

Theoretical Framework

A theoretical framework is a "structure that guides the research by relying on a formal theory; that is, the framework is constructed by using an established, coherent explanation of a

certain phenomena and relationship" (Eisenhart, 1991, p. 203). The theoretical framework that guided the current study was Schein's (2010) three levels of culture.

Culture

Culture is a stabilizer, a conservative force created by behaviors and interactions with others (Schein, 2010). According to Schein (2010), culture is:

> A pattern of shared basic assumptions that was learned by a group as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid, and therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. (p. 18)

Schein (2010) also stated although culture is always evolving and can be hard to change, it can also be stable or makes things meaningful and predictable. Culture by Schein's definition leans toward patterns, repeated behavior, or habits. In Schein's (2010) book, *Organizational Culture and Leadership*, he described four types of culture. For the study, organizational culture was the focus.

Organizational Culture

Schein (2010) stated, "Culture is constantly reenacted and created by our interactions with others and shaped by our own behavior" (p. 3). Culture is stable and rigid regarding the way one should "perceive, feel, and act in a given society, organization, or occupation" (Schein, 2010, p. 3). According to Schein, culture is also thought of as social order.

Organizational culture "develops as groups of people struggle to make sense of and cope with their worlds" (Trice & Beyer, 1993, p. 4). According to Schein (2010), the strength of an organization's culture depends on the "length of time, the stability of membership of the group, and the emotional intensity of the actual historical experiences they have shared" (p. 17).

The next section includes the three levels of culture Schein used to assist in defining and understanding organizational culture.

The Three Levels of Culture

Three levels of culture can be analyzed. Schein (2010) described the levels as the "cultural phenomenon that is visible to others" (p. 23). The level of visibility ranges because some levels are visible products an individual can see, hear, and feel, but others are invisible or embedded (Schein, 2010). The following sections include a brief description of each level.

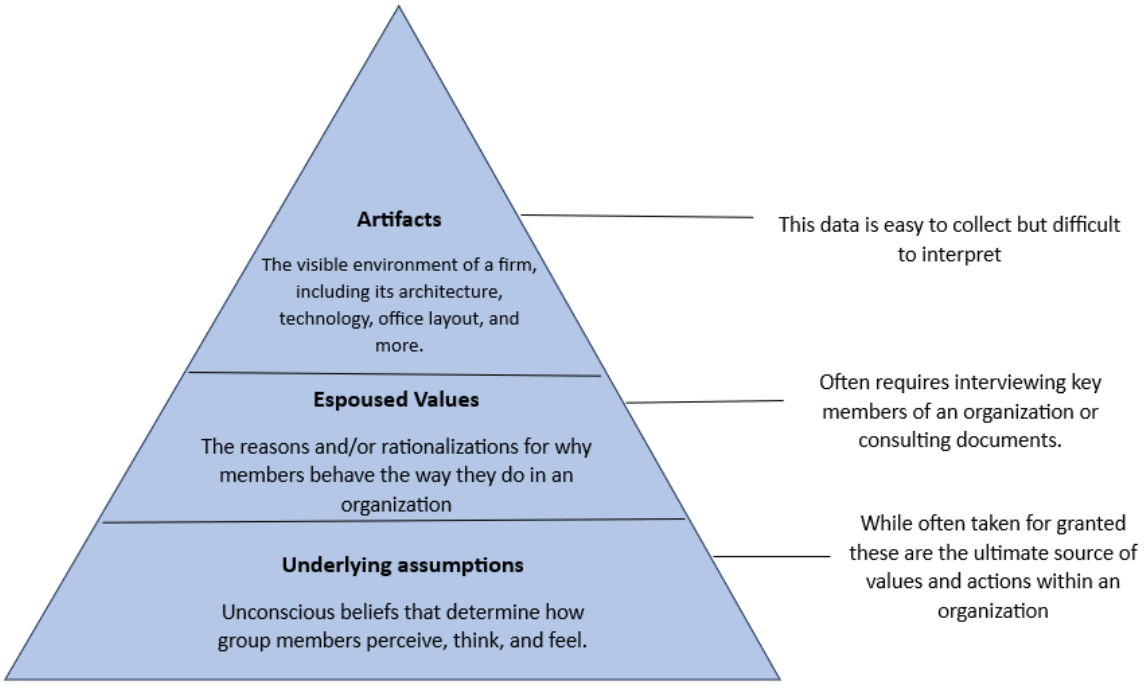
Artifacts. According to Schein (2010), artifacts include all the things an individual could see, hear, and feel. Examples of artifacts include physical environment, language, technology and products, clothing, artistic creations, emotional displays, myths and stories about the organization, observable rituals and ceremonies, and published lists of values (Schein, 2010). For academic institutions, artifacts can be their alma mater, campus landmarks, commencement ceremonies, football game traditions, and/or dress code (Theroux & Furukawa, 2022). According to Schein, artifacts are the most difficult to decipher because an individual cannot reconstruct meaning from personal feelings, beliefs, and assumptions. If an observer is present around the organization long enough, the meaning of artifacts can gradually become clearer (Schein, 2010).

Espoused Beliefs and Values. Espoused beliefs and values are those adopted or supported by the organization. When an idea or solution is initially presented in a group setting, the originator of the proposed thought, who will later be identified as a leader, is the sole owner of that idea (Schein, 2010). Schein (2010) said the original idea will not become a shared value or belief, and ultimately a shared assumption, until after joint action and shared perception on the outcome occurs. For an academic institution, espoused beliefs and values could be the vision or mission statement and/or strategic plan.

Basic Underlying Assumptions. Basic underlying assumptions are preferred solutions that have become taken for granted by an organization (Schein, 2010). Schein (2010) explained consensus occurs from the repeated success of certain beliefs and values and are often nondebatable. Schein (2010) stated, "Culture as a set of basic assumptions defines what to pay attention to, what things mean, how to react emotionally to what is going on, and what actions to take in various kinds of situations" (p. 29). Schein's definition allows for personal and unconscious assumptions and distortions. For example, an individual cannot know if an employee sitting idle at their desk is being lazy or just in deep concentration. Schein added an individual must decipher the pattern of basic underlying assumptions, so they can know how to interpret the artifacts and credence to give the espoused values. Figure 3 was adapted to detail Schein's levels of culture and Schein's organizational culture model (Somers, 2023).

Figure 3

Adapted from Edgar Schein's Organizational Culture Model



Note. Adapted from *5 Enduring Management Ideas From MIT Sloan's Edgar Schein*, by S. Somers, February 9, 2023 (https://mitsloan.mit.edu/ideas-made-to-matter/5-enduring-management-ideas-mit-sloans-edgar-schein).

A Culture of Health and Wellness

Alexander et al. (n.d.) stated, "Establishing a culture of health and wellness is a critical component of realizing the full benefits of implementing an EWP" (para. 1). Alexander et al. noted the workplace is a viable place to establish culture because employees spend many hours at their places of employment. According to Pronk (2010), a culture of health and wellness is a "workplace ecology in which the dynamic relationship between human beings and their work

environment nurtures personal and organizational values that support the achievements of a person's best self while generating exceptional business performance" (p. 224). Nash (2015) stated, "A workplace culture of health and wellness is characterized by an environment, policies, and cues that encourage healthy choices" (p. 316).

Regardless of the definition used to describe a culture of health and wellness in an organization, building a culture can follow different paths for different organizations, and each organization should position itself to determine the best way to establish it (Pronk, 2018). To understand if a culture of health and wellness has been established, looking at employees who are engaged in the culture is important (Alexander et al., n.d.). Table 2 contains the findings from a comprehensive landmark study performed by Alexander et al. (n.d.). The sample for the 2009 study was 3,007 full-time employees, aged 25–60, across a spectrum of companies. The study was a qualitative, open-ended study about the perception of a culture of health and wellness.

Table 2

Landmark Study Findings

Themes	Perceptions/findings
Motivation and confidence	• Both were significantly higher when the culture of health and wellness was strongly promoted or viewed as part of the company's mission.
Receptiveness	• Greater gratitude and loyalty when the culture was strong. • A culture of health and wellness made employees feel the company cared about their well-being.
Job satisfaction and performance	• Evidence of higher levels of job satisfaction in companies who had a strong culture of health and wellness • No empirical evidence of organizational performance
Increased participation/use and decreased absenteeism	• Employees in companies who had stronger cultures of health and wellness, and higher levels of motivation and confidence, were more likely to use on-site facilities. • Less absenteeism when the culture was stronger.

Note. From *Culture of Health: A New Perspective,* by J. Alexander, R. F. O'Day, & S. Mason, n.d., Corporate Wellness Magazine (https://www.corporatewellnessmagazine.com/article/culture-of-health-a-new-perspective).

According to Alexander et al. (n.d.), a culture of health and wellness can remove barriers that allow employees to feel more acceptable in engaging in healthier activities and can influence employees across multiple domains and sectors. However, leadership ultimately creates and changes culture. The role leadership plays in an EWP and a culture of health and wellness is addressed in the next section.

Leadership

Gardner (1990) stated, "Leadership is the process of persuasion or example by which an individual (or leadership team) induces a group to pursue objectives held by the leader or shared by the leader and his or her followers" (p. 1). According to Gardner (1990), leaders distinguish themselves from the general run of managers in the following six respects:

1. They think longer term-beyond the day's crises, beyond the quarterly report, beyond the horizon.
2. In thinking about the unit they are heading, they grasp its relationship to larger realties—the larger organizations of which they are a part, conditions external to the organization, global trends.
3. They reach and influence constituents beyond their jurisdiction, beyond boundaries. Thomas Jefferson influenced people all over Europe. Gandhi influenced people all over the world. In an organization, leaders extend their reach across bureaucratic boundaries, often a distinct advantage in a world too complex and tumultuous to be handled "through channels." Leaders' capacity to rise above jurisdiction may enable them to bind together the fragmented constituencies that must work together to solve a problem.
4. They put heavy emphasis on the intangibles of vision, values, and motivation and understand intuitively the nonrational and unconscious elements in leader–constituent interactions.
5. They have the political skill to cope with the conflicting requirements of multiple constituencies.
6. They think in terms of renewal. The routine manager tends to accept the organizational structure and process as it exists. The leader or leader/manager seeks the revisions of process and structure required by ever-changing reality. (p. 4)

Leaders are diverse and come in many forms and styles (Gardner, 1990). According to Schein (2010), manipulation that occurs in an organizational culture typically happens by the leader. Leadership and culture are closely associated but are separate concepts (Pronk, 2010;

Schein, 2010). Schein (2010) stated, “When one is thought to have influence in organizational cultures the connection between the culture and leader is clearest, as leadership is the originator of the process of culture” (p. 3).

Leadership and a Culture of Health and Wellness

According to Click (2017), the Wellness Council of America identified capturing senior-level support as one of their guidelines for a successful EWP. Similarly, Hill-Mey et al. (2015) stated senior leadership is needed for success. Click (2017) stated, “Ensuring leadership is delivering key programming messages positively impacts wellness program support within the organization” (p. 419). Table 3 demonstrates how leadership can play a role in crafting EWPs and a culture of health and wellness.

Table 3

The Role of Leadership in Employee Wellness Programs

Role	Descriptions
Set the tone	• Prioritize and demonstrate commitment to wellness initiatives, by serving as a role model • Participate in activities
Cultivate a supportive environment	• Provide resources and support systems at the workplace
Communicate wellness policies and programs	• Communicate the organization's wellness policies, initiatives, and available resources to all employees
Encourage work–life balance	• Encourage employees to take breaks, use vacation time, and avoid working excessive hours helps prevent burnout and fosters a healthier work-life integration
Employee empowerment and involvement	• Involve employees in the decision-making process
Recognize and reward wellness efforts	• Acknowledge and celebrate employees' achievements in team meetings, company-wide events, or through personalized recognition programs • Showcase success stories
Continuous evaluation and improvement	• Regularly assess the effectiveness of existing initiatives, measure their impact, and gather feedback from employees

Note. From *Crafting a Culture of Wellness: The Role of Leadership in Employee Wellness***,** by Corporate Wellness Magazine, n.d. (https://www.corporatewellnessmagazine.com/article/crafting-a-culture-of-wellness-the-role-of-leadership-in-employee-wellness).

As demonstrated in Table 3, leaders set the tone, cultivate, communicate, and empower. Schein (2010) stated, "Leaders can create, change, or embed principles or initiatives to shape an organization and have many mechanisms to reinforce the adoption of their own beliefs, values, and assumptions onto the group" (p. 235). Six primary embedding mechanisms work together to help leaders teach their organizations to think, perceive, feel, and behave. The primary embedding mechanisms all interact and reinforce the consistent beliefs, values, and assumptions

of the leader (Schein, 2010). Secondary mechanisms only work if they are consistent with the primary mechanisms or if the organization is mature and stable (Schein, 2010). Table 4 demonstrates embedding mechanisms.

Table 4

Embedding Mechanisms

Mechanisms	Elements
Primary embedding mechanisms	• What leaders pay attention to, measure, and control on a regular basis • How leaders react to critical incidents and organizational crises • How leaders allocate resources • Deliberate role modeling, teaching, and coaching • How leaders allocate rewards and status • How leaders recruit, select, promote, and excommunicate
Secondary articulation and reinforced mechanisms	• Organizational design and structure • Organizational systems and procedures • Rites and rituals of the organization • Design of physical space, facades, and buildings • Stories about important events and people • Formal statements of organizational philosophy, creeds, and charters

Note. From *Organizational Culture and Leadership* (p. 236), by E. H. Schein, 2010, John Wiley & Sons.

Conceptual Framework

A conceptual framework is a lens through which the research problem is viewed and explains key factors, variables, or constructs presumed relationships among them (Miles et al., 2019). The conceptual framework that guided the study was Schein's (2010) learning culture. According to Schein, in a turbulent world, cultures must be learning oriented, adaptive, and

flexible. Table 5 includes the characteristics, along with a brief description, of what a learning culture entails.

Table 5

Characteristics of a Learning Culture

Characteristic	Explanation
Proactivity	Commitment to the learning process, rather than a solution.
Commitment to learning to learn	Reflection and experimentation are valued.
Positive assumptions about human nature (Theory Y)	The desire for survival and improvement with the provided resources and necessary psychological safety.
Belief that the environment can be managed	A shared assumption that the environment is to some degree manageable and adaptable.
Commitment to truth through pragmatism and inquiry	Be committed to learn through inquiry and the pragmatic search for the truth.
Positive orientation toward the future	The optimal time for learning is somewhere between the far future and the near future.
Commitment to full and open task-relevant communication	Be fully able to communicate task-relevant information and to learn to trust.
Commitment to cultural diversity	Be connected and value learning something of each other's culture and language; mutual cultural understanding.
Commitment to systemic thinking	Systemic thinking to analyze more complex and interdependent issues.
Belief that cultural analysis is a valid set of lenses for understanding and improving the world	Value cultural analysis and reflection on one's own culture.

