An Interview with Nico Pronk, PhD

NP: The mission of IAWHP is to advance the global community of worksite health promotion practitioners through high-quality information, services, educational activities, personal and professional development, and networking opportunities. IAWHP represents a “reincarnation” of several organizations that have evolved over the past 30+ years and, as such, has a longstanding history in the field of improving health through worksite-based programs. This history started in 1974 with the American Association for Fitness Directors in Business (AAFDBI), which morphed into the Association for Fitness in Business (AFB), and finally the Association for Worksite Health Promotion (AWHP). Since 2000, the American College of Sports Medicine (ACSM) has been the home for a group of worksite health promotion practitioners who continued to believe that this field needed more than an almost exclusive focus on making the business case for worksite health promotion (WHP) to the C-Suite. Many of us felt that there also should be a place where the practitioner is the central focus. A place where support for implementation, access to resources, and opportunities for networking are geared toward taking on the challenges of day-to-day implementations. Furthermore, we heard loud and clear that the world had indeed become “flat”—along with emerging technologies, multinational companies, and an increasingly global workforce, a need was identified to address WHP from a global perspective. As IAWHP was introduced in late 2008 as an ACSM Affiliate Society, the opportunity to move ahead with a focused agenda to support practitioners from around the world became real. Again, there is an urgent and growing need to support the work going on in the field, provide leadership in creating much-needed resources, translate research findings into practical solutions, and connect practitioners with each other—globally. This is the real value that IAWHP brings to the practitioner community.

WH: What is the primary mission of IAWHP and what value does it provide to the practitioner community?

NP: When you consider health promotion to be a service applied independent of disease diagnoses, physical activity and exercise certainly come to mind as major components of a WHP program. There is no doubt that exercise is, and always will be, a major component of what WHP programs offer. First and foremost, exercise and physical activity are central to healthful living. Furthermore, people have to participate in this behavior throughout the course of their lives in order to optimize the benefits—you don’t exercise until you’re fit and then you’re done. You have to make it an integral part of your life. From a company perspective, employees who are active and fit tend to have lower healthcare costs, return to work from illness quicker, are more resilient and resistant to emotional health concerns, and are more productive than their sedentary counterparts. As companies are increasingly considering the pursuit of a “culture of health,” the onsite fitness center becomes a natural coordination point for WHP. This is especially advantageous when such a visible resource extends its services beyond fitness and wellness programming and becomes integrated with other health management initiatives within and outside the organization.

WH: What is the primary mission of IAWHP and what value does it provide to the practitioner community?

NP: I think the take-away message in making the business case for WHP would have to be the notion that healthy people are at the heart of healthy companies. A healthy company generates a healthy profit and a strong return for shareholders and they do so by providing meaningful employment opportunities for people and by being a great place to work. When healthy people interact in the context of a healthy culture, functioning (i.e., productivity) is high and the need for healthcare resources (i.e., medical costs) remains low. As such, the business case for WHP strongly connects health with business performance.

WH: Beginning with IAWHP’s origins, specifically the AAFDBI founded in 1974, exercise has been a core component—specifically through the in-house fitness center. Is this still the case?

NP: If you had the CEOs of the Fortune 500 in one room, what would be your take-away message in making the business case for worksite health promotion?

NP: I think the take-away message in making the business case for WHP would have to be the notion that healthy people are at the heart of healthy companies. A healthy company generates a healthy profit and a strong return for shareholders and they do so by providing meaningful employment opportunities for people and by being a great place to work. When healthy people interact in the context of a healthy culture, functioning (i.e., productivity) is high and the need for healthcare resources (i.e., medical costs) remains low. As such, the business case for WHP strongly connects health with business performance.
WH: How important is a credentialing program for IAWHP and how would it differ from existing certification programs?

