



George J. Pfeiffer, MSE, FAWHP
President
International Association for Worksite
Health Promotion

WH: Congratulations on your election on being IAWHP's third president. In 1983-84, you were president of our earlier organization, Association for Fitness in Business (AFB). Do you have any observations on how worksite health has evolved over the course of your 40 year career?

First, thank you. I am honored to be involved with IAWHP and hopefully will be able to build on the groundwork that my predecessors Nico Pronk and Wolf Kirsten have built over the past four years.

To your question regarding how the field has evolved since the early 1980s, I would go even further back, to 1974, when the American Association for Fitness Directors in Business and Industry (AAFDBI) was founded through the work and encouragement of the President's Council for Physical Fitness and Sports. At that time, I was the Executive Fitness Specialist for Xerox Corporation and was invited to participate in the initial planning meeting at the University of Alabama, Birmingham.

The 35 attendees primarily represented Fortune 500 companies who managed their organization's respective executive

An Interview with George J. Pfeiffer

fitness programs. These programs were primarily clinically-focused models that tried to prevent the "executive heart attack." As such, most programs reported through corporate medical and had a very narrow focus. In fact, for the first three years of AAFDBI's existence, conference presentations eventually discussed how many leads the company used for stress testing and how many abnormalities were discovered!

As both earlier names imply, exercise/fitness were the main program goals as programming expanded beyond the executive programs to broader employee fitness programs with dedicated inhouse fitness facilities.

This corporate fitness movement was primarily fueled by three events in my opinion: the "aerobics" concept based on the work of Kenneth Cooper, MD; the running boom based on Frank Shorter's marathon gold in the 1972 Olympics and the publication of the book "Running" by James Fix; and finally, the inclusion of more women through the invention of "aerobic dance" by Jackie Sorensen—who happened to be the only woman at the first AAFDBI meeting!

In retrospect, it is interesting to see how in a sense the core element (exercise) has not changed over the past 40 years. In fact, the "exercise is medicine" movement is providing more evidence of the benefits and why any program, regardless of the setting, should be grounded in regular physical activity. In saying that, there are other key transition areas that have expanded the impact and reach of worksite health promotion today.

WH: Can you share a few more examples?

Sure. Beyond the fitness movement and the growth of inhouse corporate fitness centers, the development of the health risk assessment (HRA) in the late 1970s created a monumental shift in how we viewed and quantified health—associating primarily modifiable health practices and measures with future disease and premature death. The HRA not only provided individuals with a means to "quantify oneself," but provided organizations with a means to assess their population within an aggregate format. This tool (with biometrics) shifted programming from activities per se, to targeted interventions. Here, through the 80s up to today—risk avoidance and risk reduction strategies have evolved as has the technology.

A third significant transition happened primarily in the early 1990s primarily through the work of Dee Edington, PhD Wayne Burton, MD, Ron Goetzel, PhD, and David Anderson, PhD where HRA data began to be correlated with other health and productivity-related measures: healthcare costs, absenteeism, disability, workers compensation claims, and an emerging metric called presenteeism. These researchers were able to demonstrate that healthcare costs do follow health risks as well as so-called indirect costs. Based on their work and others, the field of health and productivity management (HPM) emerged where we were able to quantify the total cost burden of specific health risks and chronic health conditions to an organization. In addition, predictive modeling applications were able to show organizations how they could

manage these excess costs through different intervention options. These tools were especially important as corporate medical costs escalated exponentially.

Finally, I would say the last major transition that we are in today is so called population health. I believe that the lessons learned from the challenges and realities of risk reduction and disease management programs in concert with better analytics, have demonstrated the ineffectiveness of investing in just a population's high-cost groups. Population health teaches us that we need to design and manage our programs not only from a person-centric perspective, but also population-wide—within and across the health-care continuum. In other words, invest in programs that keeps the majority of your population healthy and well, address risks and pre-clinical signs, and provide appropriate treatment options for managing chronic health conditions and other medical issues.

