

The Wellness Card

A Health Promotion Disease and Prevention Program to Help the University Achieve Its Mission

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The Wellness Card is a Student Health Services (SHS) program at Cal Poly Pomona to improve the delivery of clinical preventive and health promotion services to improve learning and knowledge by students. It is a primary method to achieve the Healthy People 2010 Objective 7-3 which specifically addresses the health of college students.ⁱ The services improved are screening tests, immunizations, and counseling for health behavior change. Wellness Card materials are designed for use by primary care providers (physicians, nurses, nurse practitioners), to give to students patients, and health educators brief time-efficient one-to-one education sessions.

The idea for it came from the Put Prevention into Practice (PIPP) program, which is a research-based team approach to improve the delivery of clinical preventive services.ⁱⁱ This initiative is a broad-based program covering all major health risk areas of college students. Other prevention campaigns focus on specific individual services or diseases, or emphasized a particular age group or gender.

Why the Wellness Card Is Needed

The vast majority of premature death and disability in college students results from preventable causes.ⁱⁱⁱ The U.S. Preventive Services Task Force (USPSTF) concluded in their publication, *Guide to Clinical Preventive Services, 2nd Edition*, that there was strong evidence that a variety of clinical preventive services can prevent some of the leading causes of death or disability. At the same time, research also shows that clinicians do not always provide all the services their patients need, and that patients request services that have been found to be ineffective or to have unproven benefits. Additionally, students often come to campus with misperceptions and incorrect knowledge about many health issues.

Examples of recent relevant research include:

Research published in the February 25, 1998, *Journal of the American Medical Association (JAMA)* by researchers at Massachusetts General Hospital and Harvard Medical School shows that American physicians are missing many opportunities to help their patients quit smoking; for example, in 1995, physicians in the study counseled smokers to quit at only 21 percent of office visits. In another DHHS Agency for Healthcare Research and Quality supported study (published in the December, 3, 1997, *JAMA*), researchers concluded that if doctors advised each of their patients who smoked to quit, an additional 1.7 million people would quit smoking each year.

CDC reported in February 1998 that a high proportion of office visits to obstetricians or gynecologists, internists, family or general practitioners, cardiologists, and other specialists in 1995 did not include counseling for the prevention of cardiovascular disease.

How the Wellness Card Was Developed

Cal Poly Pomona's Student Health Services Health Promotion Department began The Wellness Card program in 1995 as a way to:

- improve implementation of the recommendations of the USPSTF,
- meet the university's mission to advance learning and knowledge,

- overcome many of the barriers to the effective delivery of clinical preventive and health promotion services.

The original "card" was similar to the PIPP booklet, however the cost of the printing the glossy cover booklet became prohibitive and the current version is on yellow card stock in a trifold format.

Barriers the USPSTF noted were:

Patient barriers: Lack of knowledge or motivation; anxiety about procedures and possible results; inconvenience; costs; unrealistic expectations about benefits of some services (this is related to the overuse of some preventive services).

Clinician barriers: Lack of prevention training; lack of "self-efficacy" (confidence that preventive interventions can make a difference); lack of time in face of competing demands; confusion due to conflicting recommendations; lack of knowledge about new tests; inadequate reimbursement for prevention; liability concerns or patient demand (this is related to the overuse of some preventive services).

Office barriers: Lack of knowledge, motivation, readiness for change, or support among office staff; clinical setting focused on illness rather than prevention; inadequate office systems for tracking delivery of and follow up for preventive services.

Student barriers: Lack of time for most students. This is due to a combination of academics, work and commuting time. Division of Student Affairs and SHS research indicate that Cal Poly Pomona students average taking nearly 14 quarter units. Nearly 70% work an average of just under 20 hours per week. Ninety percent are commuter students in the Los Angeles area, from five different counties and driving an average of 18 miles one-way to and from campus. Other student barriers are knowledge of where and how to use the clinical and health promotion services available on campus.

Health Risks, Student Defined Needs and Interests, and Student Reasons for Low Grades

The original Wellness Card and assessments were based on health risk appraisal results. More assessments were added as student defined needs assessments and surveys of student-defined reasons for getting low grades were completed. By the time the Healthy People 2010 college health Objective 7-3 was released in January 2000, the Wellness Card more than covered all the major health risk areas.

The six major health risks addressed by the Wellness Card are:

- unintentional and intentional injury prevention,
- sexual behaviors the cause unintended pregnancies, STDs and HIV/AIDS;
- alcohol abuse;
- tobacco use;
- nutrition and
- physical activity.

The needs survey identified interests in:

- managing time,
- managing stress,
- helping a friend in trouble,

- brushing and flossing,
- eating better and
- exercising.

Their self-stated reasons for getting low grades stimulated us to develop a cold and flu prevention assessment, and put more emphasis on urging students to do the stress and helping a friend assessments.