NP: Credentialing and certification programs are likely to play an increasingly important role for practitioners as these programs represent quality of program content and process. IAWHP has carefully considered the landscape of such programs and we recognize that a few accreditation programs exist for WHP vendor organizations and WHP professionals. However, as the WHP field is expanding, IAWHP sees a need to provide access to a certification program that is robust enough to serve a global audience and has a strong implementation process in the background. To that end, we have partnered with ACSM to bring a certification program into the field that will benefit from an already well-established, global certification process.

WH: What do you see as the three most significant trends today from a programming perspective?

NP: From my perspective, the top three emerging trends in WHP are:

- Social networks and their power of connectedness
- Evidence-based programming
- Creating a culture of health

It is clear that the pervasiveness of communication technologies that connect people to their preferred networks of friends, families, colleagues, and resources needed for daily living reaches deep into people’s work life. The establishment, appropriateness, and optimal use of such networks for health promoting purposes represents an emerging trend that is likely to stay.

Evidence-based programming is becoming more important as management must make budgetary decisions from a limited resource pool. In other words, where do we get the most bang for the buck? Yet today, we see many companies implement programs without clearly defined outcomes despite a definitive need to demonstrate their relative value. Therefore, as practitioners, we need to be able to recommend programmatic solutions that are not only grounded in solid research, but also applicable within the work environment and optimizes the user experience.

The third trend of developing and maintaining a “culture of health” is receiving more attention today. Here, we see companies aligning employee health with the business goals of the organization. As such, a culture of health integrates such factors as norms, policies, benefits, WHP programs, and environmental supports to reinforce and support positive health practices.

WH: Are you optimistic that healthcare reform and complementary legislation such as the Harkin Bill will expand professional opportunities and advancement?

NP: I am quite optimistic that healthcare reform, in one form or another, will address WHP in a positive manner. Since employers pay the majority of total healthcare costs, they have an inherent business interest in managing this cost burden, as well as the associated productivity losses that can be up to two-thirds greater than direct medical expenditures.

Therefore, WHP directly serves a primary stakeholder in the healthcare reform debate—the employer. I believe that regardless of what the final legislation looks like, WHP will have to be part of the solution in order to address skyrocketing healthcare costs. This will provide additional opportunities for our profession.

WH: WHP has been limited primarily to large organizations. What needs to be done to engage small- to middle-size businesses?

NP: Small- to middle-size businesses have less access to comprehensive WHP programs and when they do provide access, they tend to offer fewer services as part of their program. I believe that key opportunities to stimulate smaller companies to offer these programs reside in partnership approaches with the insurance brokers and health plans, pooling of populations by creating employer coalitions for WHP program purposes, and partnerships with community-based organizations. However, much of this also relates to the policy landscape in terms of what is possible, allowed, stimulated, and sensible.

WH: As an international organization, are there any differences between WHP within the U.S. and in other countries such as those within the European Union (E.U.)?

NP: When comparing the WHP approach in the U.S. to, for example, the E.U., I think a couple of differences become clear. First, WHP within the U.S. is constantly asked to address healthcare costs for employers due to the healthcare insurance system being such a major cost for employers. As a result, there is much less focus on other, more indirect costs to the employer, such as productivity losses due to absenteeism, presenteeism, and turnover costs, among others. Secondly, in the E.U. there is a more defined recognition of the value of integration of WHP with occupational health. This is an important emerging trend in the U.S., probably supported by the focus on creating cultures of health. However, the integration of WHP with occupational health and safety is an important trend that is supported by an increasing body of research. A major benefit of IAWHP is the opportunity to create a dialogue among practitioners, researchers, and other stakeholders who hail from many different countries that will allow for the best form all over the globe to be used to move the field forward.
Quality Improvement Equals Health Improvement

Using Successful Business Strategies for Health Promotion

Craig M. Becker, PhD
Mary A. Glascoff, MSN, EdD

W. Edward Deming, best known for his contributions to the science of quality improvement after World War II and the award named in his honor, developed a series of processes that not only applied to manufacturing, but also has been used in other disciplines such as education, customer service, and healthcare. Deming advocated business practices that focused first on quality improvement at a lower cost rather than just reducing defects. Within his model, Deming emphasized the interdependency of processes (systematic thinking) to achieve quality goals. Here, health improvement is aligned with quality improvement (primary focus) whereas risk reduction and disease prevention initiatives are associated with reducing defects (secondary focus). Two important foundations of his thinking are found in his “System of Profound Knowledge” and “14 Points” shown below.