WH: We hear much about the concept of “culture of health,” what does this mean to you?

Like other practitioners, I believe that this concept—creating a “culture of health” and its relationship to employee engagement, sustainability, and better outcomes—shows the greatest promise from a program design perspective. I like to compare a “culture of health” to the line from the movie “Field of Dreams”—“If you build it, they will come.” I believe that if an organization focuses on building key cultural (e.g., business alignment, leadership, communications, policies) and population health practices (e.g., prevention, risk reduction, decision support), organizations will realize greater value on their investments in employee health through better outcomes.

WH: What do you believe are some of the biggest challenges to worksite health promotion practitioners?

First, I believe we need to continually articulate, promote, and refine the value proposition(s) for worksite health. Notice, I infer that there should be multiple value propositions that are applicable to specific organizations and their unique business needs.

Second, as discussed in the previous question—helping identify and define the key components of a culture of health is a critical success factor. However, unless the business community is made aware of the relative value of creating a culture of health and given the “how to,” then, there's no traction.

Third, the ability to engage a critical mass of employees within a specific program/intervention remains the greatest challenge of organizations. The fact is—on average, significant participation and engagement rates from health risk assessments to health

coaching and disease management are relatively low. For example, the recent Towers-Watson survey of employers showed that: HRA participation averaged 50 percent; lifestyle behavior coaching (telephonic) and condition management averaged 13 percent.

WH: What do you wish to accomplish over the next two years of your term?

The worksite health promotion landscape from a practitioner perspective has significantly changed since I started in the field 40 years ago. In the United States, there has been a significant growth and consolidation of third-party worksite health promotion vendors as opposed to dedicated in-house staff. In addition, practitioners have access to more professional networks/associations within this space, that creates competition for members. From an international perspective, there are “pockets” of growth, especially as our relationship with the Brazilian Association of Quality of Life, lead by Alberto Ogata, MD, grows and Wolf Kirsten's work in Asia creates awareness of IAWHP.

As such, my goals for IAWHP over the next two years include the following:

- Expand our membership efforts by creating more strategic relationships with other organizations and specific market segments (e.g., universities, health management companies, TPAs).
- Explore the creation of regional/international chapters that are based on geographic business centers.
- Better leverage and engage multi-national corporations who have health promotion initiatives within their international operations.
- Improve member services by creating products/benefits that improves our membership marketing efforts as well as our retention rates.
- Expand our member communications primarily through our web portal and other channels (e.g., journal, social media).
- Through our newly created “Evaluation Chair,” identify opportunities to disseminate new research findings as well as partner with other organizations regarding joint position statements and other collaborative opportunities.
- Through collaborations with other associations and public entities, expand our advocacy efforts both within the US and internationally.

Should You Even Bother With Worksite Wellness Today?

Craig Becker, PhD, CWP
William McPeck, MSW, CWWPC, WLCP

Worksite wellness or health promotion programs (WHP) are becoming more popular and visible everyday.

Due to the *questionable* interpretations voiced by some individuals related to the Rand Corporation Report and a study of PepsiCo's wellness program, it is certainly natural for decision-makers to question the effectiveness of worksite health promotion programs and their long-term value. Even as good as these questions are, we believe that there are broader, more fundamental questions that employers need to ask themselves:

- Can WHP help your organization succeed?
- Can WHP aid in the accomplishment of your organization's mission, vision, and business goals?

If the answer is no, then why bother to do WHP?

For an employer to engage in wellness just because it is the current fad, or because everyone else in the industry is doing it, makes no sense in our opinion. Under these circumstances, a wellness program could even serve as a distraction or detract from the workday and defeat its primary purpose—productivity.

The Reality of Expectations

Organizations operate based on a set of expectations that in most cases are centered on creating and sustaining profit. In turn, employees are hired under a set of expectations (e.g., being dedicated, present, engaged, productive) in order for the organization to grow, succeed, and prosper. Employers need to believe that their investment in employee wellness can help the organization and its employees exceed those expectations. Otherwise, why bother? If the best a wellness program can do is help organizations do as expected and maintain the status quo—why invest?