Note. From *Organizational Culture and Leadership* (pp. 366–371), by E. H. Schein, 2010, John Wiley & Sons.

In addition to the 10 dimensions of a learning culture mentioned, Schein (2010) also stated learning cultures should share the basic elements discussed in Table 6. Using the characteristics and basic elements that make up the learning culture allowed the researcher to

analyze whether United Independent School District's (UISD) culture has evolved during times of change or uncertainty.

Table 6

Basic Elements of a Learning Culture

#	Basic elements of a learning culture
1	A concern for people, which takes the form of an equal concern for all the company's stakeholders—customers, employees, suppliers, the community, and stockholders. No one group dominates management's thinking because it is recognized any one group can slow down or destroy the organization.
2	A belief that people can and will learn. It takes a certain amount of idealism about human nature to create a learning culture.
3	A shared belief that people have the capacity to change their environment, and they ultimately make their own fate. If we believe that the world around us cannot be changed, what is the point of learning to learn?
4	Some amount of slack time available for generative learning, and enough diversity in the people, groups, and subcultures to provide creative alternatives. "Lean and mean" is not a good prescription for organizational learning.
5	A shared commitment to open and extensive communication. This does not mean that all channels in a fully connected network must be used all the time, but it does mean that such channels must be available, and the organization must have spent time developing a common vocabulary so that communication can occur.
6	A shared commitment to learning to think systemically in terms of multiple forces, events being over-determined, short- and long-term consequences, feedback loops, and other systemic phenomena. Linear cause-and-effect thinking will prevent accurate diagnosis and, therefore, undermine learning.
7	Interdependent coordination and cooperation. As interdependence increases, the need for teamwork increases. Therefore, organizations must share a belief that teams can and will be effective, and individualistic competition is not the answer to all questions.

Note. From *Can Learning Cultures Evolve*, by E. H. Schein, The Systems Thinker, n.d. (https://thesystemsthinker.com/can-learning-cultures-evolve/).

Using the learning culture as the conceptual concept allowed the researcher to evaluate the culture and the key factors that played a role in the district receiving recognition for its EWP

for several years. The researcher used the characteristics and basic elements of the learning culture to analyze whether UISD culture evolved during times of change or uncertainty.

Summary

The literature review provided research on EWPs, best practices of EWPs, and EWPs in the college and pre-K–12 settings. Absence of guidance and clarity on design and implementation of EWPs makes it difficult to establish cultures of wellness (Alexander et al., n.d.). As suggested by Goetzel et al. (2014), outcomes of an EWP are likely dependent on the quality of the program and the use of best practices. The researcher used Schein's (2010) three levels of culture and the learning culture to analyze key factors that contributed to the culture of wellness established at UISD and better understand the perceptions at UISD.

Chapter 3 – Methodology

Chapter 3 reviews the purpose of the study, the research questions addressed, and the theoretical and conceptual frameworks that guided the study. The research design and rationale for its selection are also discussed, in addition to the study site selection, participants, and instrumentation. Lastly, the researcher provides details about data collection, including processes and sources used, data analysis, limitations, quality of the study, and ethical considerations.

Purpose of the Study

The purpose of the study was to understand how a culture of wellness was established and perceived at the United Independent School District (UISD), a large Texas public school that had received recognition for their employee wellness program (EWP) from the American Heart Association for several years.

Research Questions

The following questions guided the current study:

1. How was a culture of wellness established at UISD?
2. How do ~~the faculty and staff~~employees perceive the culture of wellness at UISD?

Theoretical and Conceptual Frameworks

The theoretical framework that guided this study was Schein's (2010) three levels of culture. Schein's three-levels-of-culture framework, which includes artifacts, espoused beliefs and values, and basic underlying assumptions, states culture is developed over time. Examining artifacts, espoused values, and basic underlying assumptions was used as a lens to highlight whether UISD was living the values they professed, as recognized by the American Heart Association.

The conceptual framework that guided the study was Schein's (2010) learning culture. According to Schein, in a turbulent world, cultures must be learning oriented, adaptive, and flexible. Using the characteristics and basic elements that make up the learning culture allowed the researcher to analyze whether UISD's culture evolved during times of change or uncertainty. The frameworks of the study also allowed the researcher to better understand the deeper levels of culture and perceptions at UISD.

Research Design

The study was a qualitative case study focused on employee perception of the district's EWP and understanding how UISD established a culture of wellness at their institution. Qualitative research often studies natural environments and focuses on understanding how people make sense of and experience the world around them (Denzin & Lincoln, 2005). Qualitative studies also help researchers understand how people cope in their real-world setting and can enable an individual to study "the everyday lives of different people under different circumstances" (Yin, 2009, p. 3). Yin (2009) offered the following five features to highlight qualitative research:

1. Studying the meaning of people's lives, in their real-world roles,
2. Representing the views and perspectives of the people (participants) in a study,
3. Explicitly attending to and accounting for real-world contextual conditions,
4. Contributing insights from existing or new concepts that may help to explain social behavior and thinking, and
5. Acknowledging the potential relevance of multiple sources of evidence rather than relying on a single source alone. (p. 9)

Case studies are in-depth studies, set within real world context, used to understand individual parts, the relationships among them, and how they function collectively (Lochmiller & Lester, 2016). Case studies are sometimes referred to as a naturalistic design, in contrast to an experimental design, in which the researcher seeks to control and manipulate variables of interest (Crowe et al., 2011). According to Yin (2009), case studies can help a researcher to understand and explain casual links and pathways. Case study methodology uses descriptive and explanatory questions and words, such as what, why, or how (Yin, 2009). Crowe et al. (2011) stated, "The case study approach can also offer additional insight into what gaps exist in its delivery or why one implementation strategy might have been chosen over another, in turn developing or refining the theory" (para. 5).

A qualitative case study design was relevant for the current study because it sought to understand how a culture of wellness was established at UISD, strategies used when establishing the EWP, and employees' perceptions.

Study Site Selection

Purposeful sampling was used for the study. According to Lochmiller and Lester (2016), purposeful sampling is when the researcher selects individuals or sites based on a certain criterion. Patton (2002) stated, "Purposeful sampling focuses on selecting information-rich cases whose study will illuminate the questions under study" (p. 230). Purposeful sampling applies to this study because the researcher selected an academic institution that had received Gold-level recognition by the American Heart Association (see Appendix B), and because participants of the study were determined by an assigned district employee.

The original study site was an out-of-state community college, as the community college setting was meant to be the focus. This community college, however, was in a transitional period

that significantly delayed the progression of the study. In communicating the delay with dissertation cochairs, UISD was identified as a new site for the study because like that community college, UISD also received recognition from the American Heart Association for several years. Below is a brief overview of The American Heart Association's Workforce Well-Being Scorecard.

The American Heart Association's Workforce Well-Being Scorecard

In 2007, the American Heart Association's Fit Friendly program was created, with its emphasis on the importance of creating healthy work environments. The program encouraged employers to become recognized as Fit-Friendly Worksites (American Heart Association, 2019). The Fit Friendly program recognized "progressive leadership that championed for the health of their employees by creating physical activity programs in the organization" (American Heart Association, 2015, para. 1). The four levels of recognition included (a) community innovation, (b) worksite innovation, (c) platinum achievement, and (d) gold achievement.

In 2016, the American Heart Association's chief executive officer roundtable, a group of private sector corporate leaders collectively representing more than 13 million employees, designed an evidence-based approach called the Workplace Health Achievement Index (American Heart Association, 2021). The Workplace Health Achievement Index replaced the Fit Friendly program. According to the American Heart Association (2015), the Healthy Index evaluated, "Overall quality and comprehensiveness of workplace health programs through a combination of workplace best practices and employee health" (para. 4). In 2022, the Healthy Index was renamed as the Well-Being Scorecard.

The American Heart Association's new Workforce Well-Being Scorecard was designed to help employers evaluate the culture of health and well-being in their workforces to identify

gaps and determine how their progress stacked up to peer organizations (American Heart Association, n.d.-a). The areas of focus for the scorecard were leadership support, organizational policies and environment, communications, programs and interventions, engagement, community partnerships, reporting outcomes, health equity, and organizational well-being (American Heart Association, n.d.-a). The levels of recognition included completers, bronze, silver, gold, and platinum.

Study Participants

The researcher worked with an appointed district administrator to identify employees from throughout the district to interview. According to Patton (2002):

> There are no rules for sample size in qualitative inquiry. Sample size depends on what you want to know, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility, and what can be done with available time and resources. In-depth information from a small number of people can be very valuable, especially if the cases are information rich. (p. 244)

The intended sample size for the study was 20–25 UISD employees, including administrators, and/or until saturation was achieved. Twenty employees were interviewed.

Instrumentation

The researcher served as the primary research instrument and created a semistructured interview protocol. According to Lochmiller and Lester (2016), "A semistructured interview protocol will allow for an in-depth understanding, as well as provides the researcher with more flexibility" (p. 150). Semistructured interviews allowed the researcher to introduce topics, ideas, or comments as needed in a more conversational manner (Lochmiller & Lester, 2016).

Semistructured interview questions, for both employees and administrators, were designed using Schein's (2010) frameworks (see Appendices C and D). Probing phrases and words such as "how" and "tell me about" were used to obtain relevant and unique information from interviewees. Interview questions were piloted before formal interviews began with district employees (Adler & Clark, 2014). A pilot test with a couple of people who were not involved with the study was conducted to help ensure the validity of the interview questions and procedure. In addition to the interviews, documents such as the district's goals, wellness program statement, board policy and employee policy handbooks, the districts and employee wellness websites, newsletters, and other documents made available by the district were used as secondary sources of data.

Data Collection and Data Sources

Before conducting the study, the researcher completed the Kansas State University Institutional Review Board (IRB) process. After Kansas State University's approval, the researcher explored UISD's research process. The researcher submitted the research questionnaire and agreement and sent a letter to district administration introducing the study (see Appendix E). After receiving approval to move forward from UISD, a point of contact was assigned to help the researcher identify 20–25 employees, including five administrators to participate in the study. After potential study participants were identified, the researcher sent the employees an introductory email with details about the research protocol and interview process (see Appendix F) and an informed consent form (see Appendix G). UISD allowed the researcher to conduct the interviews during working hours so long as it did not interfere with the employee's duties.

The primary source of data collection was semistructured interviews. Face-to-face and Zoom interviews were planned for approximately 60–90 minutes in length. The researcher was onsite in the school district, but Zoom interviews were an option for employees who were not allowed to leave their workstations. Employee and administrator interview questions are included in Appendices D and E. Zoom interviews were audio recorded, as stated in the informed consent form, and the researcher also used the transcription feature on Zoom. Using Zoom software allowed for verbatim transcripts. The researcher proofread the Zoom transcripts by deleting words or phrases such as "like," "you know," and "uh," and then emailed the transcripts to participants for member checking. Saturation was reached by Interview 12, but to ensure rigor and credibility, the researcher continued to try to achieve the interview goal of at least 20 interviews.

In addition to the interviews, the researcher also requested copies of documents such as the district's goals, wellness program statement, board policy and employee policy handbooks, the districts and employee wellness websites, and wellness newsletters. The purpose of the documents was to compare them to the employee interviews, and "to seek convergence and corroboration through the use of different data sources and methods" (Bowen, 2009, p. 28).

Data Analysis

Data analysis consisted of two parts. First, the researcher proofread the Zoom transcripts by deleting words and phrases such as "like," "you know," and "uh." Transcribing and proofreading the recorded data allowed the researcher to make important analytical decisions (Lochmiller & Lester, 2016). Once the transcripts were finalized in Microsoft Word, the researcher identified identical words throughout the interview transcripts and color coded them.

Color coding was the first step in differentiating the words, or data, into categories. The visual representation also highlighted relationships between data trends.

Interview transcripts and audio files were reviewed for patterns and codifying. The goal of coding is to search and identify patterns and ideas that help explain why those patterns exist (Bernard, 2011). Codifying is a process that permits data to be "segregated, grouped, regrouped, and relinked to consolidate meaning and explanation" (Grbich, 2007, p. 21). Data was coded and aligned with the frameworks of the study and with the research questions. The researcher remained open to new data, searched for, and clarified key processes and patterns (Foley et al., 2021).

For the second part of data analysis, the researcher analyzed the documents for potential sources of empirical data applicable to the qualitative case study (Bowen, 2009). According to Bowen (2009), document analysis is often used as a means of triangulation. Triangulation helps the researcher guard against the accusation that the study's findings are the result of a single source (Patton, 2002).

The researcher conducted a content analysis by skimming, reading, and interpreting the documents and then organized the information into categories related to the central questions of the research (Bowen, 2009). After the initial review, the researcher performed a more intense, focused review to look for additional pertinent information. According to Bowen (2009), "The researcher is expected to demonstrate objectivity (seeking to represent the research material fairly) and sensitivity (responding to even subtle cues to meaning) in the selection and analysis of data from documents" (p. 32). The documents were also color coded and aligned with the frameworks of the study and with the research questions and compared to the interview transcripts.

Alignment Table

The alignment table in Appendix A provides an overview of how Schein's (2010) three levels of culture and the learning culture were aligned with the research methodology, research, and interview questions of the study.

Limitations

According to Lochmiller and Lester (2016), limitations are features of a study that the researcher had little to no control of, that can affect the results of the study. A limitation of the study is that the researcher is the Wellness Coordinator at UISD. The fact that the researcher is onsite and leads the EWP could unintentionally influence participant responses. Similarly, the district designated an individual to select participants for the study. This may also be a potential issue because the unintentional favoring of a group may influence the study outcomes.

Another constraint of the study was the number of participants who responded, as the study sought to interview 20–25 employees. Not every employee who the researcher asked to interview accepted. Data collection began in the summer and UISD did not allow the researcher to interview employees at campuses until 20 days after the first day of school. Employees' responsibilities at the beginning of the school year may have limited their availability for the study. A last limitation could be limited transferability in that each academic institution has unique challenges and employee demographics.

Ethical Considerations

Ethical considerations are the researcher's moral responsibilities during the research process. The researcher followed protocols to receive Kansas State University IRB approval before collecting data and explored other research approval requirements by UISD. In addition to IRB approval, the researcher was mindful to protect the human subjects, or participants in the

study, by gaining informed consent from all persons and avoiding deception (Yin, 2018). Once consent was obtained, the researcher assured participants of their confidentiality by removing identifiable characteristics from the dataset, also known as anonymizing data (Lochmiller & Lester, 2016). Data were saved on a secure, password protected cloud environment for Kansas State and will be permanently deleted after 5 years.

