

# Worksite Health International

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Outgoing IAWHP President, George Pfeiffer,  
passes the gavel to Charles Estey

## Inside this Issue

Interview: Charles Estey

Case Study: Unilever

Announcing: William Baun Award

ROI INFOgraphic!



Charles Estey, MS., IAWHP President with Estel Mallorqui Ayach, Regional President of IAWHP, Barcelona, Spain, July 2016

**WH: First, congratulations on becoming IAWHP's new president! What made you get involved in worksite health, and what has kept you engaged for more than 30 years?**

Thank you, George! As an undergraduate at Ithaca College, I came across an article about Japanese businesses encouraging their employees to exercise as a way of increasing stamina and productivity. It captured my interest and I was intrigued about the opportunity to combine business and health; it sounded like an interesting environment to work in. As part of a class field work experience, I went to an area employer and volunteered to encourage employees to get physically active at lunch time. I showed up with a small record player and 20 jump ropes and it evolved from there! Worksite health creates such a positive work environment and you are able to leverage both the art and science of impacting individuals and organizations.

**WH: You have had a diverse career in worksite health promotion. What have been some of the key lessons that you have learned to date?**

Verbal communication (people skills) always came naturally to me. However, I quickly realized the importance of written communication and pursued ancillary courses in business writing and grammar, etc. In addition, being proactive, flexible, and “thinking outside the box” were key aspects of my worksite health program success. The most important lesson, which still exists today, is connecting health and wellness/wellbeing to specific business needs (i.e., impact medical spend, reduce recordable injuries, improve employee opinion of the sponsoring employer, and support recruitment and retention) that enabled me to engage and sustain key management support. Addition-

## Interview with Charles Estey

President, IAWHP

ally, practitioners must guide the C-suite and middle managers to promote and encourage employee participation. You have to craft the communications plan and promotional articles on your initiative, produce the video testimonial, and walk them through their roles in driving engagement. If you spell it out, they will do it. If you don't do the work, they won't either. Finally, recognizing the opportunity to network with other worksite health and wellness practitioners was another key lesson learned. It was through small conferences like IAWHP that I met you (Xerox Health Management Program), Lauve Metcalfe (Campbell Soup Turnaround Health & Fitness), among others. Both of you have been instrumental in helping me evolve in my career. You became my mentors.

**WH: Over the course of your career, how has the practitioner community changed?**

The practitioner community has evolved along with the change in the worksite health to wellbeing landscape. Our responsibilities have evolved from supervising an employee health and fitness facility to managing health risk identification and reduction to aligning internal and external resources to impact injuries, telephonic lifestyle and disease management, and now financial and emotional health. Now, with the onset of technology, practitioners are tasked to evaluate and leverage web-based health portals and digital technology including email, text, and bluetooth enabled tracking devices and accelerators. While degreed practitioners have a strong clinical focus, we had to develop a broader business acumen, embrace marketing and advertising strategies and, of course, leverage data analytics and reporting. It truly provides a broad career opportunity incorporating health, organizational behavior, finance, and data management. Looking back, the successful practitioners found the courage to expand their roles—often times when they may not have had the experience or skills to do so—and take on new responsibilities beyond running the employee fitness facility or wellness program. Many have moved into careers leading wellbeing product development, communications, corporate safety, and employee benefits.

**WH: Today, the worksite health practitioner has become more of a program coordinator within larger organizations—overseeing and integrating multiple vendors within a comprehensive programming matrix that hopefully is**

aligned with the overarching business goals of the organization. Do you have any insights on how practitioners can ensure that contracted vendors are marching in step?

Collaboration. Years ago, I learned a key phrase while serving a major automotive company, “if you plan to work with us over the years, you better learn to play well in the sandbox!” Vendor leaders must get clear on the importance of collaborating. (A rising tide raises all ships.) And, with so many new companies at varying levels of expertise entering the worksite health space, practitioners must set the tone early for the entire project team—perhaps through sponsoring vendor team building, leading monthly project team calls, focusing on one goal, and having transparency throughout the process. Clarity is power.