Worksite wellness programs as part of a continuous quality improvement strategy, needs to help the organization and its employees exceed expectations. As such, by optimizing the health and well-being of one's human capital, the organization has chosen to invest in its most valuable resource by using the wellness lever for greater organizational efficiency, innovation, and sustainability.

It is rhetorical to ask if an organization is interested in wellness because wellness improves organizations and all organiza-

tions are interested in improvement. The purpose of a wellness program is also rhetorical because the only reason wellness programs function is to improve the health of the organization, its employees and the bottom line. If wellness efforts do not accomplish these goals, it is not needed.

In an earlier issue of *Worksite Health International*, Edington and Golaszewski explained how WHP practitioners had to be "courageous visionaries." To us this means they must dream big about possibilities and potentials more than focus exclusively on problems. To create a better tomorrow, WHP must not only dream and design what future *work* can be, they must determine, create, and implement those factors/elements that contribute to this new idealized reality. In other words, WHP actions must take into account systematic factors and continually assess and improve processes in real-time.

Redesigning Reality

The four step process that WHP's can use to redesign reality toward better outcomes are the following:

- **Operationalize Idealized Outcomes.** Define the new idealized reality that you wish to create and is not possible at this time.
- **Discover Precursors.** Discover what must happen and what conditions/functions must exist to create the new desired reality as opposed to what's happening now.
- **Optimize the Process.** Develop, implement, and refine new processes to optimize the health and productivity of your organization, while replacing or discontinuing inappropriate or ineffective processes.
- **Plot Progress.** Use process measures to document progress and to guide development of the next steps of continuous improvement.

Creating Possibilities

WHP must start with what could be, not from the problems that currently exist (e.g. risks, illnesses, absences). Starting with what could be, forces WHP to determine how to create a new reality instead of JUST fixing what is wrong. Creating an improved, "idealized" outcome means that existing problems were corrected/overcome, thus adding value to organizations, individuals, and society—the reason everyone should bother to have worksite wellness today.

Financial Well-Being: A Missing Health Promotion Element?

Elisabeth A. Doehring, CWWPM, GPHR, PHR

Employee financial security crashed along with the world economy in 2008. Since that time employers have watched employees struggle with their financial obligations and its impact on productivity and overall engagement within the workplace. As such, many companies have taken a more proactive approach to their traditional financial benefit offerings (e.g., defined-contribution retirement plans) into broader financial well-being programs.

The Shift to Greater Financial Self-Management

Over the past decades traditional defined-benefit pensions have been replaced by defined-contribution plans where saving and investment decisions have shifted more to the employee. As such, employees are required to have greater knowledge and skills in making appropriate saving and spending decisions based on their unique situations and stage in life.

These retirement plans are usually in parallel with employee healthcare benefits where employers have shifted more of the cost to employees and have enacted high-deductible plan designs combined with pretax savings vehicles such as health savings accounts. Again, this shift places a greater responsibility on the employee to make better-informed decisions regarding savings, spending behavior, and long-term investment. The bottom line? Inappropriate financial (and health) decisions can not only have a detrimental impact on the employee (and households), but also can significantly impact organizational engagement and productivity.

