Chapter One
Introduction to Worksite Health Promotion

Definition:

**Health Promotion** is designed to improve personal and public health through a combination of strategies, including the competent implementation of behavior change strategies, health education, health protection measures, risk factor detection, health enhancement, and health maintenance.

**Worksite Health Promotion** is the combination of educational, organizational, and environmental activities and programs designed to motivate and support healthy lifestyles among the company’s employees and their families.

Goals:

1. Assess health risk
2. Reduce those health risk factors that can be reduced
3. Promote socially and environmentally healthy lifestyles

Historical Perspectives

1. Early 1900 century, a few companies started fitness programs for employees
2. 1960s, regained a momentum for employee fitness programs
3. 1980s and 1990s, health promotion and wellness programs spreading out:
   a. Employee Assistance Programs
   b. Healthy people 2000
   c. 55% of companies surveyed had wellness programs
   d. Larger companies are more likely to have worksite WHP
   e. Percentage of employers offering services (refers to pp. 8)

Why Offer WHP?

1. Absenteeism, most absences due to minor ailments
2. Accessibility, to education and motivational programs
3. Aging work force, programs designed for aging pop.
4. Business contact, health fairs and competition among the companies
5. Morale and retention, the more services to employees the better morale
6. Health insurance premiums, reduce cost of its premiums
7. Image, better image among employees and community
8. Keeping up with growing national trend, wellness and worksite morale
9. Productivity, the healthier employees the more productivity
Factors for Health Care Costs

1. **Economics**: inflation, technological gains (MRI), catastrophies (AIDS), cost-shifting (from employers to employees), malpractice insurance

2. **Demographic Shifts**
   a. the aging of the work force
   b. the overwhelming entry of women into the work force
   c. the rising proportion of non-Caucasians in the US

3. **Chronicle Health Conditions**
   Lupus, diabetes, arthritis, etc. bearing no or little benefits from WHP

**Health Risk Factors**
(Top ten risks ranked in order of frequency)

1. excess stress
2. high blood pressure
3. cigarette smoking
4. back injuries
5. overweight
6. alcohol abuse
7. high blood cholesterol
8. drug abuse
9. depression
10. mental health problems

**Health Cost via Health Risk Levels**
(refer to pp.11)

**Factors to Assess a Company’s WHP**

1. Provide appropriate health care benefits to employees and their families
2. Influence employees and dependents to use health care services regularly and responsibly
3. Encourage employees and dependents to use only quality-oriented, cost conscious health care providers
4. Monitor and regularly analyze its health care claim data
5. Provide a well-funded and supported employee health promotion programs
Chapter 2
Identification and Assessment

Characteristics of Worksite Health Program

4. Business downsizing
5. Rising product cost
6. Global competition
7. A new endeavor for most businesses

WHP Framework

4. **Identification, (identify health related problems)** review demographics, health records, workers’ compensation, health care claims and costs, climate survey, health risk appraisal, etc.
5. **Assessment, (assess employees interests)** conduct Interest Survey Form (ISF)
6. **Planning**, set appropriate goals and objectives, funding option, fee assessment to participants, budget proposal, program proposal to management, break – even analysis, safe participation, etc.
7. **Implementation, (Positioning, promoting, and implementing program)** marketing strategies to promote the program and to attract employees and high-risk group, end-program rewards, health fair participation, etc.
8. **Evaluation, (Measuring the impact of a program)** establish a timeframe, measurement intervals and compatible evaluation design, provide feedback to employees and management, conduct economic evaluation (benefit-cost analysis and cost-effectiveness analysis), etc.

Identification

10. **Forming a Health Management Task Force (HMTF)**, involving employees, management, and union representatives in planning and implementing the program.
11. **Identifying Health Related Problems,**
   
   f. **Workforce demographic data**, male & female ratio, salaried vs. hourly employees, day worker vs. night worker, age groups, ethnicity, and their dependents.
   
   g. **employee health records**, make sure to protect employees’ medical privacy but Group Health Data Sheet is helpful (pp.20 table 2.1)
   
   h. **health care claims and costs**, employer gets the information from insurance company as a list on pp.21 table 2.2, Major Diagnostic Category (MDCs)
   
   i. **workers’ compensation claims and cost data**, types of injuries resulting in absence of work and disability compensation paid to injured employees.
j. **worksite health environment**, nature of work (desk or labor),
environmental health and safety hazards (noise level, hot or cold,
lighting, air quality, substance exposure)

k. **and health risk appraisal (prospective medicine)**. Current health
status, personal and family medical history, daily activities, major
life experience, health habits, safety habits, demographic details,
etc.

