

The Duke Endowment Wellness Initiative

Summary of Grant Experiences and Recipient Recommendations

December 2000

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Executive Summary

Between 1996 and 2000, The Duke Endowment awarded \$5.7 million to 30 hospitals in the Carolinas to help hospitals develop and implement comprehensive wellness programs for their employees as well as for the employees of businesses and industries in each hospital's home community (**Exhibit 1**). The Endowment's intent in launching this initiative was to encourage hospitals to assume a new role in the delivery of health care through focusing on preventive medicine and wellness in the workplace.

This initiative was based on the belief that workplace wellness programs present a unique opportunity for hospitals to improve the health of their home communities while at the same time to strengthen their ties with local employers. The Endowment also believed that such programs give area businesses an opportunity to reduce the direct and indirect health care cost associated with a healthier work force. Therefore, employers and employees alike share the benefits wellness programs can offer: reduced absenteeism, lowered turnover, improved morale, and increased productivity. **However, only one participating hospital met all three of the Endowment's objectives. It quantified savings, has high levels of employee participation, and successfully exported the program to its community. Fourteen hospitals have desirable employee participation and/or have workplace programs, and three hospitals are considering ending the program.**

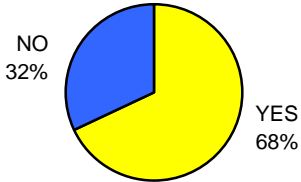
In 1998 and February 2000, staff surveyed grant recipients to document some of their experience with program implementation so that the Endowment could become more familiar with the challenges and opportunities in providing wellness programs. Most of these programs have been in service for at least three years. For such a short length of service, staff realized that it would be difficult to identify long-term outcomes. However, the surveys provided a lot of data about challenges and opportunities, workplace programs, and lessons learned.

- The grant periods ranged between three and four years, and grants provided both capital and program support.
- The average amount given to a hospital was \$191,000. The largest award was \$370,000 and the smallest was \$78,000.
- The average wellness program cost over three years was \$315,414.

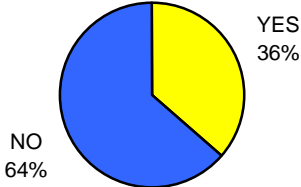
The grants did leverage additional financial support. For approximately every two dollars granted by the Endowment, either the hospital and/or its local community generated one dollar to support these programs. However, without strong workplace revenue, wellness programs do not pay for themselves either through self-pay or third party reimbursements. Therefore, hospitals must be prepared to make a long-term investment realizing that the majority of the expense may never be covered.

The Endowment's Objectives

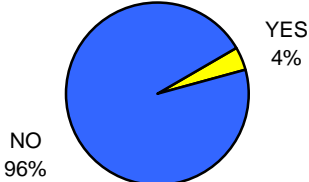
Objective #1:
Hospitals Maintained High Level of Employee Participation?



Objective #2:
Hospitals Established Workplace Sites ?



Objective #3:
Hospitals Quantified Savings?



Overwhelmingly, issues pertaining to sustainability, evaluation, management, and participation appear to be of greatest concern. However, employee satisfaction and morale is high. **Although it has been difficult to evaluate wellness programs, most hospitals have decided to continue their program regardless of what the data report.**

Background

In November 1995, the Endowment announced plans to begin awarding grants to help hospitals develop and implement comprehensive wellness programs for their employees as well as for the employees of businesses and industries in each hospital's home community. The Endowment's intent in launching this initiative was to encourage hospitals to assume a new role in the delivery of health care through focusing on preventive medicine and wellness in the workplace.

This initiative was based on the belief that workplace wellness programs present a unique opportunity for hospitals to improve the health of their home communities while at the same time strengthen their ties with local employers. We also believed that such programs give area businesses an opportunity to reduce the direct and indirect health care cost associated with a healthier work force. Therefore, employers and employees alike share the benefits wellness programs can offer: reduced absenteeism, lowered turnover, improved morale, and increased productivity.