Consider the following:

- According to the “Personal Finance Employee Education Foundation,” Americans who are able to handle their finances “well” has significantly dropped from 42 percent down to 24 percent between 2006-2012.
- Employees are living longer. After age 65, life expectancy reaches well into the 80’s for people living in any of the 34 countries making up the OECD (Organization for Economic Co-operation and Development). In addition, for a variety of reasons, employees are staying in the workforce longer and delaying retirement.
- According to the 2009 study—“Research Works: Partnership for Workplace Mental Health Report,”—money is a significant source of stress for 81 percent of people, the economy was second at 80 percent, work was third at 67 percent, family health problems made up 67 percent, and housing costs were at 62 percent.
- A poll from the Associated Press-AOL Health Poll: “Debt Stress: The Toll Money Takes on the Body,” demonstrates that people with high levels of financial stress experienced 39 percent insomnia/sleep issues. High blood pressure prevailed among 33 percent of these respondents. Over one-fourth (27 percent) reported stomach ulcers. More than half (51 percent) encountered muscle tension/back pain while 29 percent had severe anxiety and another 23 percent noted severe depression. Migraines and headaches were noted by 44 percent of respondents.
- In a 2012 study by Merrill et al., they found that stress associated with financial concerns was significantly associated with high levels of presenteeism—with nearly 40 percent of respondents reporting their inability to concentrate on work due to personal financial issues.

Adding Financial Well-being to the Health Promotion Mix

Today, educational incentives and programs that focus on financial well-being have become more popular and prominent within progressive organizations. Below, are four leading examples of this movement.

Aetna Corporation

Based in Hartford, Connecticut Aetna is a health insurance provider with 49,000 employees. With “Aetna Wellness Works” employee physical wellness has been front and center for many years.

People with financial stress have more health issues explains Stacy Romano, Senior Benefits Consultant with Aetna. “We found a trend in employees facing financial hardships that lead them to take loans from the 401k plan, and that created concern for HR and Aetna’s leadership alike. “If our employees are not well, we are not successful.” “We are a health insurance company. We need to live and breathe wellness,” adds Romano.

While ramping up their overall wellness program, the company wanted to incorporate physical and emotional wellness along with a new financial well-being strategy. Aetna launched their “Financial Wellness Works” program with Suze Orman in 2007. Orman delivered an educational presentation from corporate headquarters that was streamed to all Aetna team members throughout the country. Excitement over this new program grew.

In 2008, Aetna offered a program that consisted of large group financial presentations, small group presentations, and one-on-one personal financial consultations. Aetna worked with two providers for these services on the basis that neither would sell anything to Aetna’s employees. This service was to be strictly educational and that principle remains in place today.

“When the program began we had no infrastructure as we never really knew how big this program would become,” says Romano. In order to build sustainability, team members from human resources and benefits manage the day-to-day operation of the program and have developed related financial wellness campaigns based on needs and interests. This was a very manual and time-consuming undertaking. Over time, the program has evolved significantly. Today, with a large number of employees working remotely and with 50+ offices across the country, most of the program is delivered virtually over live webcasts and one-on-one phone consultations, although in-person events are certainly still part of the program.

A unique feature of the program is that the company offers financial workshops geared toward different generations as well as different career stages. This helps employees determine their starting point and provides them with a track of follow-up education to help them become financially well.



Photo by: pakorn, 2014

Another key component to the program is the Financial Wellness Assessment, which provides employees with a baseline for gauging and tracking their financial wellness and progress on that journey. The Assessment is a requirement of the Healthy Lifestyles program that provides incentive dollars to employees who participate in healthy activities, like healthy eating, exercise, wellness coaching and financial webcasts and one-on-one personal financial consultations.

Satisfaction ratings from employees in 2013 showed that 97 percent feel that financial wellness is an important part of their overall benefit package, while 98 percent would recommend the workshops/consultations to a colleague. In addition, 98 percent of employees now feel better prepared to make a financial decision as a result of the program. These results reflect 7,500 workshop/webcast participants and 1,800 one-on-one personal financial consultations.

Meredith Corporation

Financial wellness numbers are compelling at Meredith Corporation based in Des Moines, Iowa. A leading media and marketing company, Meredith employs 3,400 employees. Meredith launched its' financial wellness program in 2010, with initial participation rates starting at 30 percent. Today, participation stands at 80 percent.

