Jason Lang, MPH, discusses the Centers for Disease Control and Prevention’s role in supporting worksite health initiatives.

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and framework to comprehensively address chronic disease prevention in the workplace and define NCCDPHP’s role.

I have always been interested in cross-cutting programs and launching new initiatives. The CDC workplace health program gave me the opportunity to do both.

WH: Why is CDC interested in worksite health?

CDC’s mission is to protect the public’s health. As a nation we spend 86% of our healthcare dollars to treat chronic diseases. Chronic disease like heart disease and diabetes not only are common and costly, but also preventable. To be most effective, chronic disease prevention and health promotion must occur in multiple sectors and across the entire life span.

Nearly 160 million Americans get up and go to work each day. Employees working full time spend more than one-third of their waking hours at their workplaces. If you want to reach adults with messages and opportunities to improve their health and well-being, you have to go where they are. Enhancing the environment in which adults work to be more health promoting can reduce health risks and improve employee health, safety, and well-being. Employers are motivated because maintaining a healthier workforce can lower direct costs such as insurance premiums and worker’s compensation claims and also positively impact many indirect costs such as absenteeism and worker productivity. This makes the workplace an important setting for health protection, health promotion, and disease prevention programs.

WH: The CDC through the Affordable Care Act (ACA) conducted two national demonstration projects in worksite health. Can you outline the goals for these programs and what models were implemented?

The National Healthy Worksite Program (NHWP) and Work@Health® assisted primarily small- and medium-size U.S. employers in building sustainable workplace health programs. The programs were designed to improve the health of employees, especially those with or at risk of having chronic diseases. Both programs used a comprehensive approach that targeted individual employees as well as their organization as a whole. Both included training components designed to teach employers how to build and sustain their own programs.

The NHWP focused on direct onsite intensive professional support to employers starting their programs. Work@Health® focused on the knowledge transfer and skill building of employers delivered through training, technical assistance,
and peer support to build their own programs. Both also stressed the value of community partnerships, because small employers typically have fewer resources, less capacity, and less expertise and may benefit from local collaboration. Basically, NHWP took the approach of giving a man a fish, you feed him for a day while Work@Health® focused on teaching the man to fish, feeding him for life.

In both programs, we used CDC’s Workplace Health Model (https://www.cdc.gov/workplacehealthpromotion/model/index.html). The model has four steps to assess the needs and interests of the workforce; plan and implement evidence-based strategies to address those priority needs; and evaluate the impact the strategies over time. As a result, employers put in place comprehensive plans, including programs, policies, benefits, and environmental supports, to meet the health and safety needs of all employees. They addressed multiple risk factors and health conditions concurrently, to create change across all levels of the organization.

We then used the RE-AIM model to assess reach, adoption, implementation, and maintenance of the interventions.

WH: Based on these two projects, can you share some lessons learned and some next steps?

We learned a tremendous amount from both these programs. Although the NHWP ended in 2015, we continue to train employers through Work@Health® and apply those lessons to improving all our program activities. I think the biggest lesson is that with training, technical assistance, and support to establish a workplace health infrastructure and a data-driven intervention strategy, small employers without much experience with wellness programs can cultivate leadership support, implement evidence-based interventions, and see high levels of program participation. One thing I think made this possible is that these small employers had more capacity than they thought. Through training and technical assistance they learned to how to leverage their communications more strategically, or create linkages with existing programs like EAP or food services. We had to be mindful not to overload the employers with too much information too quickly, but they really benefited from the structure, guidance, and systematic process we provided and learned that comprehensive wellness programs are more than a random set of activities. We did see the same barriers and challenges many other programs face such as low levels of engagement and time constraints for participants and the staff involved in managing the program.

WH: One of your major accomplishments, beyond the demonstration projects, has been the development and implementation of the CDC Worksite Health ScoreCard. Can you briefly outline its purpose, main features, and how worksite health practitioners and employers can use it?

The CDC Worksite Health Scorecard (www.cdc.gov/hsc) is really central to everything our program is built around. It is a self-reported employer organizational assessment and evaluation tool we released in 2012. The ScoreCard helps employers assess the extent to which they have used evidence-based health promotion interventions in their worksites. It assists them in identifying gaps in their health promotion programs. It helps prioritize high-impact strategies to use for health promotion at their worksites. It covers almost all areas of chronic disease prevention and health promotion, from physical activity and diet to depression and diabetes. The ScoreCard also provides options for creating a comprehensive approach to building a workplace health program that addresses multiple health risk factors and influences multiple levels of the organization at the same time.