Deming’s System of Profound Knowledge

Appreciation of a System: Acknowledging the nature of the organization as a system with interdependent parts, not independent parts. For example, acknowledging that the health of the employee is interdependent with the total health and productivity of the organization.

Knowledge of Variation: Using statistical methods to explain and understand variation in outcomes, whether they are products or services. Understanding variation helps improve processes and outcomes.

Theory of Knowledge: Using existing theory to develop new knowledge for better outcomes.

Knowledge of Psychology: Understanding what works most effectively regarding human motivation.

Deming’s 14-Point Model

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<tr>
<th>POINTS</th>
<th>HEALTH PROMOTION APPLICATIONS</th>
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<tbody>
<tr>
<td>1. CREATE A CONSTANCY OF PURPOSE</td>
<td>Facilitate growth and health by focusing on health improvement, not just disease prevention/risk reduction (e.g., increasing the percentage of healthy, low-risk employees).</td>
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<tr>
<td>2. ADOPT A NEW PHILOSOPHY</td>
<td>Use salutogenesis, the process of doing what creates health along with pathogenesis, the process of avoiding what causes disease.</td>
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<td>3. CEASE DEPENDENCE ON INSPECTION</td>
<td>Focus more on improvement processes (e.g., lifestyle practices) and their adoption than health screens to facilitate health.</td>
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<td>4. END PRACTICE OF REWARDING BY PRICE</td>
<td>Make decisions based on meaningful measures of quality and value, versus cost alone. For example, value-based benefit design reduces cost and access barriers to effective medications and preventive services.</td>
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<tr>
<td>5. IMPROVE CONSTANTLY AND FOREVER</td>
<td>Constantly develop and implement methods to enhance health potential relative to the individual.</td>
</tr>
<tr>
<td>6. INSTITUTE ON-THE-JOB TRAINING</td>
<td>Educate everyone about lifestyle practices (causes) that contribute to positive health.</td>
</tr>
<tr>
<td>7. INSTITUTE LEADERSHIP</td>
<td>Instead of telling people what to do, help employees become better self-managers by providing them with targeted information/education, tools, environment, and support.</td>
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<tr>
<td>8. DRIVE OUT FEAR</td>
<td>Focus on the benefits of health, not the fear of problems of disease or penalizing individuals with negative incentives for poor health outcomes.</td>
</tr>
<tr>
<td>9. BREAK DOWN BARRIERS</td>
<td>Think systematically to eliminate barriers to better health (e.g., cost, access, and time).</td>
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<tr>
<td>10. ELIMINATE SLOGANS AND TARGETS</td>
<td>Focus on better methods to ensure success as opposed to asking individuals to reach new goals with existing methods that have not achieved desired outcomes.</td>
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<tr>
<td>11. ELIMINATE STANDARDS AND QUOTAS</td>
<td>Focus on continuous improvement of environmental and lifestyle supports and processes.</td>
</tr>
<tr>
<td>12. REMOVE BARRIERS TO PRIDE</td>
<td>Focus should be on progress and health improvements they have caused to happen.</td>
</tr>
<tr>
<td>13. HAVE EDUCATION AND SELF-IMPROVEMENT PROGRAMS</td>
<td>Be a “learning organization” that views health as a transferable job skill.</td>
</tr>
<tr>
<td>14. PUT ALL TO WORK AT THIS TRANSFORMATION</td>
<td>Work with management to develop a “culture of health” in which everyone pushes the above 13 points.</td>
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Applying Deming’s methods to the planning and management of health promotion services provides practitioners and their respective leadership with the framework to demonstrate the interdependency of organizational performance and employee health. In doing so, organizations can shift from a disease-oriented model (defects) to one of health and productivity (health improvement).
There is a new buzz at one Northern California hospital campus. Queen of the Valley Medical Center in Napa, California has started a new journey toward organizational wellness with the launch of their worksite health promotion (WHP) initiative.

