

Healthier U Logic Model

Overview Model

Inputs	Activities	Direct Outcomes	Intermediate Outcomes	Long-term Outcomes
<ul style="list-style-type: none"> • Leadership by state government • Leadership by labor representatives • Engagement and collaboration of labor and government • Staff resources • External partners and resources • Research evidence 	<ul style="list-style-type: none"> • Develop project framework and interventions through joint labor-management teams • Create conditions that support participation • Recruit participants • Implement interventions • Reinforce wellness activities • Evaluate initiative • Promote initiative to increase visibility and support 	<ul style="list-style-type: none"> • Satisfaction with process and activities • Culture of wellness • Motivation and participation • Other wellness behaviors • Program improvements based on formative evaluation • Awareness of initiative by outside audiences 	<ul style="list-style-type: none"> • Sustained labor-management engagement • Sustained culture of wellness • Sustained participation in wellness activities • Decreased health risks/Improved health status • Decreased health care costs • Increased productivity • Adoption of workplace wellness model by others • Use of summative evaluation results 	<ul style="list-style-type: none"> • Improved health outcomes • Decreased state employee health care costs • Spillover effects (to nonparticipants) • Statewide adoption of model • National recognition of model

Detailed model

Inputs	Activities	Direct Outcomes	Intermediate Outcomes	Long-term Outcomes
<p>Leadership by State Government Offices</p> <ul style="list-style-type: none"> • CalPERS • State Controller's Office • Department of Human Resources • Treasurer's Office • Department of Healthcare Services (DHCS) • Department of Public Health (CDPH) <p>Leadership by Labor</p> <ul style="list-style-type: none"> • SEIU Local 1000 <p>Engagement and Collaboration</p> <ul style="list-style-type: none"> • Government-Labor pre-design, design and advisory teams • Steering Committee • Staff • CDPH and DHCS expertise <p>External Partners and Resources</p> <ul style="list-style-type: none"> • Kaiser Permanente • Sierra Health Foundation • UC Berkeley <p>Research Evidence</p> <ul style="list-style-type: none"> • Urban Institute study • Other research • Workplace wellness models • CalPERS data 	<p>Develop project framework and interventions through joint labor-management teams</p> <ul style="list-style-type: none"> • Form pre-design team to identify members of design team. • Form Design & Engagement team and Advisory Committee • Select specific interventions • Plan implementation • Develop communication strategy <p>Create conditions that support participation</p> <ul style="list-style-type: none"> • Identify and address environmental and policy barriers <p>Recruit participants</p> <ul style="list-style-type: none"> • Employ communication strategies (e.g., pep rallies, Boosters) • Use labor organizing strategies • Offer incentives (but not "pay for play") <p>Implement interventions:</p> <ul style="list-style-type: none"> • Implement primary interventions (such as biometric screenings, on-site health promotion, etc.) • Implement large interventions (such as Thrive, by Kaiser) • Recruit Healthier U Boosters and implement smaller booster interventions <p>Reinforce wellness activities</p> <ul style="list-style-type: none"> • Connect participants with wellness activities in their communities <p>Evaluate initiative</p> <ul style="list-style-type: none"> • Conduct process evaluation • Provide feedback for program improvement • Conduct outcome evaluation <p>Promote initiative to increase visibility and support</p> <ul style="list-style-type: none"> • Hold public events • Disseminate findings to policy and research audiences 	<p>Satisfaction</p> <ul style="list-style-type: none"> • Labor-management team satisfaction with process • Management satisfaction with process • Union satisfaction with process • ↑Positive attitudes toward role of union in the workplace by management and employees <p>Culture of wellness</p> <ul style="list-style-type: none"> • ↓Environmental and policy barriers • ↑Employee knowledge of wellness behaviors • ↑Positive attitudes toward engaging in wellness behaviors • ↑Sense of community through shared culture of wellness <p>Motivation and participation</p> <ul style="list-style-type: none"> • ↑Employee knowledge of individual health status • ↑Intrinsic motivation to engage in wellness behaviors • Higher levels of employee participation and retention than typical workplace wellness programs • Employee participation that matches employee demographic profile <p>Other wellness behaviors</p> <ul style="list-style-type: none"> • ↑in employee wellness behaviors at work but outside of wellness program activities • ↑in employee wellness behaviors outside of workplace <p>Program improvements based on formative evaluation</p> <p>Awareness of initiative by outside audiences</p>	<p>Sustained labor-management engagement</p> <ul style="list-style-type: none"> • Increased participation in union activities • Labor-management collaboration on other issues <p>Sustained culture of wellness</p> <ul style="list-style-type: none"> • Active promotion of culture of wellness by site leadership • Increase in number of employees with positive attitudes toward wellness and feelings of shared community • Institutionalization of environmental and policy scans to avoid creation of barriers • Continued use of formative evaluation results for program improvement <p>Sustained participation in wellness activities</p> <ul style="list-style-type: none"> • Overall • Proportionate to employee demographic profile <p>↓Health risks</p> <ul style="list-style-type: none"> • ↓overweight and obesity • ↓blood pressure • ↓stress • ↑nutritional status <p>↓Cost of health care</p> <p>↑Productivity</p> <ul style="list-style-type: none"> • ↓absenteeism • ↓presenteeism • ↓turnover <p>Adoption of wellness behaviors by nonparticipants (family members, other employees)</p> <p>Use of summative evaluation results</p> <ul style="list-style-type: none"> • Contributions to knowledge about workplace wellness • Adoption of workplace wellness model by other State offices • Wellness personnel hired by each agency for program oversight. 	<p>Improved health outcomes</p> <ul style="list-style-type: none"> • Overall • In ways that reduce health inequities (or, at a minimum, do not increase inequity) <p>Decreased state employee health care costs</p> <ul style="list-style-type: none"> • ↓ need for pharmaceuticals • ↓need for hospitalization • ↓need for other high-cost interventions (e.g., dialysis) <p>Adoption of model</p> <ul style="list-style-type: none"> • Statewide adoption of model • National recognition of model