As part of this initiative, the Endowment sought proposals in which hospitals initially developed wellness programs for their own employees. By using their own experience to refine these programs and by documenting savings they produce, hospitals would be in a good position to extend proven programs with variable results to local businesses.

Prior Observations

In 1997 and 1998, The Endowment published a list of early observations about wellness programs. These observations were based on the experience of reviewing proposals, awarding grants, and following the initial progress of the funded programs.



High Risk Participants: Few hospitals lowered the attrition rate for those at high risk. Adverse selection -- selection of only those who are already healthy -- must be avoided if the program is to realize its potential for affecting the health of the work force. In other words, participants who stay in the program are typically healthy in the first place, while those who could benefit the most from such a program typically drop out sooner. *(Winter 1997 & Spring 1998)*

Workplace Sites: Each of the hospitals experienced difficulty in transferring its wellness program into the business community. Those hospitals that had established wellness programs prior to Endowment assistance were the most successful in enlisting business participation. Many communities, especially small and more rural ones, may not have a large enough employer base to sustain workplace programs. In such cases, hospitals

launching workplace programs must be prepared to subsidize the program after grant funding expires. (*Winter 1997 & Spring 1998*)

Management Issues: Employee wellness programs will work only if management is totally committed. The program must be more than an employee benefit; rather, management must be committed to changing the workplace culture. (*Winter 1997*)

Evaluation: Most hospitals could not document their programs' cost savings. Instead, most hospitals used software to track physiological indices such as cholesterol, blood pressure, and blood sugar. (*Spring 1998*)

Survey Methodology



In 1998, the Endowment conducted a short survey and 24 hospitals participated (**Exhibit 2**). In February 2000, the Endowment conducted a more comprehensive survey and 22 hospitals participated (**Exhibit 3**). We requested information about the program's goals, services and desired outcomes; staffing and employee participation; workplace programs; financial considerations; evaluation; program status; recommendations and lessons learned; and, future planning. Also, we requested a financial certification report authorized by the hospital's chief executive officer; however, not all of the participating hospitals submitted a financial report.

Funding



Over four years, the Endowment awarded \$5.7 million to 30 hospitals to support wellness programs. The average amount awarded to a hospital was \$191,000. Bladen County Hospital in Elizabethtown, North Carolina received the largest grant, \$370,000, over a four-year period. The smallest amount was awarded to Harris Regional Hospital for \$78,336. Most of these grants were awarded over three and four-year periods.

Two to One Ratio

For approximately every two dollars granted by the Endowment, an additional dollar was generated from either the hospital and/or its community. The following are highlights of the financial reports.

- Sixty three percent of the hospitals reported additional community-generated funding sources. Blue Ridge Hospital System's Spruce Pine reported the largest -- which was 43% of their total program revenue.
- Only two hospitals, Beaufort County and Ashe Memorial, reported a program surplus. All of the other programs either broke even with assistance from the hospital or had deficits.
- The average non-grant revenue for the wellness programs was \$118,286. However, 37% of the programs did not receive any additional revenue.

- Seventy-four percent of the programs had capital purchases. These purchases included computers, software, and equipment.
- The average program expense was \$321,637 which included \$23,649 spent on capital purchases. The Endowment underwrote an average of 58% of each program's total expense.

Hospitals' Goals and Services

Goals

The hospitals identified several goals for establishing wellness programs. Ninety-five percent of the hospitals wanted opportunities for community outreach and improvement of employee health. The following is a list of the most common program goals.

Reported Program Goals	Percentage of Participating Hospitals
Improvement of employee health	95%
Opportunity for community outreach	95%
Low cost benefits	77%
Disease prevention	77%
Reduced medical expenditures	73%
Improvement of employee productivity	68%

Services and Desired Outcomes

There are several services offered by the hospitals' wellness programs. These services include fitness promotion, health risk screenings and health education. The following are the most common services and desired outcomes.

Reported Services	Percentage of Participating Hospitals
Fitness Promotion	100%
Health Risk Screenings	100%
Nutritional Education	100%
Health Education	95%
Note: Recently a few hospitals began providing carbon monoxide screenings.	