What I like about the ScoreCard is that it’s an inventory of effective, evidence-based strategies. One of the questions I often hear from employers is, “Where is the best bang for my buck?” The short answer is, “it depends.” But being able to show employers the Scorecard with all the different strategies it contains that we know work when done well, starts them to focus on which ones will work for their individual workforce needs and priorities.

The ScoreCard has been available as a free, web-based application since 2014. It only takes a couple of minutes to set up an account. This has many benefits, including automatic scoring, access to a number of benchmarking reports comparing your workplace to other employers in the system, the ability to track improvements over time, and links to tools and resources to help put strategies in place. We have been very proud of the uptake of the ScoreCard. Since the online release in 2014, we have had more than 2,000 worksites representing nearly 1,400 employers from 44 states assess their worksites at least once.

WH: Based on your current CDC ScoreCard cohort what are some common program weaknesses or gaps reported?

Policy and environmental support strategies generally lag behind awareness building and educational and skill-building activities like health coaching. This makes sense in a lot of ways. First, posting fact sheets or handing out brochures on blood pressure control is pretty low-hanging fruit. And they are not a bad thing to do, but most likely are not going to move the population health-improvement needle much. Coaching and counseling are often already a covered benefit for many employer insurance plans, so greater promotion of existing opportunities is also fairly easy for employers to do.

The more time-consuming activities, sometimes, but not always at greater cost, are efforts to change the way work gets done or the physical or social environment in which it happens. Strategies such as having and enforcing a written policy banning
tobacco, and improving the food environment with more healthy selections at worksite points of purchase, have some of the strongest evidence of effectiveness to improve the health of the workforce over time. These strategies tend not to be the first things employers use, because they take more time and effort.

Our data show worksites that reassess themselves annually with the ScoreCard have increased the number of strategies in their overall programs. Over time, worksites add these policies and environmental support strategies into the mix, demonstrating they are not impossible or impractical for employers of all sizes and industry type—they just take some time and careful planning.

What is also encouraging is the percent of employers who say they have incorporated some elements of building a culture of health has increased over time. Strategies such as having an organizational commitment to and leadership support for wellness, having a wellness committee or champions, and developing clear wellness goals and objectives. These give me hope that more worksite programs will thrive and be sustained over the long haul.

WH: One of the biggest complaints I hear from practitioners and employers alike is the lack of a consolidated clearinghouse of information and support for worksite health promotion. Beyond the CDC ScoreCard, what other services does CDC provide in this area?

The timing of your question is perfect. This past August, we launched the CDC Workplace Health Resource Center (WHRC), which is the exact information clearinghouse you refer to. The WHRC is an easy-to-navigate website that helps employers find actionable workplace health information, guidance, and tools to develop or expand their workplace health promotion programs. It features reliable, credible, fact-based resources. All resources are in the public domain and free of charge to access. And the database does not just feature CDC resources. We have included a wide range of tools and resources from federal agencies, state and local governments, nonprofits such as the American Heart Association, professional organizations such as HERO, and business coalitions like the National Alliance (formerly the National Business Coalition on Health), all in one place.

At the moment we have more than 200 resources in the database, and we will continue to add more, regularly. CDC and a group of national experts review and vet each resource. There are more than 30 individual (employee) and organizational (employer) health factors to help users search the database. We wanted to find information on the leading issues employers grapple with on a daily basis, such as engagement, incentives, and evaluation, to help them design their programs to be better and more effective while focusing on the leading health risk factors and conditions that drive so much of the healthcare cost and productivity loss. You will find resources on very common topics like physical activity, tobacco use, and high blood pressure, but we have also found resources in emerging areas like sleep and fatigue. I hope everyone checks it out at www.cdc.gov/whrc.

WH: Where do you see worksite health in the next five to ten years?

I like the trends in defining value of wellness programs beyond just the dollars and cents. Value on investment (VOI) metrics help to broaden how we look at the business case for wellness programs beyond return on investment (ROI). Improving employee morale and job satisfaction, hiring and retaining top talent, and reducing absenteeism help to measure if the program is on track and performing at a high level, creating value for employees and employers.

I am sure technology will continue to be a major influence in the design, implementation, and evaluation of wellness programs. There will continue to be new avenues in communication for better engagement and creating fun. Who could have envisioned all the different social media networks and platforms just 10 to 15 years ago? Facebook came online in 2004 and Twitter in 2006, as examples. Data and information will continue to be more powerful for employees and their healthcare providers. The aggregate information will help employers better structure and deliver programs, offering opportunities for greater data integration, incentive design tied to metrics, and customizable options for employees to meet their individual needs and interests.