Initially, Meredith conducted independent assessments that showed that one in five employees were behind on their bills. "Many workers were faced with balancing their work obligations with the stress of worrying about creditor calls. Today this rate has now been reduced by half," according to Tim O'Neil, Manager of Employee Health & Financial Wellness.

Adds O'Neil: "Leadership is the key driver at Meredith. Steve Lacy, Meredith Chairman/CEO, wants Meredith employees to get the most out of their financial and physical wellness programs. It's Mr. Lacy's legacy."

O'Neil enlisted human resources, compensation/benefits, and corporate communications through a cross-functional, team-directed approach to help Meredith employees improve their Personal Financial Wellness Score by 60 percent. Prior to 2010, nearly 40 percent of Meredith employees were living paycheck to paycheck. In just two years, those numbers were already down to 29 percent as well as an 18 percent reduction in lost workdays.

The Biltmore Company

Situated in Asheville, North Carolina, The Biltmore Company employs 1,800 people as a national brand and tourist destination. Built by Industrialist George Vanderbilt in 1895, the estate is home of the largest private residence in America, Biltmore House. Biltmore's "Passport to Property (BPP) Program" was branded and initiated in 2010, as part of its "Habits of Health/Safety/Happiness" signature well-being program.

Employees with two years of full service are eligible for the program that matches two dollars for every employee dollar for first-time home purchases. Once selected, employees are enrolled in the "On Track WNC" counseling and home ownership programs.

"The response has been tremendous!" says Vicki Banks, SPHR, Director of Risk Management and Human Resources. "Our leadership team believes in financial wellness. The philanthropic spirit of the program follows the path set forth by the Vanderbilts who were known for their generosity that benefitted the community. It's hard to get an employee to smile who is stressed about finances. We want our team members passionate and happy. Helping our employees with wellness—including financial wellness, continues to help us make Biltmore an oasis for our guests."

Recently The Biltmore Company implemented a new automatic 401K enrollment and match (with a participation rate that has jumped up from 49 percent to 89 percent in twelve months) providing employees with additional tools needed to reduce financial pressure and associated stress.

Turnover at Biltmore Company was at 20 percent when they began BPP. Today this metric is down to 14 percent. Banks credits the new financial well-being program as one of the reasons for turnover improvement.

Intersil

A semiconductors manufacturer that supplies parts to Apple, Intersil is based in the Silicon Valley with 1,000 employees. When Intersil assessed its workforce 18 months ago, the median age of its workforce was over age 50, with a significant group staring at retirement in the near future.

In addition, Intersil experienced a surplus in its' ERISA budget funds. Management made the decision to invest the surplus first by contributing \$100 into each employee retirement account and then funding the "Wealthy Living" financial well-being program. "Wealthy Living" is based on three organizational success factors: support and commitment from leadership, an active and engaged decision-making committee, and a human resources and payroll team ready to implement and work with Intersil employees.

In turn, the program is comprised of the following elements:

- Seminars (e.g., onsite meetings for educating employees on topics such as maximizing social security payment at retirement).
- Desk drops that encourage employees to take advantage of financial counseling, meet with planners, or take online surveys. Spouses or significant others are also eligible.
- In 2013, a giveaway incentive included a first month's free rent or monthly mortgage payment along with an iPad giveaway for completion of a financial assessment survey.

Intersil believes that the program has paid-off due to its increased incentives, information, and professional support. The average employee payroll deferral rate is 10 percent compared to the national average of less than 6 percent. In addition, when the program started—the average employee 401k balance was \$125,000—it's over \$200,000 today.

Pay Me Now, Pay Me Later

Today, companies are realizing that financial well-being programs through the combination of incentives, information, and professional support services can not only ease the financial distress among its employees, but also improve their personal bottom line, as well as their own—by reducing financial barriers to employee engagement and productivity.



Photo by: Vichaya Kiatying-Angsulee 2014

Global Awards Program Promotes Healthy Workplaces

Wolf Kirsten, M.S.