Reported Desired Outcomes	Percentage of Participating Hospitals
Improved Employee Health	82%
Improved Education About Health Issues	82%
Improved Employee Morale	77%
Reduced Health Costs	41%
Reduced Absenteeism	41%

Service Co-ops

More than half of the hospitals reported co-operatives with the American Cancer Society and/or the American Heart Association. The most frequent organizations identified include the following.

Reported Service Co-ops	Percentage of Participating Hospitals
American Cancer Society	59%
American Heart Association	55%
Local fitness center	50%
YMCA or YWCA	27%
Weight Watchers	23%

Hospital-Based Wellness Programs

Staffing

Most hospitals had 1.5 full-time equivalent (FTE) wellness staff their first year. Staffing increased in the second and third year to two FTEs. Only one hospital reported having less than one FTE during its grant period, and Oconee Memorial Hospital reported having the largest number of FTEs. They staffed eight FTEs throughout all three years of their grant period. Unfortunately, staffing and employee data from the 2000 survey was too inconsistent to report staffing ratios. In 1997, staff observed that a rule of thumb for staffing seemed to be one wellness FTE (director or health education) per 1,000 employees. Staffing should be based on potential capacity of the program, rather than on the actual number of enrollees. Also, staffing needs obviously increase as a hospital opens the program to area businesses and the community at large.

Employee Participation

The trend for employee participation was highest in the first program year, decreased the second year, and increased the third year. **It seems that as the programs matured, staff became more familiar with their employees' motivations and addressed attrition with new incentives.**

The lowest reported employee participation level was 3% in a program's second year. Angel Medical Center had the highest participation -- 70% in the third program year.

Average % of Employees Enrolled

Year 1	39%
Year 2	35%
Year 3	39%

"We learned two important motivators are actualized results and a professional, caring, and committed wellness staff."

*Lisa Capriotti,
Greenville Hospital System*

Challenges and Opportunities

- Many programs had positive results with employee morale. However, several programs indicated challenges with employee participation. The employees who are at a greater health risk are more difficult to motivate.
- Some hospitals now use their wellness program as an employee recruitment and retention tool.
- Several programs reported that communication and marketing strategies were a challenge. Some programs were especially challenged with offering programs to nurses and shift workers.

Work-Site Wellness Programs

One of the Endowment's goals was to encourage hospitals to implement comprehensive wellness programs for the employees of businesses and industries in each hospital's community. Thirty-six percent of the hospitals are doing workplace programs. The following is a list of the most common services provided at workplace sites.

Most Common Services at Workplace Sites

▪ Cholesterol Screenings	86%	▪ Stress Management	77%
▪ Blood Pressure Checks	82%	▪ Smoking Control / Cessation	73%
▪ Nutrition Education	82%	▪ Cancer Education	59%
▪ Weight Control	82%	▪ Back Wellness	55%
▪ Exercise	77%	▪ Medical Self-Care	45%

Selected Examples

- NorthEast Medical Center provides service to eight businesses and Carteret County General Hospital has 10 active workplaces.
- One hospital reported that their workplace program has greater participation than their internal wellness program.
- Roanoke-Chowan Hospital provides service to over 700 workplace employees. They implemented a program called "Passport to Women's Health," whose model is the Quest 3000 (ViQuest) program. This project is partially funded by the Cecil B. Sheps Center for Disease Prevention in Chapel Hill, and the hospital was chosen as a lead agency for the project.
- One of Roanoke-Chowan Hospital's successful strategies is to provide annual aggregate information to employers about wellness indicators and their employees' characteristics. For example, one work-site increased the use of employee's safety belts from 20% to 89%. At another work-site, 20% of the employees reported using less than five sick days in 1996. By 1999, over 78% of their employees used less than five sick days. Several hospitals also track medical claims at workplace sites. One hospital determined at one site that the average medical claim, based on risk factors per employee, was \$1,436 in 1996 and reduced to \$1,166 in 1999.