I hope to see more evidence-based lifestyle change programs like the National Diabetes Prevention Program become basic covered health or wellness benefits for employees. I would like to see them become commonplace and I think they will. Some private employers like Costco and governments like New York City are offering them and leading the way for others.
Making the business case about the value of worksite health promotion to decision makers seems to be a continuous challenge for practitioners. In my four plus decades in the field, one would assume that with an expanding body of evidence that well-designed worksite programs "work," it would be easier to engage more organizations. Unfortunately, this hasn't been my experience. Perhaps the biggest hurdle to broader employer engagement is the fixation of decision makers on return-on-investment (ROI). As outlined in the last issue of Worksite Health International, Ron Goetzel, PhD talked about the challenges of measuring ROI that in most cases is impractical for the vast majority of organizations because of lack of expertise, funding, or mere sample size.

As such, there's been a greater call for organizations to focus on value-on-investment (VOI). Outside of formal cost-effectiveness calculations (see table below), VOI focuses on intrinsic measures of worth (value) defined by the organization. Qualitative? Yes, it can be. But, if structured carefully, testing the value statement of why we think this program is important and makes a difference is perhaps more realistic and doable for most organizations especially small to mid-sized employers.

Of course, there will be pundits that will argue that VOI is really a soft approach to justifying investments in employee health and well-being. But, who cares as long as a small business owner believes that her program offerings help contribute to a healthier, happier, and more engaged workforce outside a formal ROI evaluation? As such, value is in the eyes of the beholder. And let us not forget that there are a number of large employers who have been recognized for having well-designed, outcomes-based programs with positive ROIs who either don't exist or have seen their programs significantly downsized primarily due to mergers and changes in senior leadership. ROI is not a guarantee for program longevity, but value defined and realized by key leaders can be. I encourage you to read the Ron Goetzel interview from July of this year, in which he succinctly outlines an approach to defining value—one company at a time. And, within this issue we continue to discuss value through the eyes of Jason Lang, MPH, MS of CDC and a preliminary review of the CDC Work@Health initiative.

The table below depicts a value continuum and common methods of measurement.

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<thead>
<tr>
<th>Value Metric</th>
<th>Return-on-Investment</th>
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<tbody>
<tr>
<td><strong>Method</strong></td>
<td>Savings from the program are divided by the cost of the program. The metric is a ratio: for every dollar invested what's the dollar(s) saved? For example: $3.25 saved to each $1.00 invested.</td>
</tr>
<tr>
<td><strong>Value-on-Investment (Cost Effectiveness)</strong></td>
<td>Often used to compare different interventions for the same problem (e.g., tobacco cessation). “Where do we get the most bang for the buck?”</td>
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<tr>
<td>Total cost of a program is divided by outcomes (e.g., the total number of individuals who were tobacco-free after six months).</td>
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<td>The evaluation may show that one intervention (e.g., face-to-face versus online) may cost more, but the total number of individuals who quit was significantly greater. Therefore, the per person cost was less, per successful outcome.</td>
<td></td>
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<tr>
<td>The face-to-face intervention was more effective and provided greater value.</td>
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<table>
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<th>Value-on-Investment Qualitative or Quantitative</th>
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<tr>
<td>Decision makers define how they define success based on specific goals and objectives (e.g., S.M.A.R.T. goals).</td>
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<tr>
<td>Some common measures are:</td>
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<tr>
<td>Employer of choice</td>
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<tr>
<td>Recruitment</td>
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<tr>
<td>Employee turnover</td>
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<td>Job applications</td>
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<td>Job satisfaction</td>
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<tr>
<td>Participation rates</td>
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<tr>
<td>Percent of cohort meeting their health goal</td>
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<tr>
<td>Absenteeism</td>
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<td>Presenteeism</td>
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<td>Disability</td>
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<tr>
<td>Workers compensation claims</td>
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<td>Accident-free days</td>
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<tr>
<td>Near misses</td>
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<tr>
<td>Awards and recognition by outside groups</td>
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Workplace health programs are gaining popularity in America. Employers realize creating a work environment to encourage healthy practices can yield great benefits to the company and employees alike.\textsuperscript{1-3} However, the benefits may be short-lived because of weaknesses in program design.

In this article, we explore two related premises through a review of relevant literature and preliminary analyses of Work@Health\textsuperscript{®}, a Centers for Disease Control and Prevention-led employer training and technical assistance program. The program is designed to teach small and midsize employers how to create sustainable, comprehensive workplace health programs.