**WH: As President of IAWHP what are your primary goals over the next two years?**

I have the good fortune of working with a phenomenal board of directors—pioneers and thought leaders in our field. Together, we are committed to enhancing resources to help worksite practitioners further strengthen and expand their program offerings. First, we are surveying global practitioners to pinpoint their needs and opportunities to provide specific resources and support. With this information, we are working to expand our online tools and on-demand webinars, update our available case studies, white papers, and best practices on engagement and proven techniques to drive impact. Second, we plan to develop a global network of regional presidents to further identify practitioner needs, lead member recruiting, online discussion groups, and sponsorship. Our plan is to be the association of choice for worksite health promotion and wellbeing professionals.

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

First, I believe we need to continually articulate, promote, and refine the value proposition(s) for worksite health. Notice, I imply 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 for 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 Willis Towers Watson survey of employers showed that HRA participation averaged 48%; lifestyle behavior coaching (telephonic) 12%, and chronic condition management averaged 14%. However, within my own professional experience, participation and engagement rates can be significantly improved when the C-suite and their middle managers/supervisors are *actively* supportive within their respective organizations. As such, we need to build and sustain a solid foundation of leadership support at all levels to realize significant employee engagement in health promotion activities.

**WH: How can IAWHP have a stronger international presence and influence in promoting employee health and wellbeing?**

Follow the trends and best practices from other global health and wellbeing leaders. I had a chance to present at a conference in Barcelona earlier this month and was amazed at the emerging digital technology becoming available to practitioners. While I have always been a strong advocate of face-to-face support (“boots on the ground”), new technology will allow us to reach more employees and dependents and support and sustained positive health behaviors. Our initiatives must be culturally sensitive (people don’t care how much you know until they know how much you care) or we will never reach those who can benefit most from our efforts. Additionally, organizations have different focus points that we must align with. In Europe, it’s “how can health support the goals for workplace safety.” In the United States, it’s “how can wellbeing enhance global talent recruitment and retention efforts or influence medical spend?”

I believe from a U.S. perspective that U.S. companies need to adopt practices that are reflective of the work/life philosophy practiced in Europe and other global cultures. For example, if U.S. companies truly want to attract global talent, they must embrace global work/life trends such as providing a four-day work week and/or integrating extended PTO to its employees.

**WH: What are some major trends taking place in today’s workplaces that you feel provide opportunities for worksite health practitioners to fill specific needs of employers and employees alike?**

Mobile technologies allow users to access a wider range of services and self-manage their care better; however, they’re only part of the solution. Making change is a very personal thing. Everyone decides to make change and go about in a way that works for them (walking, biking, eating right, reading, podcasts, etc.) The objective of most healthcare technologies is to enable

individuals to understand their health (e.g., the “quantified self”) and make better informed decisions (e.g., take action based on this unique health information).

Practitioners can leverage emerging “personalized technologies” to drive greater engagement, better outcomes, and better communication with other healthcare providers. Also, my colleague and fellow IAWHP Board Member, Dr. Joe Leutzinger talks about diffusion and adoption of health technology. There needs to be training for middle managers to support the investment and use of this technology, otherwise employees won’t feel the support or encouragement. Additionally, “peer support” training helps position technology in a way that employees want to access it. Handing someone a wrist tracker saying, “I lost weight with this and you can, too,” results in desk drawers full of unused trackers and counters!

Another trend, though personally I believe is basically a rebranding of the wellness movement, is “wellbeing.” Today, we are seeing organizations promote a multi-dimensional model such as physical, emotional, financial, career, and social wellbeing. This approach tries to address the total person and goes beyond the traditional population health model of risk avoidance and disease management. This model can provide organizations with the opportunity to cast a broader net over their respective populations and capture employees and family members, who normally are not engaged in standard health promotion activities such as physical activity, tobacco control, nutrition, and weight management. For example, financial wellbeing is a great way of “health marketing” stress management since money issues are typically the leading stressor for most people.