Challenges and Opportunities

- Many of the hospitals reported difficulty making business connections, especially with industrial workplaces. However, once connected, they discovered that local employers didn't want to pay for these services. Businesses wanted quick results, and wellness program results may take a few years to materialize.
- Employers were reluctant to allow their employees to take time away from their work. Therefore, some programs decided to place more emphasis on community health as outreach.
- One successful workplace program used their hospital's marketing staff to promote their program. Also, consider using community asset research before planning your program.
- Working with local area businesses requires early and accurate assessment of your community's needs and assets. Unfortunately, one hospital began with three work-site programs, and within one year the hospital lost all of their workplace sites -- one business closed, another chose to work with another provider, and the third business discontinued its services.

Financial Considerations

Most of the hospitals are collecting various forms of data to assist in the analysis of their program’s costs and benefits. Financial indicators such as individual health results, statistics on risk factor costs and employee participation rates have been used. The most frequent data used is:

Financial Indicators	Percentage of Participating Hospitals
Insurance Claims Data	55%
Absenteeism Rates	36%
Workman’s Compensation Costs	18%

Cost Savings

Over 70% of the hospitals reported that reducing medical expenses was one of their primary goals for establishing a wellness program. In the 2000 study, 59% of the hospitals reported cost savings. Several programs could document increased employee participation, employee satisfaction, and positive health behaviors. Unfortunately, it was difficult to demonstrate improved absenteeism rates, retention and productivity. Several programs reported that participants experienced some weight loss and appear to have improved their sense of wellness; however, significant cost savings were not realized. Some hospitals reported small, positive changes in absenteeism and health claims but not enough to produce definitive cost savings.

One hospital reported insurance cost savings. However, it was difficult to attribute these savings to their wellness program since the hospital changed providers. Another program reported that their employees are taking advantage of insurance discounts. Conversely, another hospital reported that their health care costs increased for two years. They believe the change is a result of increased prevention visits and early detection treatments. Unfortunately, some programs did not identify ways to gather supportive data in advance and had difficulty documenting the program’s impact on financial indicators once the program began.

Although it has been difficult to document cost savings, most hospitals have decided to continue the program regardless of what the data report.

Evaluation Efforts

The typical program funded in this initiative used health risk appraisals to capture employee baseline data and assess risk factors for specific diseases. Also, they used employee surveys, self-reported risk appraisals, clinical outcomes and participant satisfaction as part of their evaluations. They used customized screening and educational opportunities to fit employee needs and interests, and ongoing monitoring and updating of employee goals and objectives. Programs were designed to be voluntary and incentive-based. Typical incentives included reduced insurance premiums, increased vacation time and monetary rewards.

Several assessments revealed improved employee health status. Hospitals reported improved and reduced risk behavior such as safety habits and alcohol consumption. Also, they reported that employees made healthier food

choices, e.g., changes in the types of foods offered and consumed in the employee cafeteria. The following are the most frequently used indicators.

Evaluation Indicators	Percentage of Participating Hospitals
Employee health status	68%
Employee health behaviors	64%
Employee morale	41%
Health care costs	27%
Absenteeism rates	18%

Challenges and Opportunities

- Although there was an effort to collect pertinent data, some programs reported that their measurements were too subjective and often meaningless. Several programs are adjusting their measures to be more realistic and manageable. One lesson learned is to secure the data collection assistance you need before the program begins, e.g., management information systems support.
- It is best to develop an evaluation plan from the start. Get a consensus on the research parameters up front so that everyone is in agreement about what is being evaluated and how to access data for analysis.
- Most programs tried to work with their insurance company to use evaluation data. However, the hospital's human resources department may have a key role in accessing pertinent data.