Our first premise is that when companies use a systematic, value-centered approach to design a workplace health program with key features identified in the literature, they are more likely to achieve meaningful outcomes and relative value from their investments in employee health. Our second premise is that Work@Health\textsuperscript{®} teaches employers a value-centered approach to yield such gains.

We expand the definition of value beyond measuring financial outcomes such as return-on-investment or productivity gains. These quantitative measures offer convenient models to evaluate the financial effect of a program. However, by focusing exclusively on financial outcomes, an organization may ignore other benefits that cannot be as easily measured in dollars and cents. We, therefore, discuss total value to refer to the sum of outcomes, including competitive advantage, strengthened position, and/or achievement of a strategic objective.\textsuperscript{4} Total value includes financial outcomes as well as other measures such as reduced turnover and a more productive, engaged workforce. Total value from an organizational perspective is for the stakeholders to define, based on what they want to achieve through their workplace health program.

To validate the first premise, we reviewed pertinent research papers, journals, and articles to identify trends. These included how employers derive value from workplace health programs and what similarities exist among programs. From findings in the literature review, we identified evidence-based best practices that represent a value-centered approach to designing workplace health programs. The remainder of this article explains how CDC integrated these program-design principles into Work@Health\textsuperscript{®} and how participating employers followed these practices.
Workplace Health Landscape and Best Practices

CDC defines a workplace health program as “a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite that includes programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees.” Since the late 1960s, workplace health has evolved from primarily a single program focus (e.g., executive/employee fitness) to a comprehensive, integrated approach to employee and organizational health and wellbeing. The business case for these programs has shifted from preventing the “executive heart attack” to a population health approach design to prevent and/or reduce lifestyle-related risks, control escalating healthcare costs, manage productivity costs due to poor health, manage chronic disease, and more recently to be a key component of a business sustainability strategy. These comprehensive models touch the entire workforce at different points throughout the health continuum.

Employers increasingly realize workplace culture matters. Positive cultures encourage healthy lifestyle behaviors, including physical activity, healthy eating, and informed care-seeking that can provide significant benefits to employers and employees.

However, workplace health practitioners also have found that these benefits and the value of workplace health programs can be unrealized or short-lived because of gaps and weaknesses in program design. Therefore, the primary question employers have asked themselves over the past decade has been along the lines of: What is the secret sauce that makes workplace health programs work?

Essential Best Practices for Designing Workplace Health Programs

There appears to be a growing consensus in the peer-reviewed literature on common program elements within a comprehensive program architecture that are linked to better outcomes and greater total value. We reviewed 10 leading papers among more than 50 that present key elements of well-designed workplace health programs associated with positive value. We identified and reviewed publications through a systematic search of databases using keywords such as comprehensive health promotion programs, value-on-investment, return-on-investment, wellness programs, health promotion programs, best practices, and health promotion. In addition, we conducted a few interviews with subject matter experts about the evolution and emerging trends of workplace health.

During the review of the literature, we observed the following best practices for designing workplace health programs:

- **Begin with buy-in**—Senior management leadership, support, and engagement are critical for starting, expanding, and sustaining workplace health programs. We observed that in the majority of papers reviewed, senior leadership support was the primary catalyst for buy-in to beginning or expanding a workplace health program. Conversely, lack of leadership support could be a primary barrier to overall program success and long-term sustainability.

- **Validate your values**—Determine what your leadership values. Pinpoint your organization’s mission, goals, and business and personnel management needs and align with your workplace health program goals. Design your program to meet the tailored and specific needs of your organization.

- **Mind your method**—Workplace health programs based on best practices have a greater probability to be valued and succeed.
Tap total leadership—While senior management is the primary catalyst for organizational buy-in and engagement, middle management and lay leadership (e.g., health promotion committees and wellness champions) are the primary drivers in planning, creating, managing, and marketing workplace health programs.\textsuperscript{15-19} Additionally, the literature suggests that successful workplace health programs:

- Address the needs of the entire company
- Support a strong business case
- Incorporate environmental supports
- Institute ‘health friendly’ policies and benefits
- Educate employees
- Ensure adequate capacity
- Effectively and strategically communicate
- Integrate data collection and evaluation to assess and measure desired outcomes

Summary

Workplace health programs based on value-centered design and commonly accepted best practices can serve as models for improving health and productivity. Such programs provide total value for employers. The critical evidence-based design parameters include: a strong business case for why the program exists and what value it will generate; use of data to assess resources, stakeholder’s needs/interests, and barriers to program start-up and success; support across all levels of leadership; multi-faceted interventions including policies, benefits, and environments that enable healthy lifestyle choices; an effective communications strategy; and an evaluation plan to measure success and quality improvement.