Study Quality

The researcher used Tracy's (2010) big tent as a model to evaluate the quality of the study. According to Tracy (2010), the eight criteria of qualitative quality are:

> Designed to provide a parsimonious pedagogical tool, promote respect from power keepers who often misunderstand and misevaluate qualitative work, develop a platform from which qualitative scholars can join in unified voice when desired, and encourage dialogue and learning among qualitative methodologists from various paradigms. (p. 839)

Table 7 includes the eight big-tent criteria for quality, the various means, practices, and methods through which to achieve them as noted by Tracy, with explanations of how the researcher applied the criteria to the study.

Table 7

Eight Big-Tent Criteria for Excellent Qualitative Research

Criteria for quality-end goal	Various means, practices, and methods through which to achieve	Explanation / example
Worthy topic	The topic of the research is: • Relevant • Timely • Significant • Interesting	Understand how a culture of wellness was embedded at a large public school district and the characteristics to establish an award-winning EWP.

Criteria for quality-end goal	Various means, practices, and methods through which to achieve	Explanation / example
Rich rigor	The study uses sufficient, abundant, appropriate, and complex: • Theoretical constructs • Data and time in the field • Sample(s) • Context(s) • Data collection and analysis processes	Schein's three levels of culture and the healthy campus framework
Sincerity	The study is characterized by: • Self-reflexivity about subjective values, biases, and inclinations of the researcher(s) • Transparency about the methods and challenges	Reflexivity statement
Credibility	The research is marked by: • Thick description, concrete detail, explication of tacit (i.e., nontextual) knowledge, and showing rather than telling • Triangulation or crystallization • Multivocality • Member reflections	Thick, rich description and triangulation
Resonance	The research influences, affects, or moves readers or a variety of audiences through: • Aesthetic, evocative representation • Naturalistic generalizations • Transferable findings	Transferability, evocative representation
Significant contribution	The research provides a significant contribution: • Conceptually/theoretically • Practically • Morally • Methodologically • Heuristically	Can contribute to policy or practice for such initiatives
Ethical	The research considers: • Procedural ethics (e.g., human subjects) • Situational and culturally specific ethics • Relational ethics • Exiting ethics (i.e., leaving the scene and sharing the research)	IRB (s), informed consent forms, confidentiality,
Meaningful coherence	The study: • Achieves what it purports to be about • Uses methods and procedures that fit its stated goals • Meaningfully interconnects literature, research questions/foci, findings, and interpretations with each other	Alignment table (see Appendix A)

The criteria outlined by Tracy (2010) were (a) worthy topic, (b) rich rigor, (c) sincerity, (d) credibility, (e) resonance, (f) significant contribution, (g) ethics, and (h) meaningful coherence. The study's topic is worthy based on the relevance and timeliness of the need to understand how to establish a culture of wellness and successful EWPs. The rigor of the study was demonstrated in the collection and analysis of the data and was supported by rich theoretical and conceptual frameworks. The researcher also demonstrated sincerity by acknowledging possible bias and provided the researchers background and a reflexivity statement. Credibility was demonstrated in the collection and analysis of the data through thick, rich description of the data and triangulation. Ethics was discussed in the Ethical Considerations section previously, and meaningful coherence was demonstrated through the interconnections of the literature review, research questions, theoretical and conceptual frameworks, research design, and the interview questions as outlined in the alignment table (see Appendix A).

Reflexivity Statement

As a researcher conducting this study, I recognized my dual role as both a researcher and an employee at the study site. This position provided me with a unique perspective and in-depth knowledge of UISD's EWP, which could enhance my understanding of the environment and participants. However, I also acknowledged the potential for personal biases that may have influenced the research process.

To mitigate these risks, I took several steps to ensure the credibility and objectivity of my study. First, I engaged in continuous self-reflection throughout the research process. This helped me to remain aware of how my insider information might shape my interpretations and interactions with participants. Second, I implemented strategies like utilizing semistructured interview questions to allow participants to freely express their views and minimize my influence

as the Wellness Coordinator. I also ensured participant anonymity and emphasized their identities and responses would not be shared with others, especially those at UISD. Lastly, I was committed to presenting a transparent and balanced account of my findings by acknowledging both the strengths and limitations of my dual role. By doing so, I aimed to contribute meaningful insights to the research while maintaining ethical integrity and academic rigor.

Summary

Chapter 3 reviewed the research design for the study, study site selection and participants, instrumentation, data collection, sources and analysis. Chapter 3 also discussed the limitations, ethical considerations, and study quality. Chapter 4 discusses the research findings, and Chapter 5 provides the researcher's analysis, conclusions, and recommendations for future research based on study findings, as how they relate to the literature and frameworks.

Chapter 4 – Research Findings and Analysis

This chapter provides an analysis of interviews with employees from the United Independent School District (UISD), a large public-school district in Texas, and the data collected from institutional documents. Chapter 4 begins with a review of the research questions, followed by a description of UISD, its employee wellness program (EWP), and participant demographics. Next, findings from the participant interviews and document analysis, as well as unexpected findings, are presented. The research findings were arranged by the study's research questions and discussed as themes. Finally, Chapter 4 concludes with a summary.

Research Questions

The following questions guided the current study:

1. How was a culture of wellness established at UISD?
2. How do employees perceive the culture of wellness at UISD?

Institution and EWP Description

UISD, located in Laredo, Texas, is a public-school district that serves approximately 43,000 students and employs over 7,000 individuals. According to district administration there are about 6,350 full-time employees, and almost 1,135 part-time employees. The school district has 30 elementary schools, 14 middle school campuses, and nine high school campuses, which include four ninth grade campuses and an alternative school. In addition to the schools, UISD also has approximately 50 departments like transportation, child nutrition, business and finance, and facilities, to name a few. UISD is the second largest district in Region 1 and the 24th largest in the state. The district has two large football fields with tracks and an aquatics center. One of

the fields is open to the public, including employees, Monday–Friday, between the hours of 5:00 a.m.–8:00 a.m.

UISD began its incentivized EWP during the 2018–2019 academic year. The program consisted of activities such as wellness screenings, health education presentations, and community physical activities, like 5K runs (UISD, 2024c). The goal of the wellness program is for employees to take a proactive approach to their health, resulting in more happy, productive employees (UISD, 2024c). Employees could earn wellness points for participating in the different activities which were organized and promoted throughout the school year. Every 25 points earned resulted in one chance in a prize drawing at the end of the fall and spring semesters. Employees who earned more than 100 points and were on the district's health insurance plan qualified for a $55 discount on their health insurance premium. As reported in UISD's historical description of the program, the discounted premium was only available in the 2018–2019 academic year as an incentive for participating in the EWP (UISD EWP Wellness Guide, 2018).

During the 2020–2021 school year, when employees worked remotely because of the COVID-19 global pandemic, UISD tried to keep employees engaged by sending biweekly newsletters. The following year, when UISD returned to face-to-face learning and work, the wellness committee hosted its first annual Halloween Walk. Between the 2018–2019 and 2023–2024 school years, the number of wellness committee members, wellness champions, and overall employee participation in the wellness program doubled in size. At the end of the 2022–2023 school year, UISD hired a new employee wellness coordinator and a program assistant. The district was without a coordinator for 2 years, including the year employees worked remotely.

During the 2023–2024 school year, the program's format was redesigned, and rather than a series of activities and a point system, each activity and prize drawing was treated individually (UISD, 2024c). The program format was changed to make it more user friendly and inclusive, which resulted from feedback from an employee satisfaction survey that was administered in academic year 2022–2023. At the time of the study, there were 10 incentive drawings per year rather than two. Employees also had 2 weeks to pick up their incentives at the Wellness Center, a dedicated space for the wellness program, instead of only 2 hours like they did prior to 2022-2023. Also, in the 2023–2024 school year, and after a 3-year hiatus, onsite biometric screenings were once again offered to employees. Another addition to the program was employee district volleyball tournaments. Table 8 shows employee participation over the years.

Table 8

Year to Year EWP Participation (by Number of Employees)

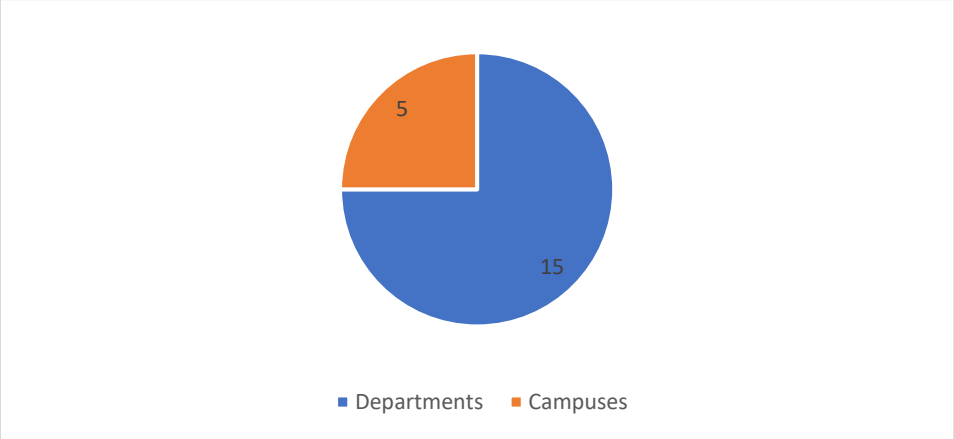
Year	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
Number of employees	545	646	557	584	849	1000+

Participant Demographics

The district's appointed administrator purposefully recommended participants in this study. Twenty full-time employees were interviewed for the study. Figure 4 shows 15 of the employees were from departments, and five were from campuses. The five employees from campuses were teachers.

Figure 4

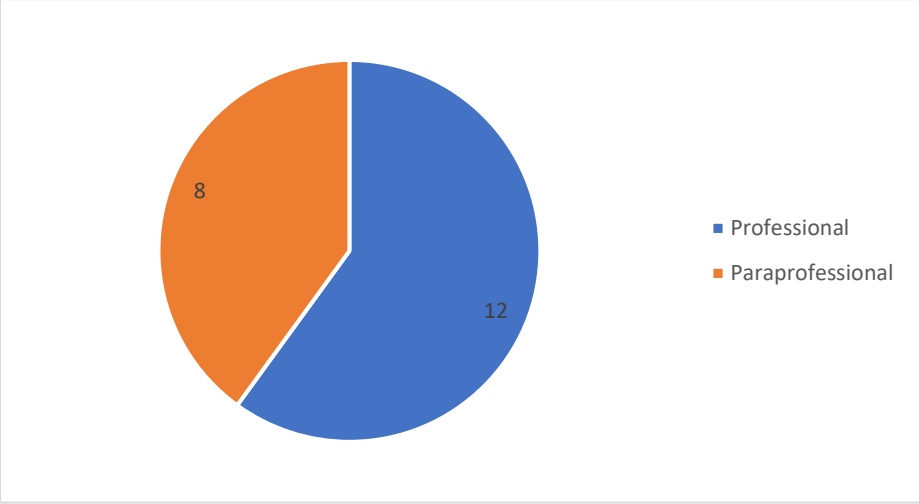
Employee Work Locations



Of the 20 participants, 12 were professional employees and eight were paraprofessionals, or assistants. Of the 12 professionals, three of them were district administrators. Figure 5 shows participants' employee roles.

Figure 5

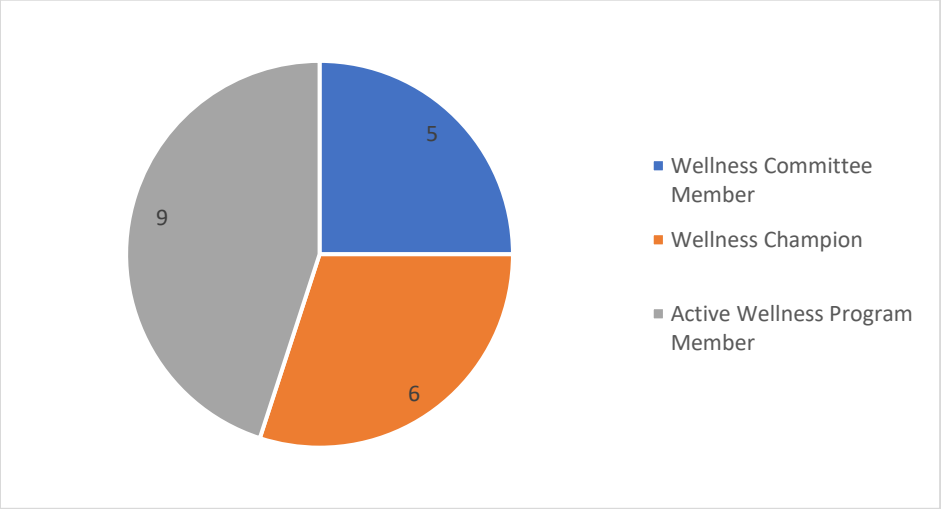
Employee Roles



In addition, five of the employees interviewed were members of the employee wellness committee, six were wellness champions, and the other nine were actively involved in the wellness program. All but one of the participants were women. To maintain participant anonymity, each was identified by a number (i.e., 1 through 20). Figure 6 demonstrates the participants' wellness affiliations.

Figure 6

Participants' Wellness Affiliation



Findings

During the interviews, participants were asked about the EWP and their perceptions of the culture of wellness in the district. Using Schein's (2010) frameworks and reflecting on the research questions, the researcher looked for recurring and similar elements that eventually emerged as themes. In addition to the interviews, data collected from institutional documents were analyzed. Document analysis consisted of reviewing the district's goals, wellness program

statement, board policy and employee policy handbooks, employee wellness websites, and wellness newsletter. Through the process, themes emerged for each research question. The following sections discuss the research findings, arranged by the study's research questions and discussed as themes.

Research Question 1

The first research question of the study was: How was a culture of wellness established at UISD? In the search for how the culture of wellness was established, themes that emerged were (a) Leadership, (b) Best Practices, and (c) Communication. In the following section, each theme is discussed and supported with institutional documents and participant examples.