Walking the halls of the medical center, one can hear employees comparing pedometer steps, challenging one another to activity competitions, and sharing success stories, all in good fun and with enthusiasm for the new WHP program. One of the many benefits of the program has been drawing the hospital staff together on a new level as each person begins the journey toward improved health. “Knowing that hundreds of your colleagues also have begun the journey with you makes it so much easier to stay motivated and accountable,” one employee reports.

Over the past few decades, the medical community has campaigned to focus American’s attention on the reality that lifestyle is a major determinant of health and happiness. Since promoting and supporting health improvement is the main charge of healthcare personnel, it only makes sense that the health and wellness of medical personnel also should be of primary importance to healthcare delivery systems.

The St. Joseph Health System (SJHS), with 14 hospitals and many outpatient facilities throughout California, eastern New Mexico, and Texas, has a mission to improve the health and quality of people’s lives in the communities it serves. In addition to providing healthcare to the larger community, each hospital is committed to providing medical benefits to its own workforce, which numbers more than 40,000 including employees and their dependants.

Like many other corporations, SJHS has experienced a staggering increase in medical benefits costs. The average annual increase over the past five years has been approximately 12 percent. The total five-year cost to provide medical benefits to covered employees and their families has been close to $100,000,000. In 2008, the Wellness and Health Improvement Division of SJHS began a campaign to gain support for system-wide worksite health promotion. Dr. Elliot Sternberg, SJHS Executive VP, recognized a very promising opportunity to significantly impact this trend by implementing a strategic initiative to strengthen and support a culture of health and wellness in the workplace. Dr. Sternberg purchased the pivotal book Zero Trends, by Dr. Dee Edington, and distributed a copy to each SJHS hospital executive team. He followed up that distribution with a persuasive argument at all leadership levels within the system for taking a new approach to workplace health. In time, a general consensus was reached to implement a best practice Worksite Health Promotion model at one facility and then replicate that model across the health system in an attempt to reach “zero trend” in system-wide medical costs increases within five years.

With the help of its award-winning Wellness Center, Queen of the Valley Medical Center (QVMC), one of the ministries within SJHS, has led the way in defining and identifying best practices for population health management. The Wellness Center is a flagship integrated medical fitness center located on the main campus of the hospital. Among many other things, the Wellness Center supports employees by providing activity...
promotion, health education, and valuable integrative services.

The success of the Wellness Center propelled QVMC to the top of the list as the location to begin worksite health promotion.

Based on literature and guidance from industry leaders, the design of the worksite health promotion focuses on fostering an overarching workplace culture of health. SJHS went through a due diligence process to identify and learn from the best worksite health partnerships in the industry. Specific strategies that have been incorporated into the pilot program include:

- Online health risk assessments
- Activity promotion and workplace challenges using pedometers
- Health education resources
- Unlimited health coaching for all participants
- Annual biometric testing
- Biometric measurement kiosk stations at various campus locations
- Incentives

The guiding principle for the program is to foster balance and wellness of body, mind, and spirit. A task force of committed leaders is currently evaluating and gathering feedback on the most effective tools to promote employee buy-in for that principle. Another key focus for the initiative is to promote optimal nutrition by re-evaluating the foods available in the campus cafeteria and vending machines. The dietary department is in the process of evaluating policies that help to promote workplace nutritional health.

We are keenly aware of the need to continually motivate and incentivize employees to change entrenched behaviors.