Work@Health\textsuperscript{®} Program Overview

In 2012, CDC launched Work@Health\textsuperscript{®} to develop and evaluate the effectiveness of a national workplace health employer-training program. The Work@Health\textsuperscript{®} Program Curriculum Continuum involved three stages. First, CDC rolled out a Basic Comprehensive Workplace Health Curriculum for employers. Next, through Basic Technical Assistance, CDC extended and applied the training in employer workplaces through structured and participant led (i.e., organic) technical assistance opportunities. Finally, CDC delivered Advanced Technical Assistance through a computer adaptive approach with custom technical assistance interventions for employers who chose to continue in the program.
The Work@Health® Basic Core Employer Workplace Health Curriculum consists of eight evidenced-based modules, targeted to employers with a basic to intermediate knowledge and skill for designing and implementing workplace health programs. The curriculum reinforced best practices for workplace health program success, such as leadership support, program infrastructure and communication, and key interest topics such as primary and secondary prevention activities, incentives, return on investment, and laws and regulations that apply to the design and delivery of comprehensive workplace health programs. More information about the curriculum and delivery methods can be found at: www.cdc.gov/workplacehealthpromotion/initiatives/workathealth/index.html.
Preliminary Evaluation of Work@Health® Outcomes

As of (September 29, 2016), 271 employers have completed the Work@Health® Core Employer Training program (i.e., basic training and technical assistance). A smaller sample of them were invited to participate in a pilot program of Advanced Technical Assistance (ATA). Forty-one accepted the invitation, and 21 were successful in completing the process. This evaluation examines the 21 employers who completed all stages of the Work@Health® program (referred to as “ATA group”).

The Work@Health® ATA program was designed to develop competencies and prepare participants to seek third-party accreditation and/or recognition of their workplace health program. The ATA group began with an online organizational accreditation readiness assessment, followed by assessment-driven technical assistance using an adaptive learning platform to help the employer meet its accreditation goals. ATA focused on organizational alignment, population health management, data, outcomes, and reporting. The accreditation readiness assessment was designed to address issues that are common to most of the existing accreditation/recognition programs available to employers. Following the baseline assessment, employers worked closely with their technical assistance providers to create a roadmap of the strategies and interventions contained in the readiness assessment tool that are of high priority, interest, and need of the employer which the employers worked on addressing during the program. A follow up readiness assessment noted changes in organizational performance and how well positioned the employer was to be “ready” to apply for and successfully obtain the external accreditation/recognition which is viewed as highly valuable to employers and provided motivation to fully engage with the Work@Health® ATA Program.

Organizational Assessment

Upon enrollment in the Work@Health® program, all employers completed a 30 item Organizational Assessment survey to measure critical parts of a successful program. The intent was to establish tailored, focused, goals and objectives as well as identify and address individual barriers for their program to be more successful.

Figure 5 illustrates how the 21 employers responded to the Organizational Assessment survey, comparing them to their peers, who also completed the same survey, by the importance they placed on 10 dimensions when making decisions regarding implementation of a worksite health program. We derived these dimensions from a factor analysis of all 30 survey items. We then normed (z-score transformed) dimension scores, based on all employers’ responses. This showed the degree of importance an individual employer placed on the dimension compared to the average of all respondents.

Figure 5: Organizational Assessment Scores of Employers in the ATA Group
Compared to the participating employers who did not matriculate fully, employers in the ATA group indicated that Lack of Organizational Support was not a significant barrier. The employers in the ATA group felt that they had the necessary organizational support to move forward which may have contributed to their relative success in the program when compared to overall participants. This aligns with the literature suggesting that organizational support is paramount for any workplace health initiative to be successful. Conversely, this same group of employers indicated to a higher degree that Lack of Resources was a significant barrier. This finding suggests that organizational support and resource allotment are not synonymous, though ideally they should be. And though, the ATA group felt that there was organizational support going into Work@Health®, this group generally continued to focus on organizational gaps throughout technical assistance to build greater operational and program capacity.