Leadership

In June 2024, UISD's leadership team presented policy DEC (REGULATION) to the Board of Trustees. DEC (REGULATION), which was unanimously passed, included the policy for a pilot program for the 2024–2025 academic year. The policy and pilot program presented to UISD administration in 2023 by the Employee Wellness Coordinator allowed two wellness/leave days for all employees. According to the policy, "The goal of a wellness leave day is practicing healthy habits daily to attain better physical and mental health outcomes so that instead of just surviving, you're thriving" (see Appendix J, para. 1). The policy was also added to the 2024–2025 UISD's Employee Handbook (UISD Handbook, 2024c). During employee interviews, half of the employees stated this policy adoption and implementation was a significant turning point for the district in establishing a culture of wellness. Employees stated implementing wellness days solidified the district's commitment to employee health. To employees, UISD's leadership team and Board of Trustees' decision to approve this policy demonstrated unified leadership.

During the interviews, employees stated leadership was important and essential for the success, growth, and change of the EWP and for creating a culture of wellness. For clarification purposes and as a follow-up question during the interviews, the researcher asked participants to explain who they thought of when they heard the words leader or management. Participant responses varied from central office administrators and principals to the wellness coordinator and committee. Some of the employees interviewed identified individuals or groups as leaders of the UISD EWP, stating they served as role models. One employee was even labeled as the originator of the EWP. Participant 4, one of the district's administrators who was interviewed, shared the following:

> In 2018, Mrs. A (name changed for privacy) had a vision to create an EWP that would be free and for all employees, regardless of their health insurance affiliation. Mrs. A spearheaded this idea by recruiting the new director who would oversee the program and proceeded by forming a committee to start planning.

Participant 16, another of the district's administrators who was interviewed, concurred with Participant 4 and said, "If it had not been for Mrs. A taking the lead, the program may have never been created." Participant 16 shared, "Mrs. A is more behind the scenes these days, but is truly the Godfather of the program."

Participant 20, who was Mrs. A, and the third district administrator interviewed, shared the EWP was her idea, but credited a change in leadership at the department level that helped create buy-in and momentum. Participant 20 shared:

> We got the ball rolling, formed a committee, and just tried to do the best we could with the manpower and money we had. . .. The program has really transformed into something else now, we could have never imagined this.

Other leaders who were credited for establishing a culture of wellness at UISD were department directors, campus principals, and the wellness coordinator. Overall, leaders were described as involved. Several participants stated their directors were supportive of the wellness program and their involvement in it. Participant 1 shared her director allowed her to take part in wellness committee meetings and events, stating:

> These meetings and events are not a part of my regular assigned duties, but my director understands and supports the vision of the wellness program and allows me time to participate in the committee. . .. He (my director) has even volunteered and helped at district-wide events, like the annual Halloween Walk. . .. His supportive approach has allowed me to help in the planning and execution of district wide health and wellness events, as well as allowed me to be proactive in my own health.

Participant 6 stated she first learned about the EWP from her director and shared how he (i.e., the director) coordinated a wellness presentation for the entire department. Participant 6 shared, "It was pretty amazing. . .. I work in a department with about 100 men, so it was neat to see a bunch of men sit, listen, and talk about their health." Participant 13 highlighted her principal, stating:

> She is very health conscious, and when she chose me to represent the school as the wellness champion, we had a chance to discuss ideas like a weight loss challenge we could implement at our campus. We have hosted this challenge once a year for the last 2 years now. She also played a big role in shifting the way we eat at campus-based staff development days. Now we always offer healthy options like fruit, low sugar yogurt, or water for example.

Participant 5, who did not work at a campus, discussed a principal, sharing:

> There is an elementary school that always has a lot of participants at the annual Halloween Walk, but I think that is because their principal is out there with them. . .. I think that is what leadership is about, being a role model, leading by example, which will help establish a culture.

Regarding the Wellness Coordinator, several employees, such as Participants 7, 8, 9, 12, and 19, stated they thought about the Wellness Coordinator when they thought about the wellness program and leadership. Participant 7 shared, "The Wellness Coordinator is the person I think of when I think of the wellness program." Participant 16 described the Wellness Coordinator as the walking, talking sign of wellness. Participant 4 shared UISD hired a new on-site Wellness Coordinator in 2022, stating, "She has made a huge difference, she works with the wellness committee and champions to identify goals or gaps in the wellness program. Before COVID-19, we had a different coordinator that was not very hands-on or visible."

Lastly, the wellness champions and committee were regarded as leaders in establishing a culture of wellness at UISD. At the beginning of the school year, campus principals were asked to nominate a person to represent their campus as a wellness champion. The nominated representatives were volunteers who helped promote health and wellness and disseminate health related information and announcements at the campuses. The role of a wellness champion was to also assist in motivating their campus to engage in district wide activities and challenges. The wellness committee members, who were district-level health representatives, shared the same responsibilities in their departments. The wellness committee and champions meet twice a year to discuss upcoming initiatives and events and share ideas and feedback.

Participant 9 stated the culture of wellness at UISD was directly associated with the wellness champions, sharing, "The district does a great job of promoting wellness, but it

ultimately depends on the wellness champ. It depends on how much that person is promoting the employee wellness program." Participant 13 added, "I believe each administrator needs to choose a representative that will truly invest their time in promoting the program. This role needs to be taken seriously."

Best Practices

During the document analysis, a best practice that was identified was staff development training. Policy FFA (LOCAL), or Wellness and Health Services, includes guidelines and goals the School Health Advisory Council (SHAC), must develop, implement, and evaluate. This policy includes:

1. Nutrition promotion and education
    a) UISD shall provide professional development so teachers and other staff can be adequately prepared to deliver the coordinated health program.
2. Physical activity
    a. UISD shall provide appropriate staff development and encourage teachers to integrate physical activity into the academic curriculum where appropriate.
    b. The district shall make appropriate training and other activities available to district employees and other activities to promote enjoyable, lifelong physical activity for district employees and students.

The policy and examples listed above are reflected in the following district goals: (a) Goal 2: Recruitment, retention, and development of high-quality employees - Ensure processes and professional growth to retain high-quality staff that influence academic excellence for all students; and (b) Goal 4: Safe, positive, and supportive culture - provide a safe and secure

environment for all students and stakeholders promoting a positive climate for learning and working (UISD, 2024b).

In addition to Policy FFA (LOCAL), or Wellness and Health Services, study participants also stated the implementation of best practices such as wellness champions, a wellness committee, wellness programming services, and incentives were contributing factors to how a culture of wellness was established at UISD. Discussion on each best practice follows.

Wellness Champions and Committee Members. Using wellness committees and wellness champions was a critical strategy for an effective and successful EWP. As previously mentioned, wellness champions and committee members were individuals and groups who facilitated engagement and led or carried out the strategic health plan and shared vision of the wellness program. During semistructured interviews, wellness champions and committee members not only emerged as leaders in the district, but also emerged as a best practice that helped UISD establish a culture of wellness. At the time of the study, UISD had 52 employees representing campuses as wellness champions and 14 committee members who represented various departments in the district.

Wellness Programming Services and Incentives. UISD's EWP was a free incentivized program for all employees. According to the EWP Statement (UISD Employee Wellness, 2024c), the goal of the program was for employees to embrace, engage, and be empowered to take a proactive role in their health and wellness. The program consisted of a series of activities like walking challenges, biometric screenings, health education presentations, and a health risk assessment (HRA). In addition, for the 2024–2025 academic years, the district was offering a digital weight loss program. By participating in the wellness events, employees could earn chances to win an incentive in a prize drawing.

According to Hill-Mey et al (2015), incentives could be an essential tool for increasing enrollment and participation in wellness programs. More than half of the employees who took part in the interviews commented prizes were an extrinsic and effective motivator. Participant 7 shared, “The chance to win a prize doesn’t hurt.” Participant 3 shared she engaged in regular physical activities, so it only made sense for her to join a program where she could win an incentive. Participant 20 told the researcher the wellness coordinator conducted a district-wide survey a couple of times a year to learn what employees’ interests were regarding wellness incentives. Participant 12 shared, “She (the wellness coordinator) really listens to the employees and tries to incorporate as many of the employee’s ideas as she can.”

During the interviews, the researcher learned family-oriented activities, like the annual Halloween Walk and volleyball tournaments, were added into UISD’s wellness programming in the couple of years prior to the study. Participant 5 said she loved the addition of the Halloween Walk and volleyball tournaments, stating, “We consider these events as family time because our sons have been able to participate in these two events.” Effective EWPs provide employees with various opportunities for improving their health. Participant 20 said, “Adding variety and bringing back onsite activities was important for us at the district, especially after COVID. . . . COVID-19 was tough, and we wanted to remove barriers for our employees; we needed to meet them where they were at.”

One example shared by a participant of how UISD removed barriers was by coordinating onsite biometric screenings. Participant 6 shared a testimonial of how she contributed the onsite biometric screenings to saving her life. Participant 6 said:

> The biometric screenings that were brought back last school year (i.e., 2023–2024 academic year) were the most beneficial part of the wellness program for me. After

having high blood pressure at the screening, I was referred to a doctor. This follow-up appointment led to further testing and conversations, and as a result, a cyst was found on my ovary. Surgery was required to remove the cyst.

Participant 6 shared she typically went to the doctor only when she was sick, and the discovery of her cyst would have likely not occurred if the biometric screenings had not been offered at her job location. Participant 7 agreed the biometric screenings were not only beneficial, but also convenient because taking time off was hard. Participant 15 provided another testimonial about wellness programming as she shared:

> For a couple of reasons, like COVID-19 and a knee injury, I let my health go. Being nominated to be the wellness champion at my campus, however, gave me the push I needed to get back on track, as well as a new perspective on health. I wanted to practice what I preached, so little by little, I started to eat healthier and walk again. Now, I try my best to motivate my colleagues to join me in district activities and share information about the program and its benefits.

Communication

According to the Change Agent Work Group (2009), effective communication is a best practice that can be used to build relationships, influence behavior, promote growth, share positive results, or even inform employees about practices and policies. While reviewing UISD's documents, the following guidelines highlighted communication:

1. Nutrition promotion and education
    a. Employees should promote healthy nutrition messages school wide.
    b. UISD shall share educational nutrition information with families and the public to promote healthy choices.

2. Physical activity
    a. The district shall encourage students, parents, staff, and community members to use the district's recreational facilities, such as tracks, playgrounds, and the like, which are available outside of the school day.
3. Other school-based activities
    a. The district shall promote employee wellness activities and involvement in suitable district and campus activities.

Additional communication methods evident in documents were UISD's websites. The UISD employee wellness website communicated a proactive approach to health and wellness. The UISD (2024c) employee wellness page included the following program statement:

> The UISD EWP strives to foster a culture of health and wellness for ALL employees. The goal of the program is for employees to embrace, engage, and be empowered to take an active role in their health and wellness. The EWP is committed to supporting employees by providing them with activities, tools, and resources so that they may take a proactive approach to their health. (para.1)

Besides the program statement, the website included resources such as web links and phone numbers to district, local, and national resources, and the district's health insurance provider. The website included prerecorded videos, a live calendar of wellness events, and a description of the EWP incentivized program. The other district websites that reflected employee wellness were the UISD Risk Management and Benefits Department pages and the SHAC website. The SHAC website pertained to student health but did mention the coordinated school program that includes employee wellness.

Lastly, the wellness program had a social media page, in the form of a private group. Health education flyers, district and community related events, and health related information were shared on this page too. The UISD Office of Communications also shared employee wellness news on the district's main social media page.

Other effective strategies study participants perceived as effective were emails in the form of newsletters and wellness champions.

Newsletters. The UISD EWP released a newsletter every other Wednesday, called *Wellness Wednesdays*. The newsletters were created by the employee wellness coordinator and were e-blasted district wide. Health education information and district and community events were shared in the newsletter in the form of flyers. Pictures of the employee wellness events were also shared in the newsletters. All 20 of the employees interviewed said they read the newsletters and agreed the length and content was appropriate, important, and beneficial. Information was also often shared in English and Spanish because there was a large Spanish-speaking population at UISD.

On occasion, other newsletters were shared on Mondays or Fridays called *Mindful Mondays* or *Feel-Good Fridays*. The Monday and Friday editions were shorter, only shared when needed, and were more light-hearted. Participant 4 said, "I enjoy reading *Feel-Good Fridays* because they often include a motivational quote that, well, make me feel good." Information was often shared in English and Spanish because of the large Spanish-speaking population at UISD.

Wellness Champions. Wellness champions were mentioned previously when they emerged as leaders. Participants regarded using wellness champions as a best practice, but the key role a wellness champion played as a communicator established or changed the culture.

Wellness champions played an essential role in communicating wellness messages at the campus or department level and, at times, with internal and external stakeholders.

Participant 20 shared another form of communication in a school district as large as UISD was to empower the wellness champions to lead at their campuses or departments and to become a part of the decision-making process. Wellness champions helped cultivate and communicate a supportive environment by not only sharing the wellness message but also by their involvement in, and advocacy for, the EWP.

Once a semester, the wellness coordinator, committee members, and wellness champions meet to discuss upcoming events and initiatives. During the meeting time, feedback was highly encouraged. Participant 9 shared, "I think some of our best ideas have come from our wellness champions meeting. . .. It has been nice to have that time with like-minded people to discuss realistic goals we can set for our campus."

Another empowered wellness champion was Participant 10 who shared she organized a walking club after work hours for her department. Participant 10 shared, "It was a couple of times a week and for about 30–45 minutes. . .. I did this for the physical activity, comradery, and so that we could earn points for the wellness program."

The researcher also learned two other wellness champions led campus-based events at their schools. Participant 9 held an after-school meal preparation session where they prepared overnight oats and snacks. Participant 13 hosted a 6-week weight loss challenge and a campus squat challenge. Participants 13 said, "I like doing this, and I want to help people become healthier."

Research Question 2

The second research question of the study was: How do the employees perceive the culture of wellness at UISD? The themes that emerged when employees discussed their perceptions of the EWP were (a) Beneficial, (b) Motivational, and (c) Fun and User Friendly. In the following section, each theme is discussed, and participant examples are provided.

Beneficial

The UISD EWP provides UISD employees with health-related activities, tools, and resources. All 20 employees who were interviewed stated the EWP was beneficial. UISD employees stated not only was there value in providing district-led opportunities for employees, like walking challenges and health education presentations, but also in offering fringe benefits like health, dental, and vision insurance. Participant 16 said, "UISD has great health benefits for my family and I." Participant 13 commented she learned during a presentation the district was offering a $600 weight loss program to employees for free. Participant 13 shared, "That's a big deal. . .. People should take advantage of this benefit." The walking challenges, biometrics screenings, and information shared about district and insurance benefits were listed as some of the more beneficial activities.