Selected Results

- Wake Forest University Baptist Medical Center used the Johnson & Johnson Health Risk Assessment and has improved health behaviors in all categories assessed.
- After three years, individual health-claim expense for wellness participants at New Hanover Regional Medical Center was \$470 less, per year, than for non-participants. Also, only 26% of their employees reported that they exercised in the program's first year. By year three, this number increased to 45%.
- Thirty percent of the participants who reduced their weight at Alleghany County Memorial Hospital maintained the weight reduction.
- Several employees at Greenville Hospital System lowered their cholesterol, quit smoking, and lowered their blood pressure level to a healthy range.
- Oconee Memorial Hospital reported significant reduced medical claim expense. Each reduced risk factor point saves the hospital \$28 per year per employee, and each lifestyle risk factor reduction saves them \$62 per year.

- NorthEast Medical Center's employees who exercised three or more times a week saved the hospital an average of \$389 per employee.
- Rowan Regional Medical Center had a 40% improvement in the number of employees reporting zero sick days, and 70% of their program participants reduced their blood pressure.
- Lexington Memorial Hospital had 93% of their participants increase their level of physical activity within the first two years of the program. Also, 77% of their participants lowered their cholesterol in the first two years. They're going into their fourth program year and expect greater results.

Fitness Centers



Forty-five percent of the respondents have fitness centers. Recognizing that it's not a hospital's role to compete with or replace existing fitness centers, several of the programs partnered with local centers. A few programs are opening new fitness centers, such as Roanoke-Chowan Hospital, which plans to open a new center in 2001. The following is a list of the hospitals participating in the 2000 survey with fitness centers.

Surveyed Hospitals with Fitness Centers

Albemarle Hospital	McLeod Regional Medical Center
Ashe Memorial Hospital	Wake Forest University Baptist Medical Center
Blue Ridge Hospital System	NorthEast Medical Center
Caldwell Memorial Hospital	Oconee Memorial Hospital
Greenville Hospital System	Roanoke-Chowan Hospital

Challenges and Opportunities

- One lesson learned is to have the equipment up and functional at the start of the program so employees can utilize it from the start.
- Some hospitals regret that they didn't ask employees to pay a nominal fee from the start. It's difficult to ask employees to pay after offering the program for free.
- Although the number of fitness centers seems to be increasing, we must recognize that exercise and fitness programs are only part of the overall wellness program.

Lessons Learned

"I would have evaluated more existing programs...then I would have begun my efforts...that would have saved two years of learning these lessons the hard way."

Wellness Grant Recipient

Management Issues

- **Strong Managerial Support:** Successful wellness programs have strong managerial support. Management understands the wellness concept and takes the program seriously.
- **Realistic Goals:** Set realistic goals. Start with a vision and develop a long-range plan (five years). It takes at least three to five years to see some changes.
- **Wellness Staff Need to be Visible:** Since the program takes several years to produce results, it's important that management is aware of the program's progress. Consider using an advisory board, with management input, to solicit feedback and help create management buy-in.
- **Working with Human Resources:** Since the commitment is long-term and requires strong management support, one lesson learned is that it's advantageous to work closely with human resources from the beginning. Also, human resources may be able to help with access to evaluative data.
- **Ensure Adequate Financial Resources:** Realize that it takes a long time to see a return on the investment. Ensure adequate financial resources by finding ways to reduce costs and be prepared to sustain the program after grant funding ends.

Recruitment and Retention

- **Plan for When the Newness Wears Off:** Because it takes time to see results, programs may have challenges with retention and recruitment after the newness wears off. Several programs overestimated their employees' enthusiasm and had to be creative to stabilize retention.

"Employees in health care seem to place a low value on their own health."

Wellness Grant Recipient

- **Use Incentives:** Two of the best employee motivators were incentives and team competition. Competitive team activities were much more successful than individualized programs.
- **Redesign Formal Classes:** Although group activity seems to be successful, formal classes were not as effective. Consider short, break-time programs and make the programs easily accessible.
- **Start With New Hires:** Recently, one hospital began identifying people at hiring who can benefit from the program and track their participation. It's too early to determine if they will have more success.
- **Motivate At-Risk Employees:** Most programs attracted the healthy and not necessarily those most in need. One administrator suggested that we have to determine how we're going to motivate people, sustain change and mandate exercise to have a successful program.