**CDC Worksite Health ScoreCard**

The CDC Worksite Health ScoreCard (https://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html) is a highly useful tool for helping employers see how well their worksite health programs are doing while highlighting program gaps where they can improve. Work@Health® requires employers to complete the ScoreCard annually. This provides an opportunity to monitor the elements of their worksite health programs and focus time, energy, and money on areas that create greater value for the organization.

As Figure 6 shows, each employer increased its Organizational Supports scores by an average of 13.2 out of a possible 33 points after completing the entire Work@Health® program, representing a 100% improvement. The Organizational Supports ScoreCard section emphasizes leadership, infrastructure, capacity development, and organizational culture.

![Figure 6: Change in CDC Worksite Health ScoreCard Organizational Supports Scores](image)

Figure 7 shows employers in the ATA group who completed the post-program ScoreCard (n = 10), all but one achieved a noticeable improvement in overall ScoreCard scores after the program ended. Since Work@Health® was the only program the ATA group participated in to achieve their workplace health goals, we attribute the improvement in ScoreCard scores to the training, resources, and technical support Work@Health® provided.
Knowledge, Attitudes and Behavior

Figure 8 shows how the ATA group fared on the Knowledge, Attitudes and Behaviors (KAB) assessment, an 88-question, multiple-choice survey given to participants before and after the program. The survey measures their familiarity with and activity in worksite health concepts and best practices. Ninety-five percent of the ATA group improved in their KAB assessment scores.
How Work@Health® Employers Incorporate Best Practices

Figure 9 shows the focus areas employers in the ATA group targeted to bridge gaps in their accreditation readiness. ATA group participants worked with their technical assistance providers to develop SMART (i.e., Specific, Measurable, Achievable, Realistic, and Time-bound) goals and objectives to plan, implement, and evaluate workplace health strategies and interventions during the program. The most popular area of focus was Institutional Support, a key foundational element that reinforces the development of a total leadership model—one that integrates senior, middle, and peer leadership engagement. This suggests that by seeking technical assistance on this key component of worksite health program design, these employers are building greater capacity, sustainability, and better positioning their workplace health initiatives to create value.

Conclusions and Key Takeaways

Our literature review strongly suggests workplace health programs designed around an integrated, evidence-based approach have the greatest probability of creating value for an organization. Many of the common best practice program design features formed the Work@Health® Program Curriculum Continuum including: a strong business case for why the program exists and what value it will generate; strong use of data to assess resources and barriers to program implementation and success; support across all levels of leadership; policies, benefits, and environments that support healthy lifestyle choices; a specific and convincing communications strategy; and an evaluation plan for quality improvement and value determination.

The Work@Health® program moves beyond traditional training and education programs by providing employer participants with ongoing access to technical assistance and support and advanced program planning and implementation tools. This tailored approach is unique to each participant and helps employers better understand the nuances of program planning and implementation. Employers have access to workplace health experts who can guide them through the real-world application of the knowledge they received from the Work@Health® curriculum as they continue to develop the skills and experience needed to maintain and sustain successful workplace health programs that create value for their employees and the entire organization.

Although the sample of the ATA group is too small to make any conclusive statements, the data collected suggests Work@Health® is effective in helping employers understand and implement key foundational elements necessary to create cultures of health and sustainable programs of value. This is evidenced by the ATA group making significant progress in the area of organizational support strategies. Many in the ATA group already had wellness programs in place already but perhaps realized they were
not organized to be as effective as possible. Through Work@Health®, these employers learned a good place to start making improvements would be with increased leadership and organizational support. They also found that Work@Health® provided guidance on where to focus their efforts for greater success and increased efficiency and effectiveness in program implementation.

Through the ATA group we found that employers who committed to stronger organizational supports and education/interventions focused on employee needs and interests were more successful provided that there was a dedicated individual(s)/committee that had license, time, and resources to plan and implement their respective health promotion initiatives.

In addition, personal observations through our technical assistant providers showed that “successful employers” were more creative in leveraging outside resources such as their respective health plan and community affinity organizations (e.g., public health departments, local hospitals, American Heart Association, American Diabetes Association, American Cancer Society) to provide relatively lower cost education options and programming assistance.

Finally, we realized that “capacity limitations” of smaller employers required significant “hand holding” through post-training support (advanced technical assistance) that helped employer representatives identify gaps within their existing workplace health program, provide custom solutions to close these gaps, and thus provide greater value to the organization. With emerging learning technologies and more advanced social media platforms, we hope that a broader segment of small to mid-sized employers can become more engaged to adopt comprehensive, value-centered workplace health practices into the future.