Activities-Outputs Table

Activities	Outputs
<p><i>Develop framework and interventions through joint labor-management teams</i></p> <ul style="list-style-type: none"> • Form Design and Engagement Team and Advisory Committee • Select specific interventions • Plan implementation • Develop communication strategy 	<ul style="list-style-type: none"> • Meeting minutes and attendance lists • Intervention plans • Communication strategy document • Number of labor/management members consistently participating on committees.
<p><i>Create conditions that support participation</i></p> <ul style="list-style-type: none"> • Identify environmental and policy barriers • Address barriers 	<ul style="list-style-type: none"> • Environmental scan • Policy scan • Plan for addressing barriers
<p><i>Recruit participants</i></p> <ul style="list-style-type: none"> • Employ communication strategies (e.g., pep rallies, Boosters) • Use labor organizing strategies • Offer incentives (but not “pay for play”) 	<ul style="list-style-type: none"> • Number and type of communication strategies • Number and type of labor organizing strategies • Reach of strategies (number of employees contacted)
<p><i>Implement interventions</i></p> <ul style="list-style-type: none"> • Implement primary interventions (such as biometric screenings, on-site education and health promotion, etc.) • Implement large interventions (such as Thrive, by Kaiser) • Recruit Healthier U Boosters and implement booster interventions 	<ul style="list-style-type: none"> • Number and type of interventions implemented • Number of people participating • Number of Healthier U Boosters recruited • Number and type of booster activities • Number of people participating in booster activities, if available
<p><i>Reinforce wellness activities</i></p> <ul style="list-style-type: none"> • Connect participants with wellness activities in their communities 	<ul style="list-style-type: none"> • Number of community contacts • Number of wellness activities identified
<p><i>Evaluate initiative</i></p> <ul style="list-style-type: none"> • Conduct process evaluation • Provide feedback based on evaluation findings for program improvement • Conduct outcome evaluation 	<ul style="list-style-type: none"> • Evaluation design documents • Feedback briefings (process evaluation) • Interim briefings (summative evaluation) • Evaluation reports
<p><i>Promote initiative to increase visibility and support</i></p> <ul style="list-style-type: none"> • Hold public events • Disseminate evaluation findings to policy and research audiences 	<ul style="list-style-type: none"> • Number and type of public events held • Number of people attending • Number and venue of articles published • Number and venue of presentations delivered