

# 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 over whelming 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 injures**
- 5. overweight**
- 6. alcohol abuse**
- 7. high blood cholesterol**
- 8. drug abuse**
- 9. depression**
- 10. mental health problems**

## **Health Cost via Health Risk Levels**

(refers 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 test (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**

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

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

O1 X O2

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 O1 X O2

C O1 O2

- Multiple-time Series Design

E O1 O2 O3 X O4 O5 O6

C O1 O2 O3 O4 O5 O6

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 injuires**
- 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 grater risk of sustaining musculoskeletal injuries than non-exercisers and occasional exerciers.**
- 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) Tilttable 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**

## 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 over weight; 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 over weight 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 vending 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 pay 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 counsultants,**
- 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-marketed, 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 nation wide).

... 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. (**PACIFIC 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 on going 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**

## **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 WHPField**

- 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.**