In addition to the tangible benefits previously mentioned, 15 of the 20 employees who were interviewed for the study also stated the accountability associated with the different EWP activities was beneficial. Participant 1 said, "Because of the EWP offerings, I have become more cognizant of the health-related things I need to focus on." Participants 12 and 18 talked about how they received updates and reminders during the walking challenges that made them more mindful of their movements. Participant 3 said, "The leader board in the walking challenges really makes me more accountable for my own movements." Many participants spoke about the

comradery associated with the activities, and how having their friends engage with them was beneficial. Thus, comradery was perceived not only as a benefit but also as a means of motivation and support. An example of comradery as a means of motivation is demonstrated in the next section.

Motivational

Motivation emerged as a theme in a couple of different ways. As mentioned previously, motivation was described by employees as a supportive benefit. Participant 1 shared the following:

> The most beneficial part of the program for me are the relationships that are established. Everybody is going through the same health journey, so it's easy to find someone you can bond with. You understand what they are going through, because you are going through the same thing.

Another motivational element uncovered during the interviews was the incentives that were part of the EWP. As mentioned previously, UISD had an incentivized program that included a series of health-related activities employees could participate in to earn a chance to win an incentive. Throughout the school year, employees who participated in the wellness program offerings were entered into prize drawings. Prizes ranged from water bottles and resistance bands to gift certificates for massages or meals plans. Participants could win one time per activity. Many participants commented that prizes were an extrinsic motivator, but they were still great and appreciated.

Fun and User Friendly

More than half the participants interviewed commented that the EWP activities were fun. Of the employees interviewed, 11 out of 20 specifically mentioned the Halloween Walk and volleyball games were fun. The words fun and enjoyable were used to describe the EWP.

In addition to a fun program contributing to the culture of wellness at UISD, 17 of the 20 participants stated the program had become more user friendly over the years. Participants 7, 12, and 18 said the older format was complicated and took a long time to complete. Before 2022, employees needed to upload photos, video clips, and physical activity or nutrition logs to earn wellness points. Participant 5 noted that many people in her department did not check their emails daily, and having to upload pictures to a desktop and then add them to a drive or form was just too complicated. Participant 19 concurred and said, "I had tried to participate in the EWP before, but it was too hard. It was until one of my coworkers told me that it had change and was easier, that I tried it."

Other Findings

There were a couple of additional findings, one more unexpected than the other. The first additional finding was that all the employees who were interviewed differentiated the EWP by using phrases like, "before or after COVID." Since the onset of the COVID-19 global pandemic, many changes to the wellness program at UISD have taken place. Participant 20 shared returning to the workplace after COVID-19 was tough, and they wanted to remove barriers for UISD employees. Adding variety and bringing back onsite activities was important for UISD, especially after COVID. The finding was that COVID-19 did impact employees at UISD and the EWP and was a contributing reason for changes regarding the EWP.

The most unexpected finding for the researcher was a couple of employees interviewed preferred the older EWP format in comparison to the newer revised version. The researcher was surprised by this because almost all employees had mentioned the older format was not user-friendly, complicated and tedious. This was unexpected and surprising for the researcher because it had been over a year since the change, and most employees commented they liked the newer format because it was more user friendly, allowed for accountability, and minimized the number of prizes one could get in a single drawing.

Findings indicated it was not so much the Google forms, but rather not all health-related activities employees engaged in could be counted for points. Employees who kept up with their yearly doctor appointments wanted to indicate they did, so they could earn wellness points. With the new version employees do not collect points, and employees do not receive credit for each doctor's visit, like yearly exams and dentist visits. The committee and what the employee wellness surveys had indicated was that there was no accountability for checking appointments, and employees did not see that as fair. The decision to change the program into individual activities, instead of a series of questions and forms, was because of accountability. This unexpected finding reinforces that no EWP is one size fits all.

Summary

Chapter 4 began with a review of the research questions, followed by a description of UISD, its EWP, and participant demographics. Findings from the participant interviews, document analysis and additional findings followed. The research findings were arranged by the study's research questions and discussed as themes. Chapter 5 includes a discussion of findings related to the literature and frameworks, practical implications, recommendations for future research and ends with a summary.

Chapter 5 – Conclusion and Recommendations

Chapter 5 reviews the statement of the problem, the purpose of the study, research questions, and data collection analysis. Then, a discussion related to the literature review and Schein's (2010) frameworks is presented, as well as practical implications. Chapter 5 concludes with future research recommendations and a summary.

Statement of the Problem

Wellness programs in the academic setting have been historically designed and implemented for students. Many academic institutions, including colleges and school districts, have unique challenges due to their large and diverse employee population, including maintenance staff, administrators, and faculty from different disciplines (Hill-Mey et al., 2015). The problem addressed in the study is few specific examples of what has been used in establishing successful employee wellness programs (EWPs) and a culture of wellness at academic institutions were available.

Purpose of the Study

The purpose of the study was to understand how a culture of wellness was established and perceived at United Independent School District (UISD), a large Texas public school that received recognition for their EWP from the American Heart Association for several years.

Research Questions

The following questions guided the current study:

1. How was a culture of wellness established at UISD?
2. How do employees perceive the culture of wellness at UISD?

Data Collection and Analysis

The current study included two sources of data collection: (a) semistructured interviews and (b) document analysis. The researcher conducted 20 onsite interviews. Face-to-face and Zoom interviews were an option for employees. Zoom interviews were audio recorded as indicated in the informed consent form. See Appendices C, D, and F for the interview protocol and interview questions. The researcher performed a document analysis to gather supporting data and for triangulation. The document analysis consisted of reviewing the district's goals, wellness program statement, board policy and employee policy handbooks, wellness websites, and wellness newsletters.

To analyze the data, the researcher identified identical words throughout all the interview transcripts and color coded them. Documents were also color coded and compared to the interview transcripts.

Discussion Related to the Literature

This study explored how a culture of wellness was established at United Independent School District, as well as employee perceptions of the district's employee wellness program (EWP). The relationship of the study's findings reinforced the current body of knowledge presented in existing literature. Findings from the study revealed that wellness programs are most effective when they are clearly tailored to the goals and needs of employees, as well as when they provide sufficient opportunities for employee engagement and input (Miller, 2015).

Utilizing strategies and best practices was also observed and aided in cultivating a successful employee wellness program (EWP), and a culture of health and wellness (CDC, 2018; Pronk, 2018). According to Alexander et al. (n.d.), a culture of health and wellness can eliminate obstacles, making it easier for employees to confidently participate in healthier activities. The

findings from a comprehensive landmark study performed by Alexander et al. (2016) revealed employees in organizations who had stronger cultures of health and wellness had higher levels of motivation and employee participation. This was also observed in UISD, where motivation emerged as a recurring theme, and increased participation.

Lastly, this research further validates existing literature and advances the understanding of a learning culture and leadership in that UISD was adaptive and flexible, as well as demonstrated that leadership can come in many forms and styles (Schein, 2010; Gardner, 1990). The study also aligned with Edgar Schein's three levels of culture (2010), demonstrating that notable artifacts, such as wellness program services and incentives, espoused beliefs and values, like those reflected in program statements and policies, and the basic underlying assumptions, like the positive perception employees had, develop over time.

Beneficial Best Practices

Coordinating and incorporating a comprehensive set of strategies with the whole employee in mind was the key to having a successful EWP. Providing employees with resources and opportunities can increase healthy behaviors (CDC, 2018). A properly designed program can also help employees adopt and sustain behaviors that lower health risks, improve physical and mental quality of life, and enhance worker productivity. According to the literature, strategies and best practices for successful EWPs include wellness champions and committees, communication, wellness programming services, assessments and surveys, and incentives. As discussed in the findings, visible practices that UISD employees viewed as beneficial, were the implementation of a wellness committee and champions, newsletters and websites, and incentivized wellness programming. Employees stated that these practices contributed to the established culture of wellness. Tailoring and changing the wellness program to meet the needs

of UISD employees, as Miller (2015) highlighted, was effective, as well as demonstrated the district's adaptability. Adopting and implementing best practices at UISD can have a substantial positive impact on employee health, and the community which UISD is part of as noted by Cyboran & Paralkar (2013).

Another valuable best practice exemplified by UISD was their communication strategy, which included flyers, newsletters, announcements, websites, wellness champions, committee members, and policies. The communication strategy aimed to educate employees on policies, shape behavior, and highlight positive outcomes (Change Agent Work Group, 2009). Communicating through various channels was critical to ensure all employees received the message. UISD's communication strategy was intentional, relevant, and tailored to its audience. UISD's network of over 60 wellness champions played a key role in communicating the shared vision of the wellness program. The network of wellness champions was not only an additional communication channel, but also a collaborative communication strategy that encouraged wellness program dialogue and feedback. This channel of communication is also a basic characteristic of a learning culture.

Leadership and Motivation

Throughout the interviews, employees emphasized that leadership played a critical role in ensuring success, fostering growth, driving the transformation of the employee wellness program, and in cultivating a culture of health and wellness. Schein and Pronk (2010) noted leadership and culture are closely associated. Although there was not a clear consensus of who this leader might be, UISD employees agreed that there were individuals or groups that led the employee wellness program. In the examples employees provided there were key people who led the charge in creating the EWP, managed the program, and delivered essential wellness

messaging. **“**Leadership, which comes in many forms and styles, is the process of persuasion or example by which an individual (or leadership team) induces a group to pursue objectives held by the leader or shared by the leader and his or her followers” (Gardner, 1990, p. 1). This means leadership at UISD can have a positive impact and set the tone, cultivate, and empower its employees. As Schein (2010) stated, “Leaders can create, change, or embed principles or initiatives to shape an organization and have many mechanisms to reinforce the adoption of their own beliefs, values, and assumptions onto the group” (p. 235). UISD leaders can and have taught their organization to think, perceive, feel, and behave.

Hill-Mey et al. (2015) stated senior leadership is needed for success, and throughout the interviews employees commented that when administrators were present or promoted events, there was more of a following or success from that campus or department. The example provided about the elementary school that had a lot of participation at the annual Halloween Walk because the principal led by example and modeled, demonstrated and reinforced that leaders can establish a culture. Another notable comment by employees during the interviews was that senior leadership, like the Superintendent of Schools, should visibly promote health and wellness for employees. Employees wanted higher levels of engagement from senior leadership. As mentioned in the findings, UISD was without a Superintendent for over a year, and during most of the study’s data collection. The newly appointed Superintendent, however, has demonstrated primary embedding mechanisms like deliberate role modeling when it comes to health and wellness activities and initiatives.

Culture

Implications of all things people can see, hear, and feel contribute to perception and culture. Several findings of the study supported the frameworks that informed this study. Edgar

Schein's leadership frameworks state that there are three levels of culture that must align for culture to exist, culture is developed over time, and cultures must be learning oriented, adaptive, and flexible in a turbulent world (Schein, 2010).

Artifacts

Artifacts include all the things an individual can see, hear, and feel, like physical environment, language, technology and products, clothing, artistic creations, emotional displays, myths and stories about the organization, observable rituals and ceremonies, and published lists of values (Schein, 2010). At UISD, there were numerous observable artifacts. Notable artifacts that were discussed during the interviews were the services offered through the wellness program and the incentives.

According to the Centers for Disease Control and Prevention (CDC, 2018), providing employees with resources and opportunities can increase healthy behaviors such as dietary and physical activity changes, improve employees' health knowledge and skills, help employees get necessary health screenings, immunizations, and follow-up care. UISD employees discussed a comprehensive list of opportunities, or artifacts, which included walking challenges, biometric screenings, immunization clinics, and the addition of a 12-week weight loss program. As discussed in the findings, employees found these resources and opportunities beneficial and convenient. An extension of these visible products, or artifacts, is that some of these programs incorporate technology and are in the form of apps.

Other observable artifacts included the incentives employees could earn by participating in the EWP. The UISD employee wellness program is known for gifting "nice" incentives. As stated in the findings, the incentives are health-related items that employees perceived as favorable. The National Center for Chronic Disease and Prevention and Health Promotion (n.d.)

stated that incentivizing EWPs and rewarding employees for healthy behaviors and results is an effective strategy. Employees stated the employee wellness program incentives were an additional bonus to the health-related opportunities they were offered. Other notable artifacts besides the communication components discussed were the UISD EWP logo, and the track employees were permitted to use in the morning hours.

Espoused Beliefs and Values

The UISD employee wellness program statement was established to provide meaning and purpose to the program. The EWP statement is included on the district's employee wellness website and often included in presentations to employees. Espoused beliefs and values are those adopted or supported by the organization, like the vision or mission statement (Schein, 2010).

Other shared beliefs and values discovered during the study were the district policies that supported employee wellness. The policy entitled Student Welfare: Wellness and Health Services, also known as FFA (LOCAL), which included nutrition promotion and education, physical activity, and other school-based activities guidelines and goals were evident in activities such as: (a) nutrition education flyers and presentations; (b) use of the track during personal time; and (c) the promotion of district wide activities like the walking challenges, Halloween Walk, and district-wide volleyball tournaments. The policy entitled Benefits: Leaves and Absences, also known as DEC (REGULATION), the piloted program that would allow two wellness/leave days for all employees, was also mentioned on several occasions, and to many, was a district action that cemented the establishment of a culture of wellness.

Another practice championed by the district and mentioned by all participants during the interviews was the *Wellness Wednesday* newsletter. All 20 employees mentioning the newsletter reinforced this internal communication was a standard of the organization, or an espoused belief

and value. Employees who were interviewed were aware the newsletter came out a couple of times a month and shared relevant health and wellness information, updates, or events.

Basic Underlying Assumptions

During the interviews, employees were asked to name the first three words that came to mind when thinking about the EWP at UISD. According to Schein (2010), underlying assumptions are unconscious beliefs that determine how group members perceive, think, and feel. As mentioned in Chapter 4, the most mentioned words were beneficial, motivational/supported, and fun and user friendly. Other words employees used were accountable, convenient, informative, amazing, and positive, to name a few. Besides the words expressed by employees, the researcher also asked employees if they perceived UISD as having established a culture of wellness in the district. Seventeen of the twenty employees stated UISD had established a culture of wellness, and the other three said the district was headed in the right direction.

According to Alexander et al. (n.d.), if a culture of health and wellness has been established, it is important to look at employees who are engaged in the culture. On a few occasions, the wellness coordinator or committee were named as the leaders engaged in the culture. However, if employees were assigned to a campus, they spoke about their campus administration. Similarly, if the employee was assigned to a department or the central office, directors or central office administration were listed. Leaders are diverse and come in many forms and styles, as well as set the tone, cultivate, communicate, and empower (Gardner, 1990; Schein 2010). For UISD employees, their role or location played a factor in identifying a leader.