**WH: There continues to be a lively debate on the efficacy of worksite health promotion, especially when discussing return-on-investment (ROI). What’s your opinion?**

You cannot set up control groups and prevent your eligible population from benefiting from other health interventions, so it is difficult to defend any ROI. The discussion must be around:

- Why is the company investing in worksite wellness?
- What are you striving for? (become employer of choice; impact medical spend; reduce injuries, etc.), and
- Working collaboratively to design a health promotion/wellness program with specific measures (upfront) to achieve specific goals and create greater value.

We refer to this type of measure as “Value on Investment” (VOI). In a classic sense, VOI measures the cost effectiveness of specific interventions—what provides “the most bang for the buck?” For example, comparing face-to-face health coaching to telephonic and/or web-based approaches.

On the other hand, most employers base VOI on qualitative measures such as the year over year change in the percentage of employees who feel their supervisors care about their health, or the percentage of employees who were pre-diabetic in year one and eliminated health risks in year two, or being perceived as “an employer of choice” due to health promotion offerings. Although sometimes considered a “soft savings,” in most cases it can be discretely quantified with a combination of company metrics (e.g., job satisfaction, morale) and health and wellness data. *As such, the employer defines what’s important to them and how they wish to define value and measure it.*

**WH: For those students considering making health promotion their career, what advice regarding professional preparation would you provide?**

In addition to core course offerings, broaden your electives to learn about how to understand your work and community environment (organizational behavior, communications, marketing) and how to measure and report your program impact (data management and finance). More than ever, becoming bi-lingual is key, not only to speak additional languages, but also learn about different cultures. Also, use LinkedIn and other social media to contact worksite health professionals and schedule informational interviews (even if it’s only 20 minutes. Go visit, observe what they do, listen and take notes, and send a follow-up thank you note) and apply for field work or internships. Don’t be afraid to take 2-3 part-time jobs, either. This is how you meet people and learn the business.

It’s a great field and career track with phenomenal people. They are professionals who care about changing healthcare in America and the world! There has never been a better time to be in worksite health and it can take you to places you never imagined!

*“I believe we need to continually articulate, promote, and refine the value proposition(s) for worksite health.”*

## IAWHP Announces the William B. Baun Award

The Board of Directors of the International Association for Worksite Health Promotion is proud to announce the creation of the “William B. Baun Award” that will be presented annually to recognize an outstanding worksite health practitioner.

The award was created to honor William (Bill) B. Baun, Wellness Officer at The University of Texas, MD Anderson, Cancer Center.



### Honoring the “Practitioner’s Practitioner”

The “William B. Baun Award” is designed to recognize an individual who has dedicated his or her career to worksite health promotion, first in the role of practitioner and second as a contributor and advocate of worksite health promotion from a community to an international level.

According to Charles Estey, IAWHP President, the “William B. Baun Award” epitomizes what IAWHP represents—the practitioner community—those who work directly within their respective organizations to make employee and organizational health a reality. As such, this award recognizes the ‘practitioner’s practitioner,’ an individual who has unselfishly inspired those in the field of worksite health promotion, to love what they do, and share what they have learned to continually raise the bar of professionalism and service.”

### About William B. Baun

The “William B. Baun Award” is named for a thought leader and practitioner in worksite health promotion. Throughout his career of more than three decades, “Bill” has promoted the value of worksite health through his presentations, publications, mentoring, and leadership in organizations such as the International Association for Worksite Health Promotion, the National Wellness Institute, the American College of Sports Medicine, and the Health Enhancement Research Organization (HERO).

Bill is past president of the National Wellness Institute and the most recent recipient of the “HERO William Whitmer Award.”

A practitioner first, Bill is Wellness Officer with the University of Texas, MD Anderson Cancer Center and was previously Director of employee health promotion at Tenneco Inc.

### Award Selection Criteria

- Retired professionals are not eligible for consideration
- Nominee must be an IAWHP member for at least three years
- Nominee must be in worksite health promotion for a minimum of 15 years
- Nominee must have a minimum of 10 years experience as a program manager responsible for the day-to-day management of an employer-based program.  
*(Note: Continuous service within one organization is preferred, but not required. Tenure can be serial in nature. Third-party vendors are eligible, provided individuals comply with program manager criteria.)*
- Three letters of recommendation are required including:
  - The manager of the department (e.g., HR, medical) to whom the nominee reports
  - An employee of the organization, who has been an active participant within the program
- A minimum of three professional, practitioner-focused publications for which the nominee is an author
- Minimum of six (6) presentations on worksite health promotion topics to national organizations

Nomination forms will be available online ([www.iawhp.org](http://www.iawhp.org)) on October 1, 2016.