Cash and in-kind prizes are included in the program design and individual champions will be recognized as a component of our ongoing efforts to keep engagement levels high. Additional ongoing strategies include:

- The wellness team does frequent “rounding” in the different medical center departments to support, encourage, and educate staff.
- Quarterly health emphasis campaigns are planned throughout the year. They will include such topics as fitness and strength promotion, stress management, sleep, healthy eating, and injury prevention, among others.
- A Wellness Champions advisory committee has been formed comprised of all levels and disciplines of staff, including representation by covered dependents. The goal of the committee is to serve as the ‘think tank’ that continues to offer innovative and targeted solutions customized for the unique workplace culture at QVMC.
- Executive reports on program participation rates, success stories, and outcomes are routinely shared at employee forums, staff meetings, and senior leadership meetings.

The fledgling Worksite Health Promotion was launched in February 2010. It currently includes 2,200 employees and their adult dependants. The program is offered at no charge to eligible participants who are covered under the medical benefit plan. During the short time since the start of the program, momentum and enthusiasm among employees has grown significantly and now the time is right for implementing specific programs to improve employee health.

One of the emerging challenges of the program is to develop strategies and tools that are scalable to populations, while addressing the unique needs of each segment of that population.

Successful engagement in the program involves individual use of web-based solutions for health improvement and support. Within our organization, there are individuals who have high levels of health education and computer skills, but also there are many employees who have not had any formal health education and may not have access to personal computers at home. Our approach will need to address those individual differences and challenges.

Our strategy for effectively communicating about the program involves emails, flyers and posters, forums, group classes, and individual discussions in order to reach the largest and most diverse group possible.

The other hospitals of the SJHS are closely watching the experience of QVMC. Pending a positive experience and compelling outcomes at QVMC, the remainder of the health system’s hospitals will join in the program within the next three years. Within five years, our goal is to create a sustainable corporate culture of health through senior leadership vision and support, achieve majority employee participation and engagement, and experience a flattened trend in system-wide healthcare expenses. By fostering and supporting the healthiest possible workforce, SJHS will be able to further its mission to provide care and health to the communities it serves.

Reference:
The international column will present innovative case studies from different regions of the world. The first case study describes a psychosocial risk management system in Norway. The European Union has made it a priority to address work-related stress and mental health at the workplace and is encouraging employers to take proactive steps to mitigate psychosocial risks, for example, a job in which the employee has high demands placed upon him or her but little control to meet them.

Statoil in Norway is one of the few companies which has taken a systematic approach to improving the psychosocial environment.

Implementing a Comprehensive Psychosocial Risk Management System in an International Energy Company

Statoil is an international energy company from the Norwegian continental shelf with more than 35 years experience, and today has operations worldwide and headquartered in Norway with 30,000 employees. In order to promote a good work environment, Statoil has for the last 4–5 years worked towards strengthening the management of psychosocial risks with a special focus on work-related stress within the company. Priority has been given to ensure that the risk management framework for psychosocial aspects is based on the principles of prevention. The goal is to manage psychosocial risks in alignment with best practices in this field in terms of organizational management, learning and development, social responsibility, and the promotion of good health in the workplace.

To ensure the implementation of methods that are inline with best practices, Statoil has cooperated with an international project initiated by the European Commission, PRIMA-EF, to develop a framework for psychosocial risk management at the workplace.

The efforts toward strengthening the management of psychosocial risk include several integrated steps:

- The first step was the implementation of the Psychosocial Risk Management Approach (PRIMA). Psychosocial risk management is the application of the risk management framework to psychosocial risks at work. As such, it is based on the principles of prevention in line with the control cycle, and it aims at risk reduction. It is a systematic process by which hazards are identified, risks analyzed and managed, and workers protected.

- The second step is to develop a guideline. The aim of the guideline is to present in a comprehensive but concise manner the basic principles and practical methods to manage psychosocial risks at the workplace.

In order to close the risk management loop, Statoil has developed a Psychosocial Risk Indicator (PRI) that by 2010 will be launched as a Key Performance Indicator (KPI). The indicator will identify psychosocial factors, such as job demand, job control, and social support, that may potentially cause ill-health if not managed properly. This will be a system designed to document and follow-up psychosocial risks across the organization. It will be part of a comprehensive system combining coarse identification of key psychosocial hazards followed up by in-depth risk assessment and implementation of appropriate risk management measures.