The Learning Culture

Coming off the heels of the COVID-19 global pandemic, the hiring of a new employee wellness coordinator, a new format of the wellness program, and the absence of a superintendent for one year, the learning culture framework and basic elements were applied to evaluate if UISD exhibited characteristic of a learning culture. According to Schein, cultures must be learning oriented, adaptive, and flexible in a turbulent world. Findings of the study revealed that UISD was a learning culture. Since the onset of the COVID-19 global pandemic, many changes to the wellness program at UISD took place. To begin with, there were changes in wellness programming that all employees stated were for the better. On several occasions, employees used the word "evolved." In addition to the word evolved, phrases like, "before or after COVID," and "before you (the new wellness coordinator) were here," were also used, indicating change or differences. The desire for the employee wellness program to survive and improve, as well as the assumption that employees would adapt was evident.

In the 2022–2023 academic year, compared to 2021–2022, there was a 49% increase in employees participating in the wellness program, also indicating growth or change. The growth of the program was the result of teamwork. The wellness coordinator, committee, and newly established network of champions demonstrated that interdependent cooperation is needed to establish a culture of wellness. The meetings and teamwork of these groups mentioned also demonstrated a positive orientation towards the future.

A learning culture encourages continuous development. Evidence of a growing program, that also persisted during COVID-19, demonstrates that the employees of UISD saw value in their program. Appendix K has more detailed examples of the basic characteristics and elements of a learning culture observed at UISD.

Practical Implications

The study aimed to provide insight into what is required to establish a culture of wellness in an academic institution. The study provided a deeper understanding of how an organization can contribute to a healthier workforce. The following discussion focuses on implications from the findings of the study, as well as recommendations for implementation at a community college.

The purpose of employee wellness programs is to encourage employees to develop and maintain healthy habits that reduce health risks, enhance physical and mental well-being, and boost workplace productivity (Change Agent Work Group, 2009). Added benefits of EWPs include lower healthcare cost trends, less absenteeism, improved employee safety, enhanced recruitment and retention, and improved employee relations and morale (Change Agent Work Group, 2009). Evidence indicated that the best practices UISD implemented were effective. At UISD, building a culture of wellness within the organization had positive implications like improved health outcomes, morale, and stronger social bonds. Well-designed programs in academic institutions can serve as a model for other schools and communities (Tapps et al., 2016). A practical implication that can be utilized by other organizations would be to research well designed employee wellness programs in academic settings and customize opportunities with their organizations.

Effective wellness programming and best practices were also evident at UISD. This case study can also inform other academic institutions, like community colleges, of policies and practices that can create a culture of wellness. Employees spend many hours at their places of employment, so it is beneficial to establish a culture of wellness (Alexander et al., n.d.). Aligning policies and practices is another tangible and practical outcome of the findings. Aligning policy

and practice is important in an organization because it ensures consistency, credibility, and effectiveness.

Another key insight of the study was that leadership's actions can motivate employees, influence the organization, and establish a culture of wellness. A practical implication of this finding is the recommendation to assemble a team dedicated to fostering a culture of wellness. "Establishing a culture of health and wellness is a critical component of realizing the full benefits of implementing an EWP" (Alexander et al., n.d., para. 1). At UISD, higher levels of engagement from senior leadership were recommended. Employees stated that increased leadership involvement could improve the employee wellness program, as well as strengthen the culture of wellness at UISD. It was inferred that UISD's culture could be more powerful with the Superintendent of Schools at the helm of the messaging, as he is the leader of the school district. Schein (2010) stated, "Leaders can create, change, or embed principles or initiatives to shape an organization and have many mechanisms to reinforce the adoption of their own beliefs, values, and assumptions onto the group" (p. 235). Assembling a team of dedicated advocates who work with senior leaders will advance the mission of a program.

Recommendations for Implementation at Community Colleges

Wellness programming is consistent with the college mission, making it ideal to offer programs to their employees (Linnan et al., 2010). The limited amount of community college EWPs that have received recognition for creating a culture of wellness was the reason for a change in the study site. The focus of the study therefore became to understand how a culture of wellness was established and perceived at the United Independent School District, so that other academic institutions, like community colleges, which are trying to establish a culture of wellness could model their program.

The implications of the findings are also relevant to the community college setting. A community college can assess their employees to learn about their wants and needs regarding wellness programming. A great starting point could be leveraging the American College Health Association's Healthy Campus Framework. Community college wellness leaders can also plan their wellness programming around their employee population by utilizing a generation segmentation report to analyze different health conditions or trends based on the generation employees belong to. After researching the health priorities of employees, wellness leaders can then create a plan utilizing best practices.

Recommendations for Future Research

The focus of the study was to understand how a culture of wellness was established and perceived at UISD, a large Texas public school that had received recognition for their EWP from the American Heart Association for several years (UISD, 2024c). Other opportunities exist for further research to make additional contributions to this body of knowledge. One recommendation would be to study two school districts in Texas that have been recognized for their EWPs. Comparing two wellness programs could highlight different but effective wellness programming, policies, and key factors needed to establish a culture of wellness at an academic institution. An additional recommendation would be to change the methodology of the study to quantitative and administer surveys, as participants may be more willing to participate, as well as answer more truthfully.

Summary

The researcher investigated best practices used for effective wellness programming and employee perception to better understand how a culture of wellness was established at UISD. The findings indicated a culture of wellness had been established in the school district.

Leadership, best practices, and communication emerged as themes that supported the EWP. Employees perceived the wellness program as beneficial, motivational, and fun. Board policies, district websites, newsletters, and other communication strategies also supported the findings and demonstrated a culture of wellness existed. Lastly, the findings of the study supported and demonstrated the three levels of culture and confirmed UISD was a learning culture.

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Appendix A - Alignment Table

Research questions	Theoretical and conceptual frameworks	Methodology	Interview questions
RQ1: How was a culture of wellness established at United Independent School District?	Edgar Schein's three levels of culture and the learning culture (2010)	Single case study using semistructured interview questions, and document analysis	Employee Interview Questions 1–10 Administrator Interview Questions 1,2,3,4,5,6,7,8 Document Analysis
RQ2: How do employees perceive the culture of wellness at United Independent School District?	Edgar Schein's three levels of culture and the learning culture (2010)	Single case study using semistructured interview questions, and document analysis	Employee Interview Questions 1–10 Administrator Interview Questions 6,7,8

Appendix B – American Heart Association's Workforce Well-Being

Scorecard 2022 Gold-level Recognized Organizations

AIG	City of Wilson	Hill Physicians Medical Group
Akin Gump Strauss Hauer & Feld LLP	Clerk of the Circuit Court and Comptroller, Palm Beach County	Hillsborough County Public Schools
Allegacy Federal Credit Union	Collegiate School	Hitachi Astemo Greenfield (Tarboro Plant)
Amarin Pharma Inc.	CompTIA	Huntington Health, An Affiliate of Cedars Sinai
Amgen, Inc.	Contec Inc.	Huntsville Hospital
Associated Bank	Cook Children's Hospital	Husch Blackwell LLP
Atrium Health	County of Marin	IDEXX Laboratories
Aultman Health Foundation	Crisafulli Bros. Plumbing and Heating	Imagine360, L.L.C.
Availity, L.L.C.	Contractors, Inc.	infirmary health
AVANGRID	CSAA Insurance Group	Jamestown Board of Public Utilities
Avera Health	Delta Air Lines	Jefferson County, Colorado
Banyan Air Services, Inc.	Desert Oasis Healthcare	Johnson & Johnson
Baptist Health	Donor Network of Arizona	Kaiser Permanente
Baylor University	Dow	Kemin Industries
Blue Cross and Blue Shield of Alabama	Dr. Reddy's Laboratories Inc.	Koch Industries, Inc.
Broadstep Behavioral Health, Inc.	Duval County Public Schools	KKR
Brown University	Eisai Inc.	Lacks Enterprises, Inc.
Capital District Physicians' Health Plan, Inc. (CDPHP)	Eisenhower Health	Lam Research
Carrier Global Corporation	Elements Financial	Levi Strauss & Co.
Catawba Valley Medical Center	Ericsson Inc.	Lifespan
CESA #1	Faith Technologies Incorporated	Louisville Metro Government
Chevron Pascagoula Refinery	First Horizon	Maine General Health
Children's Healthcare of Atlanta	First Insurance Company of Hawaii Ltd.	Mark Miller Subaru
Cardiology	Florida Department of Health in Broward County	Marsh McLennan Agency-Bouchard Region
Children's Wisconsin	Gas South	Mashburn Construction
Ciena	Georgia Power Company	Mate Precision Technologies
Cigna - Midwest	Gilead Sciences	Memorial Health
City Of Alexandria	Great HealthWorks	Metro Nashville Public Schools
City of Bloomington, Illinois	Greeley-Evans School District 6	
City of Coconut Creek	Greenleaf Hospitality Group	
City of Doral	GTE Financial	
City of Ennis, Texas	Health Source Solutions	
City of Jefferson, MO	Helen of Troy	
City of Lancaster	Higginbotham	
City of Memphis	High Point University	
City of Mesa		
City of Scottsdale		

City of Tucson Molex NASCARNascentia Health Nektar Therapeutics Nemours Children's Health Newport News Shipbuilding Nielsen Norfolk Healthcare Consortium Northern Arizona Healthcare Northern Kentucky University Northrop Grumman Nova Southeastern University Orange County Library System Palm Beach County Sheriff's Office Perdue Farms Pima Community College Premier Health Premium Waters, Inc. Prisma Health Quest Diagnostics R&R Insurance Rock House Farm Family of Brands	Hill & Wilkinson General Contractors Ross & Yerger Sacred Heart University Safran Landing Systems Saint Meinrad Archabbey Sanofi U.S. Savannah River Nuclear Solutions, LLC. Schneider Electric Solano County Southeast Service Cooperative Southern Adventist University St. Elizabeth Healthcare The Breakers Palm Beach The School District of Palm Beach County Trane Technologies University of California, Los Angeles U-Haul International United Independent School District University of California, Irvine and UCI Health	Metropolitan Atlanta Rapid Transit Authority (MARTA) University of San Francisco University of Virginia UR Thompson Health USI Insurance Services Virginia Beach City Public Schools Walsh Duffield Cos., Inc. West Bend Mutual Insurance Company Western Municipal Water District WOGF-Daystar Television Network ZOLL Medical Corporation

Source: (American Heart Association, n.d.-a)

Appendix C – Employee Interview Questions

Questions
1. Tell me how the UISD's employee wellness program has been beneficial to you.
2. What do you perceive as the most beneficial part of the district's program?
3. Use three words to describe the employee wellness program at UISD.
4. How can the employee wellness program be improved?
5. How does the district communicate their wellness program?
6. Based on your experiences, how has the district encouraged employee feedback?
7. Based on your experiences, how would you describe management / leader's involvement in the employee wellness program?
8. Based on your experiences, how can management and leaders better support your wellness efforts?
9. Have you seen any changes to the program in the last several years?
10. Do you think UISD has established a culture of wellness?

Appendix D – Administrator Interview Questions

Questions
1. Tell me how the employee wellness program at UISD was established.
2. Can you tell me about the policies that are in place at UISD that support health and well-being?
3. How are goals established, or gaps identified, in the employee wellness program?
4. How are employees empowered or included in the decision-making process of the employee wellness program?
5. Can you tell me about the communication and marketing strategies used to raise awareness about the employee wellness services?
6. Do you feel UISD has established a culture of wellness?
7. Use three words to describe the employee wellness program at UISD.
8. Based on external factors, like COVID, the absence of a superintendent for example, how would you describe employees' adaptability and flexibility to changes in wellness programming?

Appendix E – UISD's Introduction Letter

Date:

Dear United Independent School District,

My name is Cordelia "Cordy" Rodriguez-Sarabia. I am a graduate student at Kansas State University pursuing my Doctor of Education. I am reaching out because I am aware that the United Independent School District (UISD) has been awarded Gold-level recognition from the American Heart Association Workforce Well-being Scorecard™ for several years and am interested in conducting a study at your school district.

The purpose of the current study is to understand how a culture of wellness was established at UISD, and how the employees perceive it.

I am requesting 20–25 employees, from various roles including administrators, to participate in the study by taking part in a face-to-face and/or Zoom interview of about 60–90 minutes. Names and identities will not be shared in the findings of my research, but interviews may be audio recorded.

I would appreciate your consideration and would be honored to further discuss my study if you would like to.

For more information about this study, please contact the researcher, Cordy Sarabia by email at XXXXX@ksu.edu or xxx-xxx-xxxx.

Thank you so much,

Cordelia Rodriguez- Sarabia

Kansas State University Graduate Student

Study Title: Understanding how a culture of wellness was established and is perceived at a large Texas public school district that has an award-winning employee wellness program.

Appendix F - Employee Introduction Letter

Date:

Dear _____,

Thank you for taking the time to consider participating in my study entitled. *"Understanding how a culture of wellness was established and is perceived at a large Texas public school district that has an award-winning employee wellness program."*

My name is Cordelia "Cordy" Rodriguez-Sarabia. I am a graduate student at Kansas State University pursuing my Doctor of Education. You are receiving this request to participate in my study, because you are currently an employee at the United Independent School District (UISD) and have been recommended for participation.

The purpose of the current study is to understand how a culture of wellness was established at UISD, a large Texas public school that has received recognition for their EWP from the American Heart Association for several consecutive years.

I am requesting that you participate in the study by taking part in a face-to-face interview and/or Zoom interview of about 60–90 minutes. Your name and identity will not be shared in the findings of my research, but your interview may be audio recorded. Your participation is voluntary and appreciated.

For more information about this study, please contact the researcher, Cordy Sarabia by email at XXXXX@ksu.edu or xxx-xxx-xxxx.

Thank you so much,

Cordelia Rodriguez-Sarabia

Kansas State University Graduate Student

Study Title: Understanding how a culture of wellness was established and is perceived at a large Texas public school district that has an award-winning employee wellness program.

Appendix G - Informed Consent Form

PROJECT TITLE: Understanding how a culture of wellness was established and is perceived at a large Texas public school district that has an award-winning employee wellness program.

PROJECT APPROVAL DATE: June 26, 2024

PROJECT EXPIRATION DATE: Exempt

LENGTH OF STUDY: 6 months

PRINCIPAL INVESITGATOR: Cordelia Rodríguez- Sarabia

COINVESTIGATOR: Dr. Kathleen Sigler

IRB CHAIR CONTACT INFORMATION:

- Lisa Rubin, Chair, Committee on Research Involving Human Subjects

  203 Fairchild Hall, Kansas State University, Manhattan, KS 66506,

  (785) 532-3224

PURPOSE OF THE RESEARCH:

The purpose of the current study is to understand how a culture of wellness was established and is perceived at a large Texas public school district that has an award-winning employee wellness program.