- **Start off Small:** First determine need and employee interest. Then take appropriate time to plan. Establish your wellness program before expanding and revise appropriately. Begin the program with structured activities. Then customize and become more flexible once you understand your population.
- **Provide a Continuum of Care:** Integrate wellness and employee health as a continuum of care. Develop programs geared to reducing chronic diseases and identify risk factors. Also partner with other related hospital programs.

Looking Ahead



Several programs are expanding their services, and a several are planning to open fitness or wellness centers. Beaufort County Hospital is building a wellness center, and Caldwell Memorial Hospital opened a new center in December 1999, called "Quest 4 Life." The center is funded by its membership -- over 1,800 members. Interestingly, some programs are merging with other hospital-based or community programs. For example, Roanoke-Chowan is merging with a community wellness center; one program merged with a similar program at another hospital; and, one hospital plans to form a partnership with their local health department. Common future plans include:

- Increasing incentives.
- Hiring Spanish translators to enhance the ability to communicate to a growing local population.
- Establishing a physician referral program.
- Purchasing a mobile van to do more community outreach.

Advice to the Endowment

- **Continue to Support Wellness Programs:** Oconee Memorial Hospital has had a wellness program for 15 years. However, the Endowment grant gave the hospital the opportunity to expand and evaluate its program's impact, resulting in better documentation of lowered costs. Hospitals couldn't afford to try new ideas without the Endowment's funding. However, the Endowment should make sure grantees understand that this is a long-term and expensive investment.
- **Expand the Funding Period:** Many programs would like to expand the funding period to five years to allow for useful program evaluation.
- **Help with Program Evaluation:** Evaluation was the greatest reported concern. The Endowment should insist on an evaluation plan, in advance, and help programs fund it. Since it is unlikely that the wellness programs will pay for themselves, hospitals need help finding better ways to measure their program's impact.
- **Serve as a Referral Source:** The Endowment should act as a referral and consultative source and support well-established program models. Give grantees the opportunity to talk to other programs in advance before they formally apply for a grant. Also, the Endowment should share creative and new concepts with current grantees.

Conclusions

- **Good Employee Satisfaction:** Most hospitals have significant employee participant satisfaction. However, overwhelmingly only the healthy appear the most motivated and participated. The employees who are at greater health risk are difficult to reach.
- **Few Workplace Sites:** Without additional support from the Endowment such as evaluation training and peer consultations, most of the participating hospitals may not reach the Endowment's goal of expanding existing programs to the workplace and/or quantifying their program's impact on the reduction of direct and indirect health care costs associated with a healthier workforce.
- **Evaluation Assistance is Needed:** Evaluation efforts have been challenging, and most programs struggled with establishing a manageable and effective evaluation plan. Funding evaluation and providing training is needed.
- **Access to Insurance Data is Difficult:** Although identified as a significant evaluative indicator, access to insurance data is difficult. Getting enough information (medical claim history) from a hospital's insurance provider to accurately determine their program's impact has been a significant barrier to determine program outcomes.
- **Most Hospital Programs Plan to Continue:** Although it has been difficult to document cost savings, most hospitals have decided to continue the program for their employees regardless of what the data report.
- **Wellness Programs Do Not Pay for Themselves:** Without strong workplace revenue, wellness programs do not pay for themselves either through self-pay or third-party reimbursements. Therefore, hospitals must be prepared to make a long-term investment realizing that the majority of the expense will never be covered.