**Assessment**

4. **Interest Survey Form (ISF) (pp.25 table)**
   
d. **Publicizing and Distributing the ISF**, through newsletter, message
board, computer email, flyers, paycheck stuffers, etc.

e. **Assessing ISF Feedback**, provide feedback to employees and
management as regarding to the data at identification stage, health records,
environmental checksheet, health risk appraisal, and health claims coupled
with ISF results.

5. **Assessing What will Motivate Employees**

11. **Incentive Survey**, rewards options (pp. 27)

12. **funding availability**

**Home work**

Develop a comprehensive instrument for needs of assessment
Chapter 3
Planning Worksite Health Programs

Based on the data from Identification and Assessment, as a planner you should answer the following questions:

8. How prevalent is the problem?
9. What are the consequences and the causes of the problem?
10. Which workers in the company are at greatest of risk?

Seven-Step Approach in Planning WHP

9. Setting appropriate goals for the program
10. Funding and budgeting the program
11. Deciding whether to recommend to management an integrated program or a program that exists on its own.
12. Presenting management a proposal to implement the program.
13. Screening employees for health risks
14. Incorporating within the program ways to evaluate the program’s effectiveness

Setting Appropriate Goals

WHP planners need to establish goals that are realistic enough to attain and yet demanding enough to bring about a clear improvement in the problem area. For examples:

l. to reduce employee lower back injury by 50%,
m. to reduce sedentary lifestyle employee rate to 10% from 50%,
n. to reduce overall health cost to employer by 50%)

Funding WHP Programs

The biggest challenge for a health promotion program director is to convince management that WHP is a way to control costs while improving health and well-being among the work staff. Pointers to consider:

12. cost to initiate a WHP program and to maintain the program
13. limited funding from management
14. “new kids on the block”, no established cost effectiveness analysis within the company
15. providing other company’s data to management
16. operate within a departmental budget rather than on a separate one (housed in human resource, personnel, health and safety dept.)
17. separate funding if possible
18. assessing fees for participation in WHP program
f. Charging employees modest fees for participating in programs and activities.
g. fees for fitness center usage
h. co-payment to local health club
i. activity fee if necessary
j. co-payment for blood panel analysis, etc.

19. alternative funding resources, such venting machines, fund raise, etc.

Budgeting for Success

Develop a sound proposal to be reviewed by management including itemized costs and sample cost for conducting a smoking cessation, for example.

13. cost-benefit analysis (table 3.1, pp36))
   Cost: Personnel plus program cost
   Benefit: health care cost and productivity loss

14. Proportionate budget (table 3.2, pp37)
   Personnel, facilities, utilities, fitness equipment, office, advertising, maintenance, training, other

Integrated Health Management

Integrated health management model depicted at Figure 3.1, pp 39. Human resources department as the key player for WHP promotion

Presenting Your Proposal (pp41-42)

A health promotion program proposal should address a company’s specific health management needs. Followings are the components:

6. problem identification
7. goals
8. environmental assessment
9. corporate strategies
10. resource assessment
11. proposed programs
12. expected costs
13. expected benefits
14. overall benefit-cost projection

Break-Even Analysis (pp43)

A program proposal should address strategies to pay off or break even.
Employee Health Screening

Screening should be incorporated with HRA as a way to identify the needs of employees and to insure safe participation in the WHP programs.