In conclusion, the European Union realizes the economic and societal costs of stress and other mental disorders on organizational performance and is encouraging employer interventions. Statoil is an example of a leading organization that is addressing this area through a comprehensive approach to assessment, prevention, and appropriate intervention.
“Don’t Get Worse.” Why Does This Make Sense?

Dee W. Edington, PhD

Many individuals tell me that this is the best advice related to making any behavioral change that they have heard. It immediately takes the pressure off them and allows them to think about when will be the right time to begin to make changes. For most people, when they are pressured into making changes, they are not in an environment that is conducive to sustained change. That is, if they succeed in making a change the existing environment is not supportive to that change and they end up returning to their previous state.

First, one just has to ask the question, “How have our population statistics changed over the past 30 years: Do we weigh any less, are we any more physically active, are there any fewer individuals with diabetes, etc.?” The answer in every instance is “no.” Those who say that the “don’t get worse” strategy is allowing the high-risk individual to remain high risk are the same people who have had 30 years to change the risk statistics and have failed. Therefore, the techniques they have been implementing to promote behavior change have not worked, so either we are insane or we must move to a new level of thinking.

Second, from a mathematical view, one cannot begin to lose weight until one stops gaining weight thus: “stop getting worse.”

The data in the figure below are real data from one of our corporate consortium companies. We find these data are similar in each company for which we track the workforce over several years. The lower line represents the medical and drug cost of the cohort of individuals that either did not get worse or actually got better over time. The upper line represents those individuals who got worse over time.

Third, most people know that lasting change starts with one small step at a time and the first step is to not get worse. We know of several companies that conducted “don’t gain weight” programs over a period of 12 to 26 weeks. This program is especially popular during the holiday season. However, it could be and should be conducted any time throughout the year. The significance of this and other “don’t get worse” programs is that it creates winners in the workforce. Once you start with winners, it is easier to maintain that success with other programs. Participants look for another winning situation, which increases overall individual participation and engagement.

An example of a winning “don’t get worse” program, as we say in the Zero Trends book, is: For the next six months, walk 500–1,000 steps per day, don’t gain weight, and know your numbers (blood pressure and cholesterol). Everyone, or nearly everyone, can win and hence the population begins to trust the coach. The following six months of the program could be either to keep the same objectives or decide to raise the bar in one or more of the areas.

The bottom line? In our experience, the “don’t get worse” strategy is probably the only sure way to create behavior change in a population, thus moving individuals from high-risk to medium-risk to low-risk health status. In addition, the strategy appeals to low-risk individuals because they also can participate and be winners.

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Medical and Drug Cost (Paid)*

- Unimproved
- Improved

Slopes differ $P = 0.0132$

Improved slope = $117/yr$
Unimproved = $614/yr

HPA in 2002 and 2004: Improved = same or lowered risks

*Medical and Drug, not adjusted for inflation

University of Michigan Health Management Research Center
Member Insights

Q. What advice would you give to professionals entering the field?

Paul Couzelis, PhD, FAWhP

Get involved in truly knowing and being a part of your total worksite so that you can exert leadership toward improving the worksite environment and health behavior of all employees. In addition:
- Always measure and share the outcomes of your efforts.
- Use those outcomes to produce ongoing quality improvement so that your programs are perceived to contribute to the overall success of the business.

Lauve Metcalfe, MS, FAWhP

Get involved. I clearly remember my first worksite health promotion conference over 25 years ago and how drawn I was to the energy and commitment of the talented group of people I met. I thought, “I want to be a part of this!”

What Professional Organizations Do for Me
- Keep me current on what is happening in the field
- Allow me to develop relationships both on a professional and personal level
- Provide a forum to share ideas and explore opportunities
- Be aware that my contributions are not only valued, but also needed to move the larger mission of worksite health promotion forward

Both Paul and Lauve are past presidents of the Association for Worksite Health Promotion.

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