PROCEDURES OR METHODS TO BE USED:

As a participant of this study, you will participate in a face-to-face and/or Zoom, semistructured interview. The interviews will be approximately about 60–90 minutes in length and audio recorded. Your identity will be protected by removing identifiable characteristics from the dataset when reporting the findings. You will be discussing your knowledge, participation in, and perception of the employee wellness program at your institution. After the interviews are complete and transcribed, you will be asked to verify the transcript for accuracy. Follow up questions or clarifications will be resolved via email or zoom if necessary.

RISK OR DISCOMFORTS ANTICIPATED:

There are no anticipated risks involved in this research.

BENEFITS ANTICIPATED:
Benefits may be that providing perception and feedback about the employee wellness program may contribute to meaningful change to policies and practices at your district or may serve as a model to other academic institutions, like community colleges.

EXTENT OF CONFIDENTIALITY: The information collected as part of this research will not be shared with others. Identities will be protected by removing identifiable characteristics from the dataset when reporting the findings. Data will be saved on a secure, password protected cloud environment for Kansas State for 5 years, which then will be permanently deleted.

Terms of participation: I understand this project is research, and that my participation is voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this informed consent form and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

The Principal Investigator will maintain a signed and dated copy of the same consent form signed and kept by the participant.

PARTICPANT NAME: _____

PARTICPANT SIGNATURE: _____DATE: _____

WITNESS TO SIGNATURE (PROJECT STAFF):

_____DATE: _____

Appendix H – EHAA (LEGAL) Basic Required Instruction

Purpose

As a condition of accreditation, a district shall provide instruction in the essential knowledge and skills at appropriate grade levels in the foundation and enrichment curriculum. *Education Code 28.002(c); 19 TAC 74.1(b)*

A district shall ensure that all children in the district participate actively in a balanced curriculum designed to meet individual needs. *Education Code 28.002(g)*

Instruction may be provided in a variety of arrangements and settings, including mixed-age programs designed to permit flexible learning arrangements for developmentally appropriate instruction for all student populations to support student attainment of course and grade-level standards. *19 TAC 74.2*

A primary purpose of the public school curriculum is to prepare thoughtful, informed citizens who understand the importance of patriotism and can function productively in a free enterprise society with appreciation for the fundamental democratic principles of our state and national heritage.

A district shall require the teaching of informed American patriotism, Texas history, and the free enterprise system in the adoption of instructional materials for kindergarten through grade 12, including the founding documents of the United States. In providing instruction required by the State Board of Education (SBOE) under Education Code 28.002(h-1), regarding the founding documents of the United States, a district shall use those documents as part of the instructional materials for the instruction.

Education Code 28.002(h), (h-6)

Required Curriculum

Foundation Curriculum

A district that offers kindergarten through grade 12 shall offer a foundation curriculum that includes:

1. English language arts and reading;
2. Mathematics;
3. Science; and
4. Social studies, consisting of Texas, United States, and world history; government; geography; and economics with emphasis on the free enterprise system and its benefits.

Education Code 28.002(a)(1); 19 TAC 74.1(a)(1)

Enrichment Curriculum

A district that offers kindergarten through grade 12 shall offer an enrichment curriculum that includes:

1. Languages other than English, to the extent possible. American Sign Language is a language for these purposes and the district may offer an elective course in the language;
2. Health, with emphasis on:
   a. Physical health, including the importance of proper nutrition and exercise;
   b. Mental health, including instruction about mental health conditions, substance abuse, skills to manage emotions, establishing and maintaining positive relationships, and responsible decision-making; and
   c. Suicide prevention, including recognizing suicide-related risk factors and warning signs;
3. Physical education;
4. Fine arts;
5. Career and technical education;
6. Technology applications;
7. Religious literature, including the Hebrew Scriptures (Old Testament) and New Testament, and its impact on history and literature; and
8. Personal financial literacy.

Education Code 28.002(a)(2), (e); 19 TAC 74.1(a)(2)

Digital Citizenship

The SBOE by rule shall require each district to incorporate instruction in digital citizenship into the district's curriculum, including information regarding the potential criminal consequences of cyberbullying.

"Cyberbullying" has the meaning assigned by Education Code 37.0832. [See FFI]

"Digital citizenship" means the standards of appropriate, responsible, and healthy online behavior, including the ability to access, analyze, evaluate, create, and act on all forms of digital communication.

Education Code 28.002(z)

Positive Character Traits

Districts are required to provide instruction in the essential knowledge and skills for positive character traits and personal skills at least once in the following grade bands: kindergarten-grade 2, grades 3-5, grades 6-8, and grades 9-12.

Districts may provide the required instruction in a variety of arrangements, including through a stand-alone course or by integrating the positive character traits standards in the essential knowledge and skills for one or more courses or subject areas at the appropriate grade levels.

19 TAC 120.3(a), .5(a), .7(a), .9(a)

Local Credit

A district may offer courses for local credit, at its discretion, in addition to those in the required curriculum, but it may not delete or omit instruction in the foundation and enrichment curricula specified above. *Education Code 28.002(f); 19 TAC 74.1(b)*

Local Instructional Plan

A district's local instructional plan may draw on state curriculum frameworks and program standards as appropriate. A district is encouraged to exceed minimum requirements of law and SBOE rule.

Major Curriculum Initiatives

Before the adoption of a major curriculum initiative, including the use of a curriculum management system, a district must use a process that:

1. Includes teacher input;
2. Provides district employees with the opportunity to express opinions regarding the initiative; and
3. Includes a meeting of the board at which information regarding the initiative is presented, including the cost of the initiative and any alternatives that were considered; and members of the public and district employees are given the opportunity to comment regarding the initiative.

Education Code 28.002(g)

Common Core State Standards

A district may not use common core state standards to comply with the requirement to provide instruction in the essential knowledge and skills at appropriate grade levels. A district may not be required to offer any aspect of a common core state standards curriculum. "Common core state standards" means the national curriculum standards developed by the Common Core State Standards Initiative. *Education Code 28.002(b-1), (b-3), (b-4)*

Scope and Sequence and Instructional Materials

In adopting a recommended or designated scope and sequence or instructional materials for a subject in the required curriculum under Education Code 28.002(a) in a particular grade level, a district shall ensure sufficient time is provided for teachers to teach and students to learn the essential knowledge and skills for that subject and grade level [see DG]. *Education Code 28.0027(a)*

Coordinated Health Programs

The Texas Education Agency (TEA) shall make available to each district one or more coordinated health programs in elementary, middle, and junior high school. Each program must provide for coordinating education and services related to:

1. Physical health education, including programs designed to prevent obesity, cardiovascular disease, oral diseases, and Type 2 diabetes and programs designed to promote the role of proper nutrition;
2. Mental health education, including education about mental health conditions, mental health well-being, skills to manage emotions, establishing and maintaining positive relationships, and responsible decision-making;
3. Substance abuse education, including education about alcohol abuse, prescription drug abuse, and abuse of other controlled substances;
4. Physical education and physical activity; and
5. Parental involvement.

Education Code 38.013; 19 TAC 102.1031(a)

A district shall participate in appropriate training to implement TEA's coordinated health program and shall implement the program in each elementary, middle, and junior high school in the district. *Education Code 38.014*

Coordinated school health programs that are developed by districts and that meet TEA criteria may be approved and made available as approved programs. Districts must use materials that are proven effective, such as TEA-approved textbooks or materials developed by nationally recognized and/or government-approved entities. *19 TAC 102.1031(c)*

Physical Education

Each district shall establish specific objectives and goals the district intends to accomplish through the physical education curriculum. The physical education curriculum must be sequential, developmentally appropriate, and designed, implemented, and evaluated to enable students to develop the motor, self-management, and other skills, knowledge, attitudes, and confidence necessary to participate in physical activity throughout life.

A physical education course shall:

1. Offer students an opportunity to choose among many types of physical activity in which to participate;
2. Offer students both cooperative and competitive games; and

3. Be an enjoyable experience for students.

On a weekly basis, at least 50 percent of a physical education class shall be used for actual student physical activity and the activity shall be, to the extent practicable, at a moderate or vigorous level.

Student/Teacher Ratio

The objectives and goals shall include, to the extent practicable, student/teacher ratios [see EEB] that are small enough to enable the district to:

1. Carry out the purposes of and requirements for the physical education curriculum; and
2. Ensure the safety of students participating in physical education.

If a district establishes a student to teacher ratio greater than 45 to 1 in a physical education class, the district shall specifically identify the manner in which the safety of the students will be maintained.

Education Code 25.114, 28.002(d); 19 TAC 74.37

Classification for Physical Education

A district shall classify students for physical education on the basis of health into one of the following categories:

1. Unrestricted — not limited in activities.
2. Restricted — excludes the more vigorous activities. Restricted classification is of two types:
    a. Permanent — A member of the healing arts licensed to practice in Texas shall provide written documentation to the school as to the nature of the impairment and the expectations for physical activity for the student.
    b. Temporary — Students may be restricted from physical activity of the physical education class. A member of the healing arts licensed to practice in Texas shall provide written documentation to the school as to the nature of the temporary impairment and the expected amount of time for recovery. During recovery time, the student shall continue to learn the concepts of the lessons but shall not actively participate in the skill demonstration.
3. Adapted and remedial — specific activities prescribed or prohibited for students as directed by a member of the healing arts licensed to practice in Texas.

19 TAC 74.31

School Health Advisory Council

A board shall establish a local school health advisory council (SHAC) to assist the district in ensuring that local community values are reflected in the district's health education instruction. *Education Code 28.004(a)* [See BDF regarding composition of the SHAC and FFA regarding federal wellness requirements.]

Duties

The SHAC's duties include recommending:

1. The number of hours of instruction to be provided in:
   a. Health education in kindergarten through grade 8; and
   b. If the district requires health education for high school graduation, health education, including physical health education and mental health education, in grades 9 through 12.
2. Policies, procedures, strategies, and curriculum appropriate for specific grade levels designed to prevent physical health concerns, including obesity, cardiovascular disease, Type 2 diabetes, and mental health concerns, including suicide, through coordination of:
   a. Health education, which must address physical health concerns and mental health concerns to ensure the integration of physical health education and mental health education;
   b. Physical education and physical activity;
   c. Nutrition services;
   d. Parental involvement;
   e. Instruction on substance abuse prevention;
   f. School health services, including mental health services;
   g. A comprehensive school counseling program under Education Code 33.005 [see FFEA];
   h. A safe and healthy school environment; and
   i. School employee wellness;
3. Appropriate grade levels and methods of instruction for human sexuality instruction;
4. Strategies for integrating the curriculum components specified by item 2, above, with the following elements in a coordinated school health program:

a. School health services, including physical health services and mental health services, if provided at a campus by the district or by a third party under a contract with the district;

b. A comprehensive school counseling program under Education Code 33.005 [see FFEA];

c. A safe and healthy school environment; and

d. School employee wellness;

5. If feasible, joint use agreements or strategies for collaboration between the district and community organizations or agencies. Any agreement entered into based on a recommendation of the SHAC must address liability for the district and community organization;

6. Strategies to increase parental awareness regarding:

a. Risky behaviors and early warning signs of suicide risks and behavioral health concerns, including mental health disorders and substance use disorders; and

b. Available community programs and services that address risky behaviors, suicide risks, and behavioral health concerns.

7. Appropriate grade levels and curriculum for instruction regarding the dangers of opioids, including instruction on:

a. Opioid addiction and abuse, including addiction to and abuse of synthetic opioids such as fentanyl; and

b. Methods for administering an opioid antagonist; and

8. Appropriate grade levels and curriculum for instruction regarding child abuse, family violence, dating violence, and sex trafficking, including likely warning signs that a child may be at risk for sex trafficking, provided that the local SHAC's recommendations under this provision do not conflict with the essential knowledge and skills developed by the SBOE.

Education Code 28.004(c), (n)

Policy Recommendations

The SHAC shall consider and make policy recommendations to the district concerning the importance of daily recess for elementary school students. The SHAC must consider research regarding unstructured and undirected play, academic and social development, and the health benefits of daily recess in making the recommendations. The SHAC shall ensure that local community values are reflected in any policy recommendation made to the district concern-

ing the importance of daily recess for elementary school students. *Education Code 28.004(l)*

The SHAC shall make policy recommendations to the district to increase parental awareness of suicide-related risk factors and warning signs and available community suicide prevention services. *Education Code 28.004(o)*

Complaints

A parent may use the grievance procedure at FNG concerning a complaint of a violation of Education Code 28.004. *Education Code 28.004(i-1)*

Human Sexuality Instruction

Definitions

"Human sexuality instruction," "instruction in human sexuality," and "instruction relating to human sexuality" include instruction in reproductive health.

"Curriculum materials" includes the curriculum, teacher training materials, and any other materials used in providing instruction.

Education Code 28.004(p)

Board Selection

The board shall determine the specific content of a district's instruction in human sexuality. *Education Code 28.004(h)*

The board shall select any instruction relating to human sexuality, sexually transmitted diseases, or human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS) with the advice of the SHAC. The instruction must:

1. Present abstinence as the preferred choice of behavior for unmarried persons of school age;
2. Devote more attention to abstinence than to any other behavior;
3. Emphasize that abstinence is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases, infection with HIV or AIDS, and the emotional trauma associated with adolescent sexual activity;
4. Direct adolescents to a standard of behavior in which abstinence before marriage is the most effective way to prevent pregnancy, sexually transmitted diseases, and infection with HIV or AIDS; and
5. Teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in the curriculum.

Education Code 28.004(e)

Notice to Parents

Before each school year, a district shall provide written notice to a parent of each student enrolled in the district of the board's decision regarding whether the district will provide human sexuality instruction to district students. If instruction will be provided, the notice must include:

1. A statement informing the parent of the human sexuality instruction requirements under state law;
2. A detailed description of the content of the district's human sexuality instruction and a general schedule on which the instruction will be provided;
3. A statement of the parent's right to:
   a. At the parent's discretion, review or purchase a copy of curriculum materials as provided by Education Code 28.004(j) [see EFA];
   b. Remove the student from any part of that instruction without subjecting the student to any disciplinary action, academic penalty, or other sanction imposed by the district or the student's school; and
   c. Use the grievance procedure at FNG or the appeals process under Education Code 7.057 concerning a complaint of a violation of Education Code 28.004;
4. A statement that any curriculum materials in the public domain used for the district's human sexuality instruction must be posted on the district's internet website, if the district has an internet website, and the internet website address at which the curriculum materials are located; and
5. Information describing the opportunities for parental involvement in the development of the curriculum to be used in human sexuality instruction, including information regarding the SHAC.