1. health risk appraisal
2. history and physical exam
3. blood analysis
4. urinalysis
5. pre-exercise screening (graded exercise text (GETs), flexibility, strength)
6. consent form
7. health fair

Building Evaluation into Your Program

   a. matching goals and programs
   b. Organizational indicators:
      Absenteeism
      Accidents and injuries
      Health care utilization (claim)
      Health care cost
      Productivity
      Turnover
      Workers’ compensation costs
   c. Employee health indicators:
      Blood pressure
      Body fat percentage
      Body weight
      Cholesterol
      Flexibility
      Heart rate
      Coping skills
      Eating habits
      Safety belt usage
      Substance use
      Tobacco/alcohol use

Giving the Program Trial Run

   Select a group of volunteers to participate in a pilot study/trial run.
Chapter 4
Implementing Worksite Health Programs

Successful WHP Characteristics

11. Top management support
12. Designed budget
13. Inexpensive program
14. Quality personnel (commitment, needs assessment, goal setting, etc.)
15. Regular input from management and employees
16. Program are convenient to employees
17. Completed needs assessment
18. Program information are available to employees
19. Programs open to dependents and retirees
20. Providing both general and customized health promotion activities
21. Involving in local health promotion programs

Developing a Marketing Strategy

The program director’s job is to make the product available and appealing to the consumers/employees. WHP is a product that it should be approached in the same way by focusing on the four Ps, product, price, placement, and promotion, also called the “marketing mix” (pp55).

1. **Product:** Health promotion is the product – helping people to feel better, more productive, reducing health risks, socializing with others, and live longer. Health promotion program must be marketed in such a way that consumers find it attractive and worth experiencing.
2. **Price:** Employees have to understand that the benefit of the program outweigh their own personal costs (time, effort, dollars, ounces of sweats) or they will not participate.
3. **Placement:** Programs should make available to all groups of employees including high risk, regular risk, low risk, age, gender, and other with alignment with their current values.
4. **Promotion:** Nothing promotes a program better than demonstrated benefits in areas that employees care about. External incentive rewards for beginning and adherence of a program is necessary until the more internal benefits (feeling better, increased self-esteem, reduced stress, etc.) are more clearly seen and felt.
Suggestions for Promoting a New Program

6. Twelve feature checklist for successful program (pp54)
7. Flexible hours preferred by employees
8. Flexible gym hours for all employees
9. Using catchy and positive title for program promotion, “Taking Charge”
   “Fit for Life” “Kicking Butts” “Coast to Coast Walk/Run Challenge”
10. Inspirational personal testimonies
11. Innovative and creative rewards (process and end product), T-shirt, points,
    tokens, mugs, sweepstakes, lottery, photo in newspaper, Wall of Fame, MVP
    (most valuable participant), and others
12. Release time for employee to participate in the programs
13. Competitions among individuals and departments
14. Offering percentage of medical care saving to employees
15. Have employees set realistic goals
16. Setting goals small to start
17. Feedback to participants
18. Participant of the month
19. Fun run and walk
20. Rewarding employees’ healthy practice at home
21. Regular Health Fair (recruiting, planning, promoting) see pp60-64

Four Groups of Participants

k. “Diehards” strong interest and regular participation in worksite and
   community-based health programs, easiest to recruit, sever as leaders
l. “An Interest” expressed by those employees who need tangible
   incentives and regular encouragement from coworkers and staff.
m. “Conditional” might participate if the conditions are personally
   appealing in terms of free participation, buddy system, team
   competition, etc.
n. “Resisters” toughest group to motivate, little interest in their own
   health, delaying lifestyle change until a major crisis (heart attack) has
   occurred

Budgeting for Success

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16. Proportionate budget (table 3.2, pp37)
Personnel, facilities, utilities, fitness equipment, office, advertising, maintenance, training, other
Chapter 5
Evaluating Health Promotion Efforts

Questions to Be Answered by WHP Personnel

22. Does a health promotion program influence a company’s overall success?
23. Do all participants benefit from such a program?
24. Can a health promotion program cut absenteeism, turnover, and health care utilization, and boost productivity?
25. What type of programs is most cost effective?
26. How long does it take for a program to break even?

Obtain Necessary Information before Evaluation

o. Select proper evaluation instrument and/or design
p. Sources needed for the evaluation
q. Criteria used for the evaluation
r. The best time to conduct the evaluation
s. Use the results to help employees and management
t. A comprehensive or focus area evaluation
u. Highly valuable goals for management and for employees

What to Evaluate?