Contents of the Wellness Card

In addition to earning points for clinical visits and education from the pharmacists, students have many topics from which to choose. These include:

- Alcohol and Other Drugs
- Blood Pressure
- Body Composition - % fat, BMI, Lean BMI, Frame size each with healthy ranges of weight
- Cholesterol
- Driving Safety
- Nutrition
- Oral Health Care
- Personal Health – self-care, immunizations, screenings
- Physical Activity
- Preventive Care for Women - Breast Self-Exams, Pap tests
- Preventive Care for Women - Testicular Self-Exams
- Sexual Health – safer sex, STDs, HIV and AIDS, communication skills, family planning
- Sexual Assault Prevention
- Time and Stress Management
- Suicide Prevention
- Tobacco Use
- Vision
- Weight and Height

How the Wellness Card Is Used

The disease preventive and health promotion service delivery intervention is tailored to the unique characteristics of each student. Like the PPIP tools, the Wellness Card serves to stimulate discussions between students and health educators about preventive care and health promoting behaviors. It also uses the Stages of Change model and client centered counseling by allowing students to select the assessments and health topics they are ready to address.^{iv, v, vi} Students can do any assessments they choose and in any order. Students talk with trained and closely supervised peer health educators (PHE) about their answers to assessments then get points toward a reward. Training sessions for PHEs help them recognize their limits and when to refer to a health educator of other professional in SHS or Counseling and Psychological Services.

The assessments are tests done on them or paper and online (BlackBoard and WebCT) questionnaires with, generally, 3 to 10 questions. The tests are fitness tests such as body composition, aerobic capacity step test, leg lowering abdominal strength and hip/low back flexibility. Other tests are vision and blood pressure. Student can take paper assessments home or do them online outside of The Wellness Center but must go over them with a PHE in the 5-station, 540 square foot facility named The Wellness Center (TWC) located at the center of campus.

Most assessments are worth five points each. Some that take more time or considered more important are with 10 to 20 points. The comprehensive Health Risk Appraisal, adapted from BSDI Fitness, is worth 10 points. A Health Promotion Contract requires the student to log a self-selected behavior for at least three weeks and get five points for each week. CPR and First Aids class costs \$25 and 20 points are given. Sixty points must be earned to get a Look Out for Healthy Student or a 98six.com t-shirt.

Motivation to Use the Wellness Card: Clinical Prevention and Curricular Infusion

Students are motivated to use the Wellness Card in a variety of ways. SHS clinicians, and university faculty and staff promote the Wellness Card. Clinicians' time with patients is limited but several make a point of giving the Card to students. Depending on the quarter, up to 15 faculty give extra credit or require use of the Wellness Card. Faculty for Management and Human Resources (MHR), Behavioral Science, University study skills, Introduction to Agriculture, Hotel Restaurant Management, and Kinesiology and Health Promotion (KHP) courses promote the Wellness Card. Most courses are general education courses. The MHR instructors make a point of telling students that the Wellness Card program is a concept they could consider using if they get involved in developing an employee wellness program in the future.

Faculty who offer extra credit require from 25 to 80 points. Students can get about 3% added on to their final grade for getting 60 to 80 Wellness Card points. Other faculty let students make up absences by getting 15 points. Another option offered is a required assignment but students can write a paper on a health topic or earn Wellness Card 25 points. Some faculty require specific assessments and these are often body composition, height and weight and blood pressure. The KHP professor teaching stress management and personal health courses requires weekly visits to The Wellness Center to complete assessments and a one-hour appointment with PHEs at mid-quarter to discuss progress at following their personal health plans.

Evaluation of the Wellness Card Program

PROMOTIONAL MEASURES – OUTPUT MEASURES

Twelve faculty promoted the Wellness Card by directly allowing use of it for credit during the Winter Quarter 2000. This grew from one MHR professor in Fall 1997 for his general education class of 150 students (typically 70% to 75% take advantage of the extra credit).

TARGET MEASURES – SURVEY OF THOSE TARGETED

A survey will be conducted within the next year to determine if the Wellness Card had an impact on awareness, comprehension, acceptance, attitude, intention and action to change or improve health behaviors and ability to be successful academically. This survey will be based on measures of program success described by Donovan^{vii} and others^{viii}.

“SALES” MEASURES – T-SHIRTS REWARDED AND TWC OPERATING HOURS

During the Winter Quarter 2000, approximately 150 “Look Out for Healthy Students” and 98six.com t-shirts have been given to students earning 60 Wellness Card points. A new policy was implemented in the Winter 2000 quarter to give students t-shirts for any reason that 60 points were earned. Before this quarter approximately 20 shirts were given per quarter. Students earning points for extra credit had to earn 40 points beyond those required by the faculty member's syllabus.

From 1996 through Spring of 1998 TWC was open only 12 hours per week, 11 am to 2 pm Monday through Thursday. Starting in the Fall of 1998 The Wellness Center remained open from 11 am to 6 pm Monday through Thursday and 11 am to 2 pm on Friday. This allowed for 31 hours of open time. Starting in the Fall of 1999, TWC was open at 10 am Monday through Friday and closed on Fridays at 3 pm for an increase to 35 open hours. As the Wellness Card program has been utilized by faculty and clinicians the visits have grown.