The Global Healthy Workplace Awards (GHWA) recently completed its second year with the Global Awards Summit in Shanghai, China, on April 9-10. The awards program follows the Healthy Workplace Model for Action and recognizes employers of all sizes and types (non-profit, for-profit, NGOs, government agencies, etc.). The program is truly global having attracted applications from 49 countries over the last two years and with an international panel of workplace health experts from five continents as jury. The advisory board includes the following organizations:

- International Association for Worksite Health Promotion (IAWHP)
- International Organization of Employers (IOE)
- International Institute for Health Promotion (IIHP), at American University, Washington, DC
- European Network for Workplace Health Promotion (ENWHP)
- Health Enhancement Research Organization (HERO)
- People in Aid
- Catholic Medical Mission Board

2014 Global Healthy Workplace Award Winners

Small and Medium-Sized Enterprises (SME): Spokane Regional Health District (USA)

SRHD is a local public health agency with 250 employees who serve a population of more than 400,000 in Spokane County, Washington. The Living Well Program has a 15-year history and enjoys strong leadership support and active involvement. SRHD has developed policies, system and environmental changes that have greatly enhanced the way employees embrace safe and healthy choices.

Large Enterprises: Telefônica do Brasil (Brazil)

Telefônica was a semi-finalist last year and reapplied with a stronger program. Telefônica has developed its own self-managed health insurance plan, with broad coverage all over Brazil. One of the outcomes of the comprehensive “BEM PERTO” program is that health insurance fees are only 7.8 percent of monthly payroll, whereas the average among other Brazilian enterprises is 15 percent of payroll.

Multinational Enterprises: IBM (Global)

IBM has a long-standing tradition in creating healthy workplaces throughout the world and continues to drive an integrated approach to workplace health. IBM has established 10 global priorities for health promotion, which are applied to its many employees globally. For example, IBM uses social analytics technology to capture “Mini Pulse” feedback from employees as they interact with health programs.

* The Global Healthy Workplace Awards (GHWA) programme is co-hosted by i-genius (UK) and International Health Consulting (Germany/USA). For more information go to www.globalhealthyworkplace.org

Creating a Global Awareness

The Global Summit attracted employers of all sizes, health system leaders, universities, policy leaders, NGOs, and world-renowned award judges and speakers amid a two-day packed agenda on topics ranging from addressing public health promotion in China, to mental well-being and happiness at work, to creating healthy workplaces for NGO workers.

The GHWA program is committed to advancing the *Healthy Workplace Model for Action* and convincing employers of the value of investing in the health of their employees. Overall, one can see a global increase in awareness and popularity of the HWP Model with national awards programmes (e.g. Brazil), certifications (e.g. Spain), professional associations (IAWHP) as well as enterprises all aligning with the model. This development is very encouraging as a comprehensive and integrated approach to healthy workplaces is gradually taking hold globally. The 2015 Global Awards Summit will take place in Florianópolis, Brazil, on May 18-19 (co-hosted by SESI Santa Catarina) and 2016 in Thailand (co-hosted by the Thai Health Promotion Foundation). In addition, regional seminars are offered to highlight good practices within the given region and transfer learning to the country level, e.g. last year for Latin America in São Paulo, Brazil and later this year on September 29 for North America in San Diego, USA in conjunction with the HERO Forum.

Disclaimer: "Although the GHWAwards is currently based on the Healthy Workplace Framework and the Healthy Workplaces Model for Action developed by WHO, WHO has not been associated with the creation of the GHWAwards in any manner whatsoever and therefore disclaims any and all liability and responsibility that may arise as a result of or in connection with the organisation and hosting of the GHWAwards, including the assessment of the applications and designation of the finalists and winners thereof. The use of the WHO Healthy Workplaces Model for Action does not imply endorsement or recommendation by WHO in any manner whatsoever of any of the organisers, sponsors, participants, finalists and winners and does not imply expression of any opinion whatsoever on the part of WHO on the content of the GHWAwards."