17. Goals: long term and overall concerns of a company
18. Objective: short term, specific, narrow, measurable check-points on the way towards reaching a long-term goal.
15. Tangible
16. Measurable
17. Relevant to the goal
18. Implemented within a designated timeframe

3. Process Evaluation: during a program
4. Product Evaluation: end of a program

When to Evaluate? (factors to be considered)

8. Resources
9. Evaluation capabilities
10. Employees’ work schedules (flextime or fixed work shift)
11. Program times
12. Record keeping system
13. Overall costs involved
14. Using a time frame of a program (long term goals and short term objectives)
Evaluation Tools/Instruments
Types of evaluation
  d. Questionnaires
  e. HRA
  f. Physical measurements
  g. Others

Rules of selecting an evaluation
Economy
Validity
Reliability

Evaluation Design
1. Essential Components:
   • Observation (O): when and how many times?
   • Independent variable (X): intervention/WHP program
   • Experimental group (E): participants in a program
   • Control group (C): non participants

2. Basic Designs
   • One group, pretest and post-test:
     \[ O_1 \ X \ O_2 \]
     No measurement taken during the program
     Extraneous variable influence such as weather, policy change, health
     status change, exercise outside the program, etc.

   • Pretest and post-test with a control group
     \[ E \ O_1 \ X \ O_2 \]
     \[ C \ O_1 \ O_2 \]

   • Multiple-time Series Design
     \[ E \ O_1 \ O_2 \ O_3 \ X \ O_4 \ O_5 \ O_6 \]
     \[ C \ O_1 \ O_2 \ O_3 \ O_4 \ O_5 \ O_6 \]
     Access to past (retrospective) and future data and continuous data

3. Matching participants and non-participants (pp71)

Economic Based Evaluation
1. Benefit-Cost Analysis: whether a program is worth of its cost an to compare
   program costs to program benefit. When costs and benefits can be quantified
   it is easy to evaluate a program’s success and values, e.g., 4 : 1 ratio.
2. Cost-Effectiveness Analysis: compare one program to another to learn which
   one is more effective in terms of cost and benefit.

Producing Information:
Information should be presented in charts, tables, graphs, etc. to depict the results.
Chapter 6

Building A Healthy Work Environment

Developing A Healthy Worksite Culture

   o.   Instituting Change

27. Employees are more motivated to lead healthy lifestyles in a worksite that places a high priority on health.
28. Change should be gradually phased in so employees have time (week, months, and even years) to adjust to new behaviors/policies.
29. To spend several months educating employees about the need for the proposed change (on a trial basis, step by step process)
30. Small and gradual changes can combine to alter a culture’s values – big sweeping changes are usually met with resistance
31. Developing a work culture that values health and fitness

   p.   Strategies for Inspiring Change

20. Ergonomic Strategies, a science concerned with the characteristics of people that need to be considered in designing and arranging things so that people and things can interact effectively and safely (e.g., ergonomic chair for office workers).
21. Exercise Strategies,
22. Providing exercise equipment in a suitable location throughout the worksite for employees
23. “Stretch Break” for employees who sit a lot
24. Equipping a designated break area with basketball hoop, table tennis, horse shoe pit, and other recreation equipment
25. Developing trails near the worksite

   v.   Education Strategies, offer opportunities to educate employees during regular work hours and/or off work hours.
19. Stock a car with health magazines and books and move around to different locations.
20. Place health magazines racks in bathroom.
21. Include Health Column in company’s newsletter.
22. Subscribe to a monthly health promotion newsletter for employees.

19. General Strategies,
15. Accessible water fountains
16. Personal self health screening corner
17. Company time for health promotion
18. “personal health day” instead of “sick day”
19. financial bonus for excellent attendance
20. Smoke free work environment and Seat belt use policy
Preventing Occupational Injury

In 1970 the Occupational Safety and Health Act was established to encourage and mandate American employers to provide safe workplaces for their employees.

w. Cumulative Trauma Disorders, such as carpal tunnel syndrome. These injuries occur over time, usually as a result of performing one or more movements repeatedly day after day.

h. 18 million workers a year, 2 million with carpal tunnel syndrome, 4 million tendinitis, 8.5 million low back injuries

i. CTDs have affected about 50% of supermarket cashiers, 41% of meatpackers, 40% of newspaper workers, and 22% of telecommunication workers.

j. 75% of all American workers will experience a CTD back injury sometime during their working lives.