For employers unsure how to apply a value-centered approach to design their workplace health program, Work@Health® seems a good starting point. It can help them lay the foundation and learn essential principles for developing a program with greater likelihood of providing value. Value, which in turn, can generate the health, productivity, and economic outcomes sought by employers and employees alike.

Disclaimer

The findings and conclusions in this manuscript are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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References


6. GJ Pfeiffer personal communication [August 15, 2016].

7. N Pronk personal communication [August 22, 2016].


SPECIALIST in private pension plans and dedicated exclusively to this business, the Brasilprev Seguros e Previdências S/A has maintained, over 24 years, a trajectory marked by consistence and constant growth. The company is an anonymous privately-held corporation with PFG do Brasil Ltda. as the main stockholder, and the BB Seguridade Participações S.A. as a full subsidiary of the BB Seguridade, a holding company incorporated in December 2012 as branch of insurance, capitalization and private pension plan operations of the Banco do Brasil. The two institutions stand out in the financial market for their strong brands, have more than three centuries of experience and are essential for the success of Brasilprev, which grows at rapid rates amid the market in which it operates.

With the mission of providing financial security solutions and high-quality services to make life projects viable, the company offers private pension plans for individuals and corporations in the PGBL and VGBL modalities. The funds are invested in investment funds with fixed income options, balanced with variable income, or even with the innovative concept of target date. The company operates all over the country through more than 5,400 Banco do Brasil agencies. The headquarters are in the city of São Paulo and, by the end of 2016, had approximately 600 effective employees, four apprentices, 11 trainees and 22 young citizens.

The spirit of good coexistence between our employees is a very strong brand of Brasilprev. This is present in the daily work of the company and, more than proud to belong to the company, people feel comfortable expressing themselves in interpersonal relationships, with both peers and managers. This welcoming environment is evidenced both in the climate research carried out over the years and in the energy that led the company to reach another important milestone in its trajectory: the leadership of the Brazilian private pension market in PGBL and VGBL assets in March 2015. The first place in this indicator is the result of a victorious history, which has been gradually consolidated: in 2008, the company achieved the leadership in net funding and, in 2013, the leading role in total collection.

Brasilprev created a health and wellness program for its employees since 2007 and has improved its scope of physical, social-emotional, professional, community, and financial health. The goal is to promote a balance between personal and professional life, combining financial solutions with physical and mental well-being in a holistic way based on healthy behavior patterns, besides ensuring adequate living conditions—a concept directly related to the mission of the company.

For many, work is a social activity, a crucial source of feedback and can be a central component of personal identity, therefore generating - or not - health and quality of life. Thus, working conditions may represent a particularly salient effect on emotions, self-esteem, and identity. Although employment is normally assumed to promote health, the net effect on mental health depends on the psychosocial quality of the work.¹-³

Companies that care about employee well-being and quality of life can improve working conditions and reduce conflicts, absenteeism and turnover and reach better results.⁴,⁵

The well-being of employees has received a great deal of interest as theme of research in recent years due to its reflection on potential return, increased productivity and employee loyalty.⁴,⁵

The concept of well-being is structured in four dimensions—Quality of Life, Social Responsibility, Financial Education and Entrepreneurial Attitude—and, based on these aspects, the company outlined a broad package of programs, actions and benefits, so that its collaborators may succeed in their personal projects.

Quality of Life, according to the World Health Organization, is defined as: “The individuals’ perception of their position in life, in the culture system and values in which they live and in relation to their expectations, standards and concerns.”¹

With this context, Brasilprev has applied since 2014 the WHOQOL - Bref Questionnaire, which is comprised of 26 questions. Two questions we found to be too general (i.e., Life and Health) and were not included in our analysis. The remaining twenty-four questions are related to four domains and their respective facets that make up the original instrument, as follows:

- **Physical domain**: pain and discomfort, energy and fatigue, sleep and rest, activities of daily living, dependence on medication or treatments, ability to work.
- **Psychological domain**: positive feelings, thinking, learning, memory and concentration, self-esteem, body image and appearance, negative feelings, spirituality, religiosity and personal beliefs.
- **Social relations domain**: social support (help), sexual activity.
Embracing the Quality of Life Model

Brazilprev programs are structured on the dimensions of Quality of Life Model as depicted in Figure 2.

Besides offering programs that address all Quality of Life dimensions, Brazilprev also developed and implemented a working hours’ policy to reconcile and balance the interests and needs of its employees with the needs of the company. This initiative resulted in a Flexible Working Day, basically composed of three elements: flexible hours, a bank of hours and overtime hours. This model applies to all employees governed by the Workers Law Consolidation CLT, subject to time control, among which there are flexible hours, bank of hours and home office.