Telefônica do Brasil and Vanderbilt University awaiting the winner announcement in the large- scale enterprise category

IAWHP 2014 Summit: Poster Presentation

Baptist Health

Meeting the Mission: To have the healthiest workforce in America

Leah Holzwarth, MS, CWP, CWPM, ACSM/HFS

Introduction

Baptist Health South Florida (Baptist Health), is a not-for-profit healthcare organization and, with 15,000 employees, South Florida's largest private employer. Baptist Health created *Wellness Advantage* in 2000 as an organization-wide commitment to improve the health and well-being of employees and their families. *Wellness Advantage* offers a comprehensive program of health-related employee services. Baptist Health believes Wellness is the key to every success the organization enjoys, whether it's the ability to care for patients, balance personal and professional lives or to focus on the organization's mission. Practicing wellness also means keeping healthcare costs, medical plan premiums and healthcare service utilization rate, as low as possible. Our mission is to have the healthiest workforce in America.

To meet the mission, Wellness Advantage bases all programming on six dimensions of wellness: physical, intellectual, emotional/spiritual, social, occupational, and environmental. By offering programs that fit into these guidelines, the most comprehensive and integrated programs will result in employees leading healthier lives.

Interventions

Creating programs that are interesting, engaging, so positive results and create culture of well-being takes planning, creativity, efficient use of resources and communication. The programs *Wellness Advantage* has created continue to support a wellness culture and result in a healthier workforce. Some of these interventions are as follows:

- My Unlimited Potential Program- a one year program for high-risk employees with cardio-metabolic risk factors such as hypertension, diabetes, hypercholesterolemia, and obesity. The first 12 weeks are high touch. Regular follow up happens for the next 40 weeks.
- Families Step Up - an 8 week program for employees with children between the ages of 8-12, looking to develop healthier habits. The program's three components are: nutrition, exercise and communication. The team consists of a registered dietitian, exercise physiologist, and licensed marriage and family therapist.
- You Matter - a collaboration between the Employee Health Offices (EHO), Employee Health Management (EHM) and *Wellness Advantage*. All BHSF employees must visit the EHO for an annual physical. If an employee is interested in making health related changes the EHO staff refers them to their Wellness Coach. The Wellness Coach coordinates a meeting, sets goals and serves as support for the employee on their wellness journey.
- Training Groups – provide various ways for employees to become fit, and are social events. Employees run, cycle and swim together, making new friends and connections. Training groups have broken down silos creating not only a more fit organization but a more social and engaged one.
- myWellnessAdvantage.net – Healthcare is a 24/7/365 operation. Wellness Advantage goal is to reach all employees and help them reach their desired health status. The web portal provides the vehicle to reach each employee no matter what shift they work.
- *Wellness Advantage* – a multi-disciplinary team of wellness coaches, exercise physiologists, registered dietitians, and web portal administrators create and maintain a culture of wellness throughout Baptist Health. They provide a continuum of programming so all employees have an opportunity to achieve their desired level of health.

Results

In 2013, through sponsored health screening events, the relative percentage of employees with diabetes (4%), high cholesterol (34%), high blood pressure (5%), and those that are smokers or tobacco users (10%) were identified. See chart below. With this data, targeted programs were planned, designed, and implemented to better support employees with these risk factors and/or conditions.

Within the cohort of employees who completed the health assessment (HA) for three consecutive years, it was found that they improved nine of 13 health risks measured. Within this group, preventive screening compliance increased from 79% to 83%. In addition, it was found that these employees were more physically active and eating healthier. Weight and cholesterol levels have also remained stable. This group also ranks their health as very good or excellent. The percent of participants who know their blood pressure and cholesterol measures has increased by over 40%. By comparing data from the first year of taking the HQ to year three this cohort has lowered their medical costs by an average of \$1,039.