The Causes of CTDs
Poorly designed equipment
Fast-paced work
Few or no rest breaks
Stress
Poor postures
Force and repetition
Individual predisposition
Poor physical condition

4. Studies on CTD Prevention Strategies
• The fittest employees had only one-eighth as many injuries as the least fit employees and unfit workers incurred twice as many low back injury costs as fit workers.
• Regular exercisers have no greater risk of sustaining musculoskeletal injuries than non-exercisers and occasional exercisers.
• Exercise such as swimming and jogging have a much lower risk for carpal tunnel syndrome and possibly other types of CTDs.
• However, most of research did not address other CTDs such as CTS and other repetitive motion injuries.

• Strategies for CTDs Prevention
  a) Adjusting station to fit employee’s needs
  b) Provide direct light to minimize glare
  c) Providing adjustable chairs with armrests and good low back support
  d) Tiltable screen
  e) Resting pads for hands and wrists
f) Education seminars and training sessions

g) More breaks during work and monitor employees’ practice.

Employee Assistance Programs

• 1950 when original EAPs established were primarily designed for to help alcohol workers and dependents.
• Most of today’s EAPs provides full spectrum of services including financial counseling, substance abuse treatment, elder care, child care, and retirement panning.
• Life Cycle Benefits Program (pp85) including aspects of health promotion, fitness incentives for employees and dependents. The program is evolved from EAPs.

a) Administrative support, positioning a comprehensive promotion programs, staffing qualified personnel,

b) Establish an EAP site

c) Pay for employees to participate health consortium and fair

d) Substance Abuse Prevention and Treatment

e) Stress Management

f) Healthy Lifestyles

g) Financial planning

h) Housing Assistance

Childcare and eldercare
Chapter 7
Healthy Lifestyle Programs and Resources

Fitness Program

Equipment and Facility

q. Purchasing equipment
22. Buy from local manufacturing mill
23. Buy from local distributors
24. Buy mechanized equipment rather than computerized ones (high maintenance)
25. Buy used and/or refurbished equipment
26. Seek donation from local health clubs and corporations
32. Research before buying

26. Maintaining Equipment
   x. Keep temperature near 70 degrees and humidity lower than 50%
   y. Put a tower over computerized equipment
   z. Locate computerized equipment at place with adequate ventilation
   aa. Proper use training sessions

23. Furnishing
20. Large ceiling fans,
21. Mirror should be shatter-proof and position on the only two walls,
22. and large standing plants

21. Lighting
   k. Window natural lighting
   l. Dim lighting during off peak hours
   m. Mercury Vapor and fluorescent bulbs for court sport (cut glare)

Locker Rooms and Facility Surfaces
HVAC (heating, Ventilation, Air Condition) provides ventilation at least 40 cubic feet per minute.
A wood spring-coil floor
Polyurethane mixed foam floor with padding and carpeting
Rubber floor is also popular one especially on free weight area
Locker room carpet should be antifungus
Synthetic surface like rubber or a vinyl laminated to a sponge-rubber cushion for indoor track
Decomposed granite, limestone, crushed coral, or woodchip for outdoor track
One way only, a four-foot path for outdoor track

Back Health
Prevention of Back Injuries

5. **Awareness and knowledge**, teaching, identifying high risk task and work, poster campaign, paycheck stuffers, monthly safety meetings, and newsletter.

27. **Practice**, lunchtime back stretch, training sessions, prework stretch, daily strengthening routines

28. **Implementation/follow-up**, trained employees lead stretch programs, incentive to encourage participation, and so on.

Nutrition Education and Weight Control

Over half of American workers are overweight; about two-third of American worker eat unhealthy diet; a high fat diet is a major risk factor for company’s health claim, longer hospital stay for overweight workers.

**Environmental Strategies**
- Distribute nutrition education materials
- Offer healthy options, snack, salad bar, etc.
- Affix healthy choice labels to foods low in fat and cholesterol
- Offer a weekly brown bag lunch menu
- Change venting machine stocking
- Place weight scales in bathroom
- Provide fat analysis monthly

• Programming
• Screening
• Exercising sessions
• Competition
• Follow-up counseling
• Education during lunch time and during National Nutrition Month

Prenatal Health Promotion

Nationwide, employers play about $3500 per full-term pregnancy and delivery without complications. Much more for those who have complications. $9 could be saved for every dollar spent on prenatal care.