The Duke Endowment Wellness Grants (1996 - 2000)

Hospital	Grants
* Albemarle Hospital	\$170,360
* Alleghany Memorial Hospital	155,000
* Angel Medical Center	180,000
* Ashe Memorial Hospital	190,000
* Beaufort County Hospital	277,500
Betsy Johnson Regional Hospital	130,000
Bladen County Hospital	370,000
* Blue Ridge Hospital System - Spruce Pine	175,400
Blue Ridge Health Care System - Morganton	175,000
* Caldwell Memorial Hospital	176,740
* Carteret County General Hospital	175,000
Duplin General Hospital	220,000
* Good Hope Hospital	130,000
* Greenville Hospital System	300,000
* Harris Regional Hospital	78,336
Kershaw County Medical Center	164,075
* Lexington Memorial Hospital	137,339
Lincoln Medical Center	200,000
Martin General Hospital	135,000
* McLeod Regional Medical Center	180,000
Nash Health Care System	170,000
* New Hanover Regional Medical Center	300,000
* NorthEast Medical Center	288,000
* Oconee Memorial Hospital	117,000
* Park Ridge Hospital	92,977
* Roanoke-Chowan Hospital	245,000
* Rowan Regional Medical Center	132,000
* Spartanburg Regional Hospital	270,000
* Union Regional Medical Center	120,000
* Wake Forest University Baptist Medical Center	285,000
Total	\$5,739,727

* (Hospitals Participating in the 2000 Study)

1998 Wellness Survey Results

In 1998, The Endowment conducted a short wellness survey. Some of the unique wellness programs offered included Carbon Monoxide and Lead Concerns, T'ai Chi, Aging and Exercising, Anger and Time Management, Domestic Violence Awareness, Asthma Management, and Driving Safety. The following hospitals participated in the survey; however, please note that some of this information may have changed.

Hospital	Employees Enrolled		No. of FTEs	Affiliations	Staff Development	Collaborations	Outside Business Signed? If yes, How Many?	Average Number of Employees / Avg. % Enrolled
	1st Yr.	2nd Yr.						
Angel Medical Center	168	275	3	HQ	WC, MAHEC, NCDA, AADE	AHA, HD, Local Fitness Center & HD, Balancing Act	4	75 / 85%
Albemarle Hospital	350	225	5	Healthy Carolinians	WC; ACSM Certification Career Track Series	AHA, ACS	NO	N/A
Alleghany Memorial Hospital	100	66	2	HQ	WC; HH, Wellsource, Cooper Institute	ACS, AHA, NC Extension Service	NO	N/A
Community General Hospital	175	NA	1.5	HQ	WC	ACS, AHA, Choose to Lose, QuitSmart, YMCA Lexington Memorial Hospital	1	107 / 61%
Ashe Memorial Hospital	199	160	1	None	ACSM; Health Carolinians Task Force	ACS, AHA, Project Assist, ALA, Ashe Health Dept, Northwest AHEC, Ashe Partnership for Children	2	250 / 52%
Beaufort County Hospital	231	220	2	None	ACE, AFAA ACSM	ALA, The Cooper Institute	3	600/ 40%
Bladen County Hospital	381	136	2	None	WC, Riverside Health Systems	ACS, AHA, Weight Watchers at Work, Cooperative Extension	1	300
Caldwell Memorial Hospital	240	190	3	HQ	WC, HH	AHA, ALA	8	75 / 65%
Carteret County General Hospital	309	311	3	None	WC	AHA, QuitSmart, American Running & Fitness Assoc., Carteret HD and EMC	7	125 / 73%
Duplin Hospital	75	100	1	HQ	HH	AHA, ADA Cooperative Extension	3	25 / 36%
Grace Hospital	180	151	1	None	WC	AHA, March of Dimes, United Way, ACS	NO	N/A
Greenville Memorial Hospital	500	700	2	HQ/None	Fred Pryor Seminars WELCOA	" Experts" within the system	NO	N/A