The recipient will be invited to receive the award and present at the IAWHP Annual Conference, which is in conjunction with the ACSM Health & Fitness Summit, April 6, 2017, in San Diego.



*Dr. T. Rajgopal, MD., DIH., DNB., FFOM (London), FFOM (Ireland) VP, Global Medical & Organizational Health*

Unilever has a long and established history of supporting employee health and wellbeing, and our commitment is documented on our company corporate website as part of our Unilever Sustainable Living Plan (USLP). The USLP helps us to drive a brand- and business-led initiative to improve the health and wellbeing of our employees. Indeed, we prioritize our employees' wellbeing, just as our founder Lord Lever did more than a century ago.

“Under the Unilever Sustainable Living Plan, we want to improve the health and wellbeing of a billion people around the world. A key part of that is the wellbeing of our own people, not only their physical health, but just as importantly, their mental health, particularly at times of change and uncertainty. By listening and responding to their emotional needs, we give people a much better chance of fulfilling their true potential, which is good for them and good for the company.” – *Paul Polman, Unilever CEO*

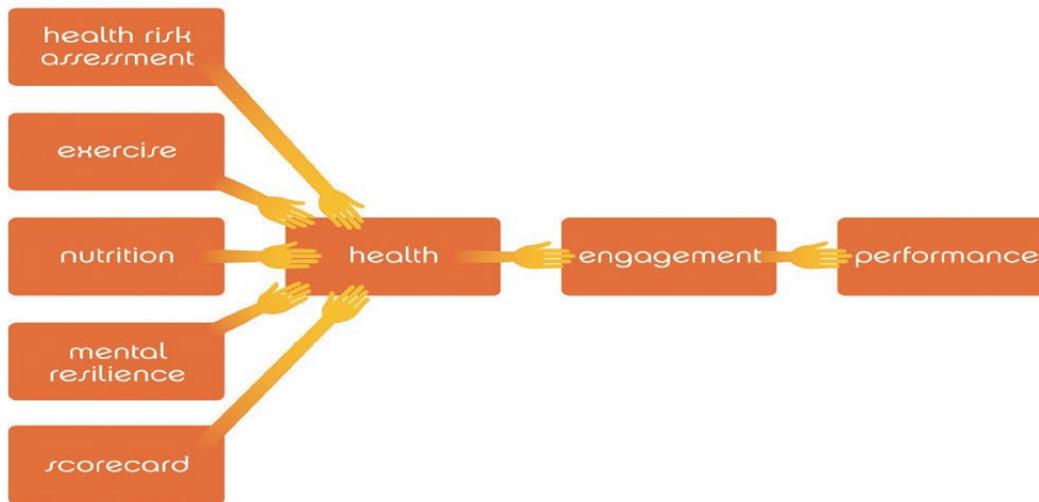
Our global medical and occupational health strategy revolves around the twin pillars of Health Promotion and Health Protection. Health Promotion aims to promote, maintain, and enhance the health of Unilever's people in order to maximize their fitness to work safely and effectively, while Health Protection aims to protect Unilever's people from work-related hazards to their health. Both Health Promotion and Health Protection are integrated in the Employee Health and Wellbeing Program.

The Unilever model of holistic wellbeing is depicted below:



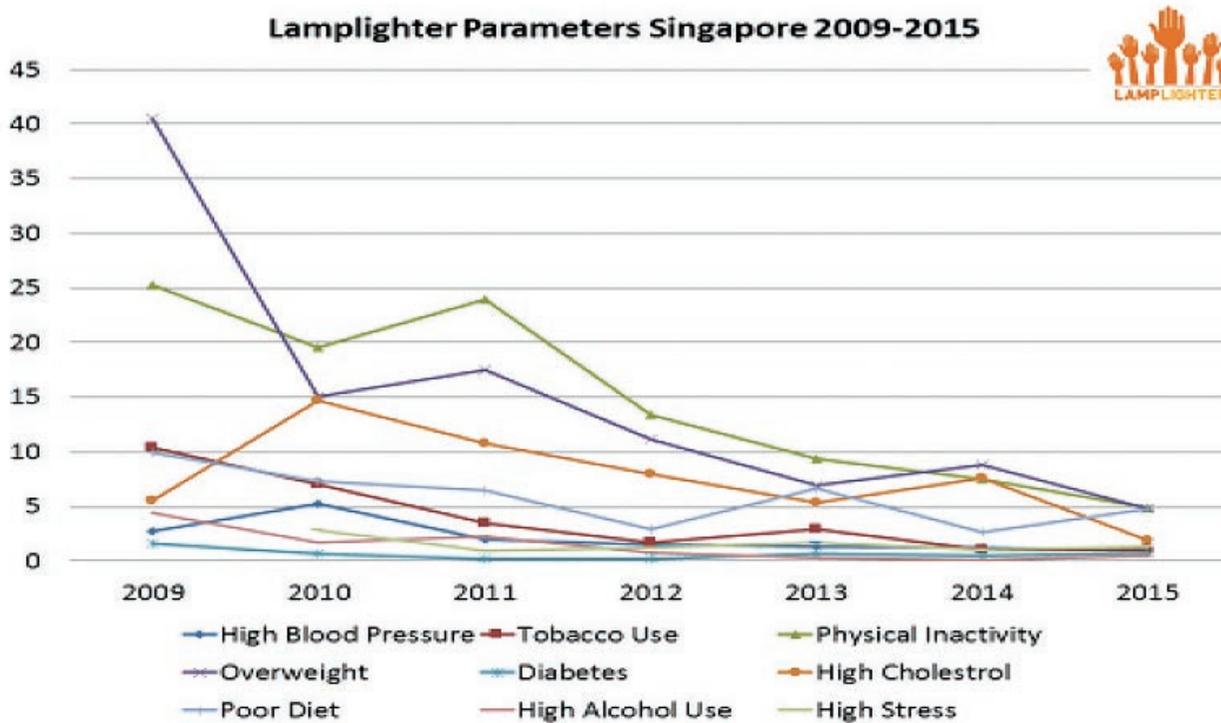
## The Lamplighter Program

The flagship program under the employee wellbeing program is the Lamplighter program. The Lamplighter program has been in vogue at Unilever for more than a decade. The Lamplighter program is integrated in two important avenues, one within the business, spanning across various functions, and the other dealing with solutions and prevention strategies for the individual. The components of the Lamplighter program are depicted in the figure below:

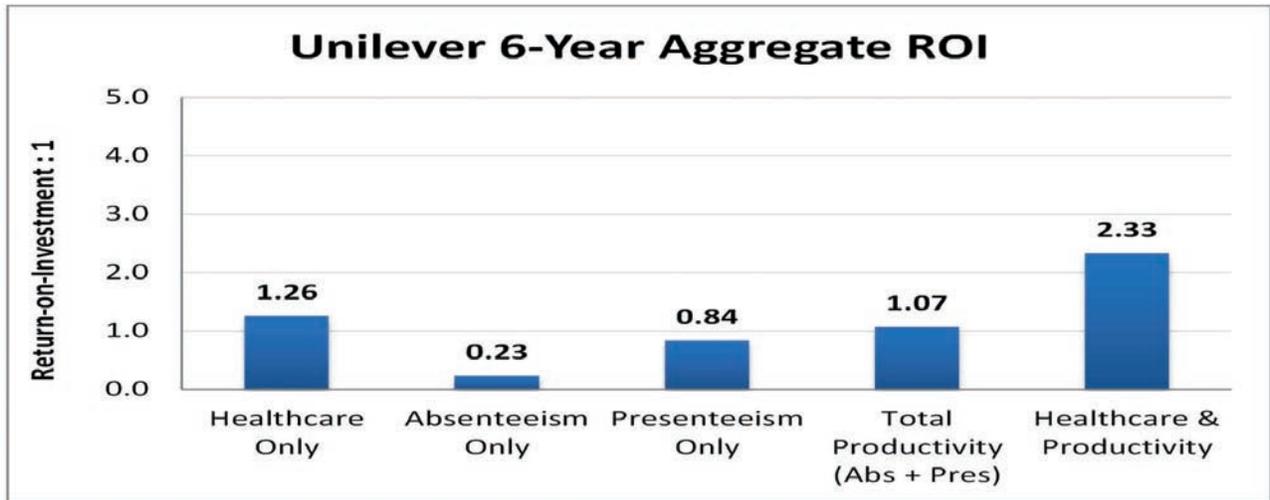


Lamplighter provides a standardized toolkit for countries to adhere to with the additional benefit of addressing local and cultural needs. Standardized health metrics data is measured to assess which employee health risks may occur. This includes lifestyle factors (smoking, alcohol consumption, fruit and vegetable intake, exercise levels, perceived stress levels) and physiological / biochemical measurements (glucose, cholesterol, blood pressure, BMI).

As an example, the impact of the Lamplighter program on reducing health risks in Singapore is depicted in the figure below:



The Lamplighter program has reached approximately 168,000 out of 173,000 employees worldwide. We also measure the impact of our health promotion and health protection programs. The Unilever six-year value addition is depicted in the following figure:



### Aligning Employee Wellbeing with Sustainability

The employee wellbeing program is aligned to Unilever’s Sustainable Living Plan (USLP) and is hence linked to Business Needs. This ensures success in the long run. Key factors boosting sustainability of the program include:

1. Our health and wellbeing programs are embedded in the business and are integrated vertically and horizontally across geographies within HR, Safety, and Supply Chain.
2. Our health promotion and health protection programs form one of the pillars of “Manufacturing Excellence.”
3. The global wellbeing program is being reviewed and overseen by a global steering committee consisting of three Unilever Leadership Executives, including the company’s Chief HR Officer, thereby ensuring support and funding for the program.
4. Having a solid framework, consistent messaging, and new and innovative campaigns to keep employees engaged, has enabled this program to run for more than 10 years and has allowed it to evolve throughout that time. Empowering employees to take control of their own wellbeing has shown great results. This is, in part, supported by the bespoke way that employees are treated. While the program has a framework, there isn’t a “one size fits all” mentality. Employees are offered personalized support and goal setting based on what they feel is important to their health rather than an instructive approach, in which employees are told what they should be focusing on.





*"Since 1982, the value of worksite health programs has been demonstrated!"*



# INTERNATIONAL ASSOCIATION FOR WORKSITE HEALTH PROMOTION

*Advancing the global community of worksite health promotion practitioners.*

## Ogata and Cherniak Elected

In addition to Charles Estey being elected President of IAWHP (refer to cover interview), Alberto Ogata, MD, MBA, was elected President-Elect. Dr. Ogata resides in Sao Paulo, Brazil and is former President of the Brazilian Association for Quality of Life (ABQV). Stephen Cherniak, MS, MBA, was re-elected Secretary-Treasurer. He is a lead consultant for Marsh & McLennan, in Atlanta, Georgia. Prior to his present position, Stephen was Director of Ford Motors employee health promotion programs for more than two decades.

## IAWHP Announces Its Certification Program for Planning and Implementing Worksite Health Promotion Committees and Wellness Champion Networks.

IAWHP recently piloted a two-day certification program to train worksite health promotion practitioners in planning and implementing health promotion committees and “wellness champion networks.” This new product offering will provide the “how to” in expanding operational capacity, improving employee buy-in, marketing programs internally, and leveraging champion networks to improve communications and employee engagement.

The program will be officially launched in late 2016. To learn more, please contact: Phillip Smeltzer, PhD at: [smeltzerp@muscd.edu](mailto:smeltzerp@muscd.edu)

## Wish to Be Published?

*Worksite Health International* is looking for case studies, research papers, and practitioner tips from our members. If you have an article that you wish to submit or have an idea you would like to share, please contact:

George Pfeiffer, Senior Editor: [georgeworkcare@earthlink.net](mailto:georgeworkcare@earthlink.net)

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