• General Recommendations
  ✓ Include infant and maternal health benefit in their insurance packages.
  ✓ Review maternity leave policy
  ✓ Engage in public-private partnerships to develop encourage maternal health
• Provide employees educational programs

3. Programming
✓ Pre-pregnancy counseling
✓ Identification of pregnancy
✓ Referral to physician and nurse
✓ Education sessions (information phase and clinical phase)

Motivating Participation
✓ Offering programs on company time
✓ Offering monetary rewards to attend the sessions
✓ Paying higher percentage for those attending the session
✓ Incentives tailored around employees’ interest, need, worksite culture, and financial situation.

Smoking Control and Policies and Programs

U.S. Surgeon General’s Report attributes an estimated 420,000 death each year to cigarette smoking, making the American’s number one cause of preventable death.

Policy
✓ Grant employees the right to sue employers if smoking is permitted in a workplace
✓ Stipulate that employers can be held partially accountable for employee pain, discomfort, and illness caused by smoke in the work place.
✓ Rule that there are no legal grounds for claims that smoking at work is a constitutional right
✓ Clean air policy

Programming
✓ Incorporate policy change with Great Smokeout sponsored by American Cancer Society
✓ Offer on-site smoking cessation programs
✓ Start support group to encourage smoke quitters
✓ Education and counseling
✓ Centers around a nicotine replacement product
✓ Medical intervention, Zyban sustained released tablets
✓ Group cessation methods, multicomponent behaviorally based programs
✓ Incentive and competition-based program

Aids Education and HIV Disease Prevention

One of out every 250 American has HIV. It is estimated that 500,000 people in the States die yearly from AIDS complications.

Lectures for managers by HIV experts
Information for those who have HIV and Aids
Video presentation and peer education

Medical Self-Care and Health Care Consumerism
The average person sees a doctor about five times a year and takes about 7 different medications per year; over 70% of all visits to doctors are unnecessary; Over 80% of all health problem can be treated at home. $3-5 saving for each dollar spent on an intervention.

Provide self-care books, newsletters, and videotapes.
Learn how to use self-care measures to treat minor ailments
Educate employee about cost effectiveness
Ask the right questions of their health care providers
Understand cost-sharing and key features of health insurance
Telephone counseling services
Managing high blood pressure
Take care of low back
Home remedies for colds
Allergy education
Managing diabetes
Asthma management
Women an men’ health
Preventive exams

Program Resources

Local resources, community center, health club, shopping mall, college/university
Personnel, professional staff, volunteers, selecting consultants, Outsourcing, (health promotion services)
Commercial Health Promotion Materials
And others
Chapter 8  
Model Worksite Health Programs

Components of Worksite Health Program
33. **Helping employees to deal with common health problems** including, stress, low back pain or injuries, poor nutrition, smoking, substance abuse, weight control, poor fitness, AIDS/HIV risks.
34. **Promoting awareness of preventive measures** such as immunization, prenatal education, screenings, monitoring, follow-up services for cancers, diabetes, high blood pressure, heart disease, and other conditions.
35. **Educating employees in safety promotion and accident prevention measures** such as CPR, choke-saving techniques, First Aid, job safety instruction, seat-belt use, etc.
36. **Providing counseling services** in stress management, substance abuse, drunk driving, domestic problems, financial problems, elder care, and pre-retirement planning.

Components for WHP Success
15. **Commitment** from management including staffing, funding, facilities, equipment and their participation in the program.
16. **Clear Philosophy, goals, and purpose**, e.g., promote employees’ healthy lifestyle.
17. **Needs of Assessment** to identify problems within the organization.
18. **Well qualified leadership**, trained in the field of WHP.
19. **Targeted program design** to meet the needs of the organization.
20. **Motivated employees, well-marketeted, and well-run program**
21. **Clear program evaluation procedures and communication**

WHP Models Summary  
**Philosophy**

Each individual including his/her dependents is encouraged to accept personal responsibility for his or her health and well-being. On a continuing basis the company strives to increase employee knowledge of the personal benefits derived from a well-balanced lifestyle. We believe that wellness/fitness/health promotion will help our company develop a positive mental attitude, improve productivity, reduce turnover, reduce illness, reduce health care cost, nurture an environment conducive to personal, family, and corporate well-being (**Sentry, Stevens Point**, with 4500 employees nationwide.