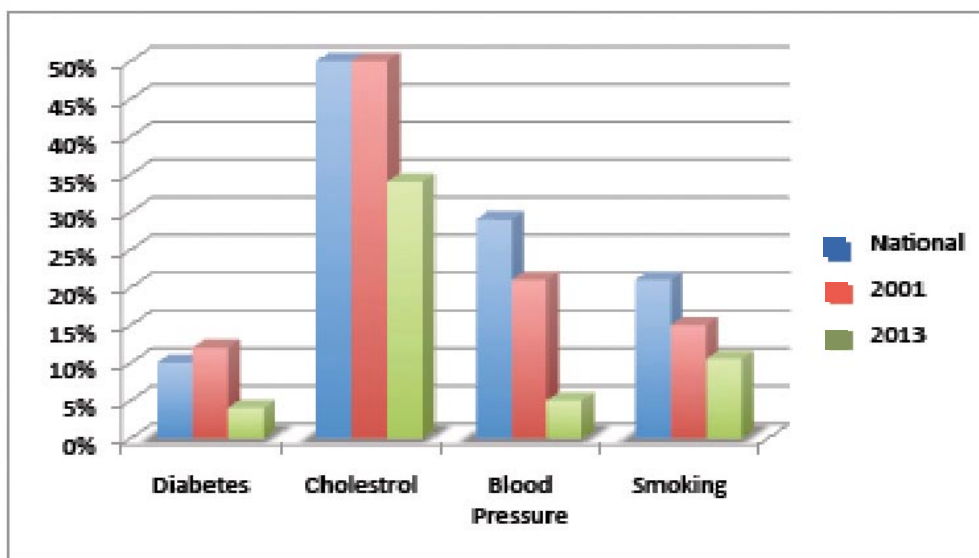
According to the health assessment, absenteeism rates average a savings of \$18/person and the average decrease in productivity due to health issues fell from 4.1% to 2.8% in 2013. In 2013, analysis for health fair data determined an estimated cost avoidance of \$19 million.

Discussion

Employees who completed our health assessment over three consecutive years showed greater risk improvement, greater compliance with preventive screenings, and overall better health practices as compared to employees who had infrequent participation in the HA program. This supports the concept of “dose response,” where HA participation and engagement in other wellness activities within a specific time period (e.g., 36 months) has demonstrated better health outcomes and lower cost trends as opposed to less frequent participation. Further study needs to be done in this area.

Creating a “culture and health,” regardless of an organization’s size, takes careful planning, long-term strategies, creative programming, and adequate resources. Leveraging leadership, staff, and employees, better aligns key stakeholders with Baptist Health’s mission of having a healthy and engaged workforce while serving the health needs of its patients and the communities where we operate.

Benchmarks: Percentage of Prevalence





IAWHP Webinars/Conference Update

IAWHP 2014 Webinar Schedule

- August (8/20) - Wolf Kirsten, M.S. - *“The Top 20 Healthy Workplaces in the World”*
- September (9/30) - Reed Engel, Ph.D. and Brenda Loube, M.S. - *“Win-Win: Making the Most of Your Internship Opportunities”*
- October/November- (dates to be determined) - Alberto Ogata, MD, *“International Perspectives in Worksite Health Promotion.”*
- November/December- (dates to be determined) - Robert Karch, Ed.D., *“Planning to Win: the Global to Local Connection”*

IAWHP Membership Information

IAWHP offers Organizational Memberships to companies with 25 or more employees. Register 25 or more employees as IAWHP members and pay a discounted rate of \$10 for each member. That’s a \$45 discount off the regular \$55 IAWHP professional membership rate! Member benefits include the following:

- A variety of worksite health promotion articles that cover current topics vital to the pro-fession and provide real world ideas that can be implemented immediately.
- Online membership directory to connect with peers doing similar work—worldwide.
- More than 25 live and archived educational webinars geared specifically toward the needs of practitioners.
- IAWHP E-News which keeps members updated on emerging issues within the Association and the field.
- Up to four issues per year of IAWHP’s official publication—*Worksite Health International*

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