Education Code 28.004(i)

Parent Consent Before Instruction

Before a student may be provided with human sexuality instruction, a district must obtain the written consent of the student's parent. A request for written consent may not be included with any other notification or request for written consent provided to the parent, other than the notice provided under Education Code 28.004(i), described above, and must be provided to the parent not later than the 14th day before the date on which the human sexuality instruction begins. The requirements in this paragraph expire August 1, 2024. *Education Code 28.004(i-2)-(i-3)*

Condoms

A district may not distribute condoms in connection with instruction relating to human sexuality. *Education Code 28.004(f)*

Separate Classes

If a district provides human sexuality instruction, it may separate students according to sex for instructional purposes. *Education Code 28.004(g)* [See FB regarding single-sex classes under Title IX.]

Adoption of Instructional Materials

The board shall adopt a policy establishing a process for the adoption of curriculum materials for the district's human sexuality instruction. The policy must require:

1. The board to adopt a resolution convening the local SHAC for the purpose of making recommendations regarding the curriculum materials;
2. The local SHAC to:
    a. After the board's adoption of the resolution, hold at least two public meetings [see BDF] on the curriculum materials before adopting recommendations; and
    b. Provide the adopted recommendations to the board at a public meeting of the board; and
3. The board, after receipt of the local SHAC's recommendations under item 2, above, to take action on the adoption of the recommendations by a record vote at a public meeting.

Before adopting curriculum materials for the district's human sexuality instruction, the board shall ensure that the curriculum materials are:

1. Based on the advice of the local SHAC;
2. Suitable for the subject and grade level for which the curriculum materials are intended; and
3. Reviewed by academic experts in the subject and grade level for which the curriculum materials are intended.

Education Code 28.004(e)-(e-1), (e-3)

Abuse Prevention Instruction

Any course materials relating to the prevention of child abuse, family violence, dating violence, and sex trafficking shall be selected by the board with the advice of the local SHAC.

Adoption of Instructional Materials

The board shall adopt a policy establishing a process for the adoption of curriculum materials for the district's instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking. The policy must require:

1. The board to adopt a resolution convening the SHAC for the purpose of making recommendations regarding the curriculum materials;

2. The SHAC to:

   a. After the board's adoption of the resolution, hold at least two public meetings [see BDF] on the curriculum materials before adopting recommendations; and

   b. Provide the adopted recommendations to the board at a public meeting of the board; and

3. The board, after receipt of the SHAC's recommendations, to take action on the adoption of the recommendations by a record vote at a public meeting.

Board Selection

Before adopting curriculum materials for the district's instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking, the board shall ensure that the curriculum materials are:

1. Based on the advice of the local SHAC;

2. Suitable for the subject and grade level for which the curriculum materials are intended; and

3. Reviewed by academic experts in the subject and grade level for which the curriculum materials are intended.

The board shall determine the specific content of the district's instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking, including the essential knowledge and skills addressing these topics developed by the SBOE.

Education Code 28.004(q)-(q-1), (q-3)-(q-4)

Notice to Parents

Before each school year, a district shall provide written notice to a parent of each student enrolled in the district of the board's decision regarding whether the district will provide instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking to district students. If instruction will be provided. The notice must include:

1. A statement informing the parent of the requirements under state law regarding instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking;

2. A detailed description of the content of the district's instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking;

3. A statement of the parent's right to:

   a. At the parent's discretion, review or purchase a copy of curriculum materials [see below at Availability of Instructional Materials];

   b. Remove the student from any part of the district's instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking without subjecting the student to any disciplinary action, academic penalty, or other sanction imposed by the district or the student's school; and

   c. Use the grievance procedure at FNG or the appeals process under Education Code 7.057 concerning a complaint of a violation of Education Code 28.004;

4. A statement that any curriculum materials in the public domain used for the district's instruction regarding the prevention of child abuse, family violence, dating violence, and sex trafficking must be posted on the district's internet website address at which the curriculum materials are located; and

5. Information describing the opportunities for parental involvement in the development of the curriculum to be used in instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking, including information regarding the local SHAC.

Parent Consent Before Instruction

Before a student may be provided with instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking, a district must obtain the written consent of the student's parent. A request for written consent:

1. May not be included with any other notification or request for written consent provided to the parent, other than the notice described above; and

2. Must be provided to the parent not later than the 14th day before the date on which the instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking begins.

Education Code 28.004(q-5)-(q-6)

Availability of Materials for Human Sexuality Instruction and Abuse Prevention Instruction

Curriculum materials proposed to be adopted for the district's human sexuality instruction or instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking must be made available as provided below, except copyrighted

materials must be provided as described by items (2)(a) or (2)(c), as applicable.

A district shall make all curriculum materials used in human sexuality instruction or instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking available by:

1. For curriculum materials in the public domain:
    a. Providing a copy of the curriculum materials by mail or email to a parent of a student enrolled in the district on the parent's request; and
    b. Posting the curriculum materials on the district's internet website, if the district has an internet website; and
2. For copyrighted curriculum materials, allowing a parent of a student enrolled in the district to:
    a. Review the curriculum materials at the student's campus at any time during regular business hours;
    b. Purchase a copy of the curriculum materials from the publisher as provided by the district's purchase agreement for the curriculum materials; or
    c. Review the curriculum materials online through a secure electronic account in a manner that prevents the curriculum materials from being copied and that otherwise complies with copyright law.

For purchase agreements entered into, amended, or renewed on or after September 1, 2021, if a district purchases from a publisher copyrighted curriculum materials for use in the district's human sexuality instruction, the district shall ensure that the purchase agreement provides for a means by which a parent of a student enrolled in the district may purchase a copy of the curriculum materials from the publisher at a price that does not exceed the price per unit paid by the district for the curriculum materials.

If a district purchases from a publisher copyrighted curriculum materials for use in the district's instruction relating to the prevention of child abuse, family violence, dating violence, and sex trafficking, the district shall ensure that the purchase agreement provides for a means by which a parent of a student enrolled in the district may purchase a copy of the curriculum materials from the publisher at a price that does not exceed the price per unit paid by the district for the curriculum materials.

Education Code 28.004(e-2), (j)-(j-2), (q-2)

Character Education

A district must adopt a character education program that includes the following positive character education traits and personal skills:

1. Courage;
2. Trustworthiness, including honesty, reliability, punctuality, and loyalty;
3. Integrity;
4. Respect and courtesy;
5. Responsibility, including accountability, diligence, perseverance, self-management skills, and self-control;
6. Fairness, including justice and freedom from prejudice;
7. Caring, including kindness, empathy, compassion, consideration, patience, generosity, charity, and interpersonal skills;
8. Good citizenship, including patriotism, concern for the common good and the community, responsible decision-making skills, and respect for authority and the law;
9. School pride; and
10. Gratitude.

In developing or selecting a character education program under Education Code 29.906, a district shall consult with a committee selected by the district that consists of parents of district students, educators, and other members of the community, including community leaders.

The provisions above do not require or authorize proselytizing or indoctrinating concerning any specific religious or political belief.

Education Code 29.906

Appendix I – FFA(LOCAL) Wellness and Health Services

The District shall support the general wellness of all students by implementing measurable goals to promote sound nutrition and student health and to reduce childhood obesity.

[See EHAA for information regarding the District's coordinated school health program.]

Development, Implementation, and Review of Guidelines and Goals

The local school health advisory council (SHAC), on behalf of the District, shall review and consider evidence-based strategies and techniques and shall develop nutrition guidelines and wellness goals as required by law. In the development, implementation, and review of these guidelines and goals, the SHAC shall permit participation by parents, students, representatives of the District's food service provider, physical education teachers, school health professionals, members of the Board, school administrators, and members of the public.

[See BDF for required membership of the SHAC.]

Wellness Plan

The SHAC shall develop a wellness plan to implement the District's nutrition guidelines and wellness goals. The wellness plan shall, at a minimum, address:

1. Strategies for soliciting involvement by and input from persons interested in the wellness plan and policy;
2. Objectives, benchmarks, and activities for implementing the wellness goals;
3. Methods for measuring implementation of the wellness goals;
4. The District's standards for foods and beverages provided, but not sold, to students during the school day on a school campus;
5. The manner of communicating to the public applicable information about the District's wellness policy and plan; and
6. The manner of communicating the plan to District staff and students.

The SHAC shall review and revise the plan on a regular basis and recommend revisions to the wellness policy when necessary.

Nutrition Guidelines

Foods and Beverages Sold

The District's nutrition guidelines for reimbursable school meals and all other foods and beverages sold or marketed to students during the school day shall be designed to promote student health and reduce childhood obesity and shall be at least as restrictive as federal regulations and guidance, except when the District allows an exemption for fundraising activities as authorized by state and federal rules. [See CO and FJ]

Foods and Beverages Provided	The District shall establish standards for all foods and beverages provided, but not sold, to students during the school day. These standards shall be addressed in the District's wellness plan.
Wellness Goals	
Nutrition Promotion and Education	The District shall implement, in accordance with law, a coordinated school health program with a nutrition education component. [See EHAA] The District's nutrition promotion activities shall encourage participation in the National School Lunch Program, the School Breakfast Program, and any other supplemental food and nutrition programs offered by the District. The District establishes the following goals for nutrition promotion: 1. The District's food service staff, teachers, and other District personnel shall consistently promote healthy nutrition messages in cafeterias, classrooms, and other appropriate settings. 2. The District shall share educational nutrition information with families and the general public to promote healthy nutrition choices and positively influence the health of students. The District establishes the following goals for nutrition education: 1. The District shall deliver nutrition education that fosters the adoption and maintenance of healthy eating behaviors. 2. The District shall make nutrition education a District-wide priority and shall integrate nutrition education into other areas of the curriculum, as appropriate. 3. The District shall provide professional development so that teachers and other staff responsible for the nutrition education program are adequately prepared to effectively deliver the program.
Physical Activity	The District shall implement, in accordance with law, a coordinated health program with physical education and physical activity components and shall offer at least the required amount of physical activity for all grades. [See BDF, EHAA, EHAB, and EHAC] The District establishes the following goals for physical activity: 1. The District shall provide an environment that fosters safe, enjoyable, and developmentally appropriate fitness activities for all students, including those who are not participating in physical education classes or competitive sports. 2. The District shall provide appropriate staff development and encourage teachers to integrate physical activity into the academic curriculum where appropriate.

3. The District shall make appropriate before-school and after-school physical activity programs available and shall encourage students to participate.

4. The District shall make appropriate training and other activities available to District employees in order to promote enjoyable, lifelong physical activity for District employees and students.

5. The District shall encourage parents to support their children's participation, to be active role models, and to include physical activity in family events.

6. The District shall encourage students, parents, staff, and community members to use the District's recreational facilities, such as tracks, playgrounds, and the like, that are available outside of the school day. [See GKD]

Other School-Based Activities

The District establishes the following goals to create an environment conducive to healthful eating and physical activity and to promote and express a consistent wellness message through other school-based activities:

1. The District shall allow sufficient time for students to eat meals in cafeteria facilities that are clean, safe, and comfortable.

2. The District shall promote wellness for students and their families at suitable District and campus activities.

3. The District shall promote employee wellness activities and involvement at suitable District and campus activities.

Implementation

The director of health services shall oversee the implementation of this policy and the development and implementation of the wellness plan and appropriate administrative procedures.

Evaluation

The District shall comply with federal requirements for evaluating this policy and the wellness plan.

Public Notification

The District shall annually inform and update the public about the content and implementation of the wellness policy, including posting on its website copies of the wellness policy, the wellness plan, and the required implementation assessment.

Records Retention

The District shall retain all the required records associated with the wellness policy, in accordance with law and the District's records management program. [See CPC and FFA(LEGAL)]

Appendix J – DEC(REGULATON) Leaves and Absences

United ISD
240903

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(REGULATION)

Wellness Days

The Board of Trustees approved two (2) wellness leave days for the 2024-2025 contract year. The goal of a wellness leave day is practicing healthy habits daily to attain better physical and mental health outcomes so that instead of just surviving, you're thriving. Therefore, if an employee wants to work on one's physical or mental health, the employee may submit a request for a wellness absence.

However, the two wellness leave days come with conditions. Wellness leave days shall not be allowed:

1. During the first week of a new semester;
2. the day before or the day after a school holiday;
3. days scheduled for state-mandated assessments;
4. days scheduled for District-scheduled assessments;
5. professional or staff development days; or
6. project deadlines dates.

An employee will need to work with their supervisor when they plan to take their wellness days. Unused wellness leave days may roll over for next year but shall not qualify as state or local leave under Board Policy DEC (Local), subsection "Payment for Accumulated Leave Upon Retirement."

Upon approval by an employee's supervisor, the employee must submit the wellness leave day absence through Smartfind Express under code 40 - Wellness Day.

NOTE: The wellness leave day pilot program will be evaluated at the end of the 2024-2025 academic year.

Appendix K – Basic Characteristics and Elements of a Learning Culture at UISD

Characteristic	Element	Example
A concern for people	• An equal concern for all stakeholders	• UISD provides a free EWP for all its employees. The goal is for employees to be proactive in their health and wellness.
Commitment to learning to learn	• A belief that people can and will learn • Reflection and experimentation are valued.	• Self-paced programs and health education webinars are offered. • Pilot programs and first-time initiatives are implemented. • Surveys are distributed throughout the year and after health activities.
Positive assumptions about human nature (Theory Y)	• The desire for survival and improvement with the provided resources and necessary psychological safety	• The employee wellness coordinator engages in face-to-face presentations and webinars about the tools and resources offered to employees.
Belief that the environment can be managed	• A shared assumption the environment is to some degree manageable and adaptable, and they ultimately make their own fate.	• The wellness committee and employee surveys revealed changes to the format of the program were necessary to make it more user-friendly. • The district offers onsite screenings and immunizations to remove barriers, but it is up to the employee to take advantage of them.
Positive orientation toward the future	• The optimal time for learning is somewhere between the far future and the near future.	• The wellness committee meets monthly to discuss future activities and programs.
Commitment to full and open task-relevant communication	• Be fully able to communicate task-relevant information and to learn to trust • A shared commitment to open and extensive communication	• Health data, like health risk assessments and preventive care detail reports, are used to make health programming decisions. • Monthly meetings with internal and external stakeholders • The wellness coordinator responds within 24 hours to employee inquiries.
Commitment to cultural diversity	• Be connected and value learning something of each other's culture and language; mutual cultural understanding	• Communications like flyers, health education, and even wellness programs are available and presented in Spanish.
Interdependent coordination and cooperation	• As interdependence increases, the need for teamwork increases.	• The wellness committee, and other employees from other departments, at times including volunteers, are needed to host events. • Wellness champs used as a first point of contact for campuses and departments.