… Linking program goals to the business objectives: educating employees regarding health behavior change, self-care, and injury and disease prevention. The program is to facilitate the delivery of integrated programs that support and maximize the health, quality of life, and well-being of employees. (**CHAMP**, New Jersey, with 11,000 employee in the state.)
To develop an integrated health promotion approach involving educational, organizational, and environmental changes to improve employees’ health, capabilities, and quality of worklife and to build ongoing programs that inform and motivate employees and families to adopt and sustain positive health behavior. (PACIFIC BELL)

Programs
“Fitness Track”, converted several train cars into traveling fitness center for workers who live in train cars for weeks a time, includes fitness equipment, health literature, videotapes, and lifestyle assessment tools. (Union Pacific Railroad)

Health services to focus on occupational health, employee assistant program (EAP), drug testing, immunization, blood pressure and cholesterol screenings and other clinic programs. Education programs include stress management, time management. Exercise programs in full-blown fitness center. (Sentry)

15 month roll-out program was developed to serve as management tool to ensure that reengineering goals and objectives are met. (PSED, Energy company)

Program available to employees include prenatal care, smoking cessation, back care, family care, sleep education, weight loss, cancer screening, osteoporosis screening, stress management, workplace violence prevention, medical consumption education, return to work, coronary risk modification, physical tests, substance abuse counseling, self-care education, etc. (PACIF BELL)

Fitness center, Health services, Employees Assistance Program, Health resource center, Mother room, the all services promote “LIVE WELL – BE WELL” program. It includes Health risk appraisal, behavioral modification, comprehensive health resource center. Incentive program is also provided to employee to earn up to $500 a year if they stay in a healthy lifestyle. (Quaker, 17,000 employees)

Programs offered at SAS include aerobics (beginning, prenatal, sports condition), rehab programs, circuit training, different sports programs. Education seminars include child care, women’s health, ergonomics, stress management, smoking cessation. Fitness center and 2 mile track is established. Ongoing programs include cardiac rehab, Safeway to Fitness, weight management, screenings. (SAS Institute Inc.)

Program include: Tobacco cessation, physical fitness, cancer, immunization, cardio disease prevention, stress management, health nutrition, back injury prevention, health risk appraisal, medical self-care, drug and alcohol abuse prevention. (Langley Airforce Base)

Medical cost control and dollar limit plus unused $ payback program (LORD)

Giving release time to administer company health promotion programs (insurance benefits and after-work fitness program) (REM)
Chapter 9
Worksite Health Programs for Small and Multisite Businesses

Characteristics of Small Worksite Health Program

37. 60 percent of business have fewer than 4 employees and 80% have few than 20 employees
38. Business downsizing
39. demographic shifts/geographic dispersion
40. Expanding service sector/multiple worksites
41. Decentralized worksites
42. Culturally diverse workforce
43. Prohibitive health insurance coverage to employees and dependents
44. Millions of employees without health insurance
45. Low priority for management
46. Poor financial support
47. No trained personnel
48. Lack of time
49. Lack of facility and equipment
50. Low participation potential
51. No space on site

Strategies/Advantages for Small WHP Success

22. Few people to accommodate
23. Less expense and less space to manage
24. Family oriented and close knit group
25. Free health services from local health agencies and organizations
26. Employee health improvements are more visible to co-workers
27. Flexible format, collaborative effort with local community
28. Easy to administer
29. Using health insurance pooling to offer competitive premium (Council of Smaller Enterprises)
30. Not to pay the claims directly related to a person’s lifestyle choices, smoking-induced diseases, etc.

WHP for Multisite Business
Characteristics

r. Centralize organization (traditional, pp.131)
s. Decentralized organization (contemporary, pp.132)
t. Difficult data collection
u. Program offers (customization) varies depending on the sites
v. More personnel and volunteers needed
w. Cultural and community difference pending on the program needs

Program Development (4 components)

29. **Identification and Assessment**

27. Visit the sites and meeting with management, health care utilization, cost data report, health care facilities, health staff personnel, etc.

28. Learning current policies and procedures, employee handbook, policy and procedure manuals, site’s smoking policy, flextime policy, safety/injury prevention programs, sick leave and family leave, vending machines, violence prevention program, return – to – work program, etc.

29. Understanding the site’s internal system, talk to human resource personnel to learn how to make changes in policy, union/management relationship, safety practices, medical management, communication system, hiring and training practices, etc.