1998 Wellness Survey Results (continued)

Hospital	Employees Enrolled		No. of FTEs	Affiliations	Staff Development	Collaborations	Outside Business Signed? If yes, How Many?	Average Number of Employees / Avg. % Enrolled
	1 st Yr.	2 nd Yr.						
Good Hope Hospital	150	101	1	HQ	WC	ACS	NO	N/A
Lexington Memorial Hospital	150	127	1.5	HQ	WC, HH, Healthy Carolinians	ACS, AHA, w/in system PD & FD	6	200/ 65-70%
McLeod Regional Medical Center	108 4	1254	4	Wellness Challenge		AHA, Health Enhancement Systems, Weight Watchers	NO	N/A
Nash Health Systems	426	423	7.5	HQ & Wellsource	WC	AHA, ACS, ALA, ADA	17	150/ 35-40%
New Hanover Regional Medical Center	105 5	862	7.5	Wellsource	WC, ACSM, Coastal AHEC	ACS, AHA, ALA, Project Assist, Wilmington Treatment Center, Dump Your Plump (DYP)	20+	60 / 63%
NorthEast Medical Center	135 0	625	5	None	WC, Riverside Health Systems	Local YMCA, Cabarrus College	7	200 / 60%
Oconee Memorial Hospital	225	113	7.5	None		AHA, ACS, Health Community Initiative, Local Rec. Depts., and within the System	2	300 / High Degree of Variance
Roanoke-Chowan Hospital	30	80	1.5	HQ	WC	Weight Watchers, AHA, March of Dimes	7	58 / High Degree of Variance
Rowan Regional Medical Center	353	146	4	HQ	HH, Wellsource	ACS, AHA, QuitSmart, ADA, American Counsel Nutrition Guidelines	NO	N/A
Spruce Pine Hospital	88	82	2	HQ	MAHEC, WC, HH	Cooperative Extension, Pinebridge Fitness, HD, and a Local Med. Clinic	NO	N/A
Union Regional Medical Center	140	160	2	HQ	WC	Weight Watchers	NO	N/A
Wake Forest University Baptist Medical Center	600	850	4	None	WC	Target Health, ALA, AHA, QualChoice, pharmaceutical companies	2	200 / 21%

2000 Wellness Survey Participating Hospital Contacts

Hospital	Beds in Use	Contact	Phone Number	E-mail
Albemarle Hospital	164	Philip Bagby	252-331-4600	
Alleghany Memorial Hospital	46	Deborah Yarborough	336-372-3281	amhwellpath@skybest.com
Angel Medical Center	87	Teresa Breedlove	828-369-4215	amc12@gte.net
Ashe Memorial Hospital	120	Kristin Sevensky	336-246-0744	
Beaufort County Hospital	121	Judy Lewis	252-975-4236	physrec.bch@coastalnet.com
Blue Ridge Hospital System	45	Jan Colvin	828-765-4201	
Caldwell Memorial Hospital	95	Rosemary Marlowe	828-757-6218	rmarlowe@caldwell-mem.org
Carteret County General Hospital	238	Jean Caldwell	252-726-4727	cartgenall@bmd.clis.com
Good Hope Hospital	72	Sally Schumann	910-897-6411	sschumann@goodhopehospital
Greenville Hospital System	1081	Lisa Capriotti	864-455-3136	lcapriotti@ghs.org
Harris Regional Hospital	97	Sheila Price	828-586-7105	sheila-price@westcare.org
Lexington Memorial Hospital	107	Helen Walser	336-238-4551	hwalsen@lmh.hbocvan.com
McLeod Regional Medical Center	441	Eston Clarke	843-777-5011	eclarke@mcleodregional.org
New Hanover Regional Medical Center	577	John Rader	910-452-8443	jrader@nhrmc.org
NorthEast Medical Center	371	Dianne Snyder	704-783-1521	snyder@northeastmedical.org
Oconee Memorial Hospital	213	Ellie Taylor	864-885-7654	ellie.taylor@hvps.com
Park Ridge Hospital	115	Lynn Neill	828-681-2421	lneill2@ahss.org
Roanoke-Chowan Hospital	132	Lisa Newsome	252-209-3151	lnewsome@rchospital.org
Rowan Regional Medical Center	232	Cindy Grant	704-638-1543	
Spartanburg Regional Hospital	499	Kristi Whitaker	864-560-8182	kwhitake@srhs.com
Union Regional Medical Center	225	Greg Brinkley	704-283-3106	gbrinkley@carolinas.org
Wake Forest University Baptist Medical Center	766	Lynn Black	336-716-9938	lblack@wfubmc.edu