The company’s strategy of enabling life projects - not only for our clients, but also for our employees - is a guide to structuring all our internal programs. Thus, the company promotes the Employee Assistance Program (EAP- psychological, financial and legal counseling), flexible working day, biweekly payment, birthday day off, course for future moms and dads, library, gym, sports court and barbecue space, among others. Benefits defined by collective agreement are also available, such as child care, health insurance and a Profit Sharing Plan (PSP). The Brasilprev’s health and wellness program, with all its initiatives, also contributes to improving the balance between work and family life.

In our work facilities, there is the Health Space, a built environment prepared to promote the total health and well-being of our employees, by providing a sense of personal appreciation and motivation, managing stress, and establishing a relationship of trust between our employees and the multidisciplinary team. The main purpose of this team is to carry out our health promotion programs including the following:

- ‘Living Well with Quality of Life’ Program: composed of a multi-professional team that assists the collaborator and helps him in the conviviality and control of chronic illnesses.
- Healthy Eating: the company offers nutritionist support and a healthy food cart, in addition to a food truck at its facilities.
- Specific Campaigns: with the objective of promoting health, topics related to specific campaigns, such as Blue November, Pink October, Red September, Fight against AIDS, World Alzheimer’s Prevention Day and also in April the Vaccination Campaign for employees and dependents.
Fitness Space: located in the company's headquarters, with several physical activity equipment and support of specialized professionals to meet the basic fitness needs of employees. Besides the daily physical activities, our fitness professionals promote races, walks, work gymnastics, zumba classes, jump step and pilates. A new modality instituted in 2017, and others organized by the Health Space, as an incentive to sports practice.

Annual Physical: medical evaluation supplemented by ergometric tests are mandatory.

Executive Health Program: check up.

Extended Maternity and Parenting Licenses: new mothers can choose to extend the Maternity License for six months. New fathers can enjoy the benefit of a 20-day extended parenting license which is determined on the date of birth of the child.

Stress Management Program: is comprised of 10-weekly consultations over two and a half months conducted by the company's psychologist with the goal of managing stress, as well as offering meditation classes (once a week for three months) and acupuncture sessions. In addition, pilates classes are offered twice a week. Overall, these initiatives have been proven to be effective in helping our employees manage stress more effectively.

Annual Report: in addition to the annual medical examinations required by legislation, Brasilprev offers laboratory tests, stress level assessment and measurement of the level of presenteeism through the Stanford Presenteeism Scale (SPS6). We also measure the practice of physical activity through the INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE (IPAQ).

All evaluations use validated instruments that help us map and assemble epidemiological profiles so that we can better serve the health needs of our workforce, develop performance dashboards/reports, and measure program impacts.

Conveniences and facilities: The Health Space also has rooms for quick-massage, lymphatic drainage, and other beauty treatments that contribute to physical and emotional well-being. These services require a symbolic cost and must be pre-scheduled.

In Summary

Through Brasilprev's numerous employee benefit and Quality of Life program offerings, as well as environmental supports such as the Health Space, we believe we have created a "culture of health and wellbeing" that provides numerous benefits to the organization and to our employees and family members. Through our evaluation process we have shown improvements in such areas as: employee satisfaction, employee confidence in the services offered by the Health Space, injury prevention, reduced withdrawal due to mental disorders and/or earlier return, reduced presenteeism, pride of belonging, reduced employee turnover rates, and greater quality of life and productivity.
References


Call for Nominations: William B. Baun Award

The Board of Directors of the International Association for Worksite Health Promotion is requesting nominations for the second annual “William B. Baun Award” that recognizes 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 who passed away on November 5, 2016.

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.”

Selection Criteria and Process

- Retired professionals are not eligible for consideration
- Nominee must be an IAWHP member
- 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.)
- Two letters of recommendation are required such as: 1) The manager of the department (e.g., HR, medical) to whom the nominee reports or reported to in the past 2) A worksite health promotion professional. (This can include the nominator.)
- 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
- The recipient will be invited to receive the award at the IAWHP Annual Conference, which is in conjunction with the ACSM Health & Fitness Summit, April 6, 2018, in Crystal City, Virginia
- Nomination forms will be available online (www.iawhp.org) on December 8, 2017 with admission deadline on January 31, 2018.
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IAWHP’s Mission
To advance the global community of worksite health promotion practitioners through high-quality information services, educational activities, personal and professional development and networking opportunities.