30. **Planning**

   a. Goal and objectives
   b. Activity and program selection
   c. Resources and support

31. **Implementation**

   bb. Recruiting volunteer coordinators, on going support and training, knowing her/his role and responsibilities, etc.
   cc. Providing an internship to student form a local college
   dd. Hiring local vendors
   ee. Hiring and training a team of volunteering
   ff. Adding staff to reach multisites, providing internship to university students, providing mentorship to local community health personnel, hiring local vendors, etc.
   gg. Rewriting internal policy
   hh. Develop program to promote self-responsibility
   ii. Considering readiness to change
   jj. Targeting high-risk employees
   kk. Emphasizing self-care programs

32. **Evaluation**

24. Management support, have a broad base of management support.

25. Achieving goals and objectives, clarify with management in writing the data you need from each site in order to meet its goals and objectives.

26. Program tracking, clearly thought out, planned, and funded tracking system

27. Program effectiveness, benefit to cost ratio, behavior changes, etc.

28. Participation and adherence, number of employee in attendance and continuation
29. **Integration**, links to ongoing and overall evaluation processed into outcomes and program impact.
30. **Customer Satisfaction and Employee Commitment**, feedback to provide to employee and management to ensure the success of the program.

**The Process of Change in Behavior**

22. **Precontemplation** – individual is unaware, unwilling, or discouraged when changing problem behavior
23. **Contemplation** – individual is considering the prospects of change and researching information about the pros and cons of the change,
24. **Preparation** – individual intends to make change in the near future and has learned the past successful and unsuccessful experience of the past attempts.
25. **Action** – taking acting to change behavior
26. **Maintenance** – sustain change and avoid relapse
27. **Termination** – not tempted by the past problem behavior
Chapter 10

Professionally Preparing for the Worksite

We believe that our field has a promising future, especially for enthusiastic and energetic individuals who prepare it.

Essential Skills for Entering the WHP Field

x. Behaviors
52. Shows initiative
53. Models a healthy lifestyle
54. Demonstrate team attitude
55. Sensitive to diversity
56. Does more than job requires
57. Respects company

30. Knowledge Areas
   ll. Behavior change
   mm. Physical health
   nn. Stress management
   oo. Nutrition
   pp. Aerobics exercise
   qq. Emotional health
   rr. Health care cost control
   ss. Utilizing health care systems

31. Skills
23. Motivating participants
24. Giving presentations
25. Assessing fitness
26. Health counseling
27. Assessing and interpreting health data
28. Marketing programs
29. Leading behavior change groups
30. Designing incentive programs
31. Using health care policy and procedures data to plan programs

Worksite Health Promotion Competencies (Appendix C)

58. Business management
31. Technological application
32. Facility and equipment
33. Financial management
34. Organizational policies and procedures
35. Communication
36. Quality management and assurance
37. Marketing
38. Business planning

y. Program Management
33. Needs analysis
34. Program design
35. Program implementation
36. Program evaluation

31. Human Resource Management
   tt. Staffing health promotion program
   uu. Train and develop personnel
   vv. Management human resources
   ww. Personal management

Academic Preparation

32. General Recommendations
28. Career options
29. Specific courses
30. Internship opportunities
31. Job prospects
32. Graduate school possibilities
33. Academic courses reflect today’s marketplace
34. A mix of specialty and generic courses, as well as practice/internship in a real work setting
35. A strong base of skills in health promotion, exercise science, business management
36. A minor in business administration, allied health, or occupational health
37. Read health promotion, fitness, and business publications
38. VERSATILITY

n. Academic Sample Courses
Health promotion
Anatomy and physiology
Health behavior
Health problems
Injury/accident control
Exercise physiology
Exercise testing
Program planning
Program evaluation
First Aid/CPR instruction
Business management
Business speech
Personal computers
Business law
Management
Industrial psychology
Marketing
Accounting
Business statistics
Medical records

Certification (appendix C)

6. Internships (conference, internet, wellness organizations)

Job Seeking

- Job ads
- Conferences
- Join professional organizations
- Letters of recommendation from selective faculty

Preparing for a Job Interview

Knowing your company, size, potential growth, products, program, services, organizational structure, management style, union status, health promotion policy and philosophy, facilities, major health problems, and potential growth of health promotion program.