EDUCATIONAL MEASURES – IMPACT MEASURES OF TWC VISITS AND INDIVIDUALS

A “Hand Tally” push button counter is used to count visits into The Wellness Center. In 1996 visits to The Wellness Center ranged from 15 to 20 per week when it was open from 11 am to 2 pm Monday through Thursday.

Total number of visits to educational activities / visits in The Wellness Center:

Spring Quarter 1999	1,853
Fall Quarter 1999	1,993
Winter Quarter 2000	2,110

Total individual Wellness Card users: ~1,300 per quarter and growing.

Each student entering TWC receives a Wellness Card. In the Winter Quarter 2000, representative of previous quarters, the total number of individual Wellness Card users has been estimated to be 1,300. It is estimated that about 350 to 400 students generated 1,200 visits. The remaining visits were from students using The Wellness Card one time in a quarter.

COGNITIVE / ATTITUDINAL MEASURES – EFFECTIVENESS MEASURES

These will be derived from the surveys noted in Target Measures. They will include:

1. unprompted recognition of health messages from use of the Wellness Card and The Wellness Center.
2. prompted recognition from a prompt list.
3. comprehension (the knowledge question: understand the message from the Wellness Card and The Wellness Center)
4. acceptance (the attitude question: agreement with the health messages)
5. intention (intend to act on the health messages)
6. action (outcome measure, take some form of action based on the message)

Discussion

The Wellness Card program has increased contacts with students and reduced costs per contact. Ten years earlier, the single health educator had a total of 1,350 contacts with students with about 150 one-to-one patient education sessions and 1,200 in classroom and group presentations. Now over 7,000 students have direct contact with health promotion staff at least once each year. Enrollment is about the same as in 1990, near 18,000. The health promotion budget is at about \$140,000 compared to \$50,000 in 1990. Even with this increase in cost, the cost per contact is about \$25.00, about 60% of the cost 10 years earlier.

The Wellness Card has increased collaboration between clinical, traditional medicine and health promotion staff in a manner suggested by Lasker.^{ix} There was a lack of clinical support until a second health educator was hired. A telling sign of resistance to this program was a senior clinician’s comment, “we don’t have time for that,” and an unwillingness to discuss PPIP. Now, six years, later several clinicians remember to give students points for office visits, lab work and x-rays.

The future of the Wellness Card will show continued requests for the most popular assessments and an increased use of the internet. Percent body fat and blood pressure are often the first

assessments requested with about 40% (1,400 per year) of students asking for these. Assessments will be on-line, either to be completed on-line or available to print for completion by hand and brought to The Wellness Center. The Email Health Reminder may provide for the largest increase in movement through the stages of changes as more students sign-up to receive the two per quarter health promotion reminder. The number of students receiving this reminder increases by about 80 per quarter.

Conclusions

The Wellness Card program at Cal Poly Pomona is a Student Health Services program that provides a cost effective way to deliver of clinical preventive and health promotion services to improve learning and knowledge by students. It will be one of the primary methods to achieve the Healthy People 2010 Objective 7-3 which specifically addresses the health of college students.

Originally written for www.98sixpro.com and Richard Keeling, M.D., Keeling & Associates, Inc., www.rkeeling.com in 2001.

ⁱ Healthy People 2010: Conference Edition, Objective 7-3. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

http://www.health.gov/healthypeople/Document/HTML/Volume1/07Ed.htm#_Toc471878228

ⁱⁱ Personal Health Guide: Put Prevention into Practice. Consumer Information. Agency for Health Care Policy and Research, Rockville, MD. <http://www.ahcpr.gov/ppip/>

ⁱⁱⁱ Healthy People 2010: Conference Edition, Objective 7-3. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

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^{iv} Marcus B. and N. Owen. Motivational readiness, self-efficacy, and decision making for exercise. *Journal of Applied Social Psychology*. 1992; 22:3-16.

^v Prochaska, J. and C. DiClemente. Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consultative Clinical Psychology*. 1983; 51:390-395.

^{vi} Prochaska, J., C. DiClemente, W. Velicer., JS, Rossi, et al. Stages of change and decisional balance for twelve problem behaviors. *Health Psychology*. 1994; 1:39-46.

^{vii} Holman, C., J. Donovan, B. Corti. Evaluating projects funded by the Western Australian Health Promotion Foundation: a systematic approach. *Health Promotion International*. Vol. 8. No. 3. 1993.

^{viii} Is the program a success? Prenatal Ed Update. <http://www.PrenatalEd.com/newsv3n8.htm> . Vol. 3 No. 8. August 15, 1999.

^{ix} Lasker, R. 1997. *Medicine & Public Health: the Power of Collaboration*. New York Academy of Medicine. New York, NY.

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