An Interview with Alberto Ogata, M.D.

WH: Alberto, how did you get started in worksite health promotion?

For more than 15 years I served as health director of a huge public organization. Since the beginning I found out that it is strategic to take care of the company population’s health as a whole and not only to offer good hospitals, diagnostic centers and health plans. During my medical education I didn’t receive a comprehensive education in health promotion at the workplace. It is well known that some skills in areas like management, marketing, communication and health promotion are necessary to achieve good results as coordinator of worksite programs. So I tried to learn from scientific literature and contact with specialists around the world in order to work in this field.

WH: With Brazil being the host of the 2016 Summer Olympics, has there been an increased interest among companies regarding physical activity and fitness among their employees?

I am sure that there is a gap between high performance sports and the population’s physical activity. People often like to attend sports events or watch games on TV, but most are sedentary in their everyday life. It is a fact that many men and women are working toward being more active, but most of the population, including at the workplace, is still absolutely inactive. I think that it is important to stress the distinction between sports practice and physical activity, which would be made while commuting, at work and during leisure times. A recent paper from Lancet Physical Activity Series Working Group (Lancet, 2012, 380:219-229) concluded that it is possible to reduce at least 6% of cardiovascular disease, diabetes and breast and colon cancers if inactive people become active. The authors estimated that, in global terms, the physical inactivity is responsible for 6 to 10% of chronic diseases. It is also real for Brazil, where the life expectancy would increase by one year if physical inactivity were eliminated.

WH: Controlling growing medical care costs has been a primary rationale for many companies in the United States for implementing worksite health promotion programs. Why do employers support worksite programs in Brazil?

Brazil has a universal public health system and from the universe of 190 million people, about 48 million also use a private health system. So, many companies around the country do not offer health plans for their employees and health care costs are not a key question for them. Brazil has a low level of unemployment and has a deficit of high skilled professionals. Productivity, absenteeism and safety are very important topics and they are stimulating companies to launch health promotion programs integrated with occupational health systems.

WH: For those companies who sponsor programs, are programs accessible by all employees, or is programming limited to senior and middle management?

Programs are often planned to include all employees and there is a tendency to include spouses and families. Health promotion managers have the challenge to prepare programs for different settings and work situations such as home office, teleworking, sales force and outsourcing and to offer innovative activities to improve participation and engagement. Surely the individual approach, which often has a limited scope and is expensive, has to be integrated to a population approach involving culture and environment changes.

WH: How prevalent is worksite health promotion programs in Brazil? Are they primarily limited to large organizations?

In Brazil, almost all big companies offer wellness programs managed by a local committee or in partnership with health plans or vendors. National systems are often sponsored by manufacturing or commerce unions (named SESI and SESC) and offer comprehensive health promotion programs which are available for small companies for low or no cost. However, in this market, it would be useful to have more wellness and health promotion products and services which could be used by companies of different sizes and a diverse public.
Most programs are focused on lifestyle, mainly in physical activity, nutrition, smoking control and leisure. Many companies offer motivational activities like health fairs, wellness information by intranet, lectures and running and walking events. Although the last Global Buck Consultants Survey has showed that stress is the key topic addressed by Brazilian health promotion programs we do not have a good number of effective products and interventions in this field. In my opinion, mental health and alcohol abuse will be a central item for programs in my country in the coming years.

WH: From an organizational perspective, where does worksite health promotion reside? For example, human resources, occupational health and safety, benefits, facilities?

Mostly programs are managed by human resources and occupational health areas. We have the challenge to prepare these professionals (physicians, administrators, health area specialists) to plan and manage the programs, looking for best practices, effective activities, measuring outcomes and making them sustainable in the companies besides organizational and structural changes.

WH: Are worksite health practitioners employees of their respective organization or do they represent third-party health management companies?

We see that large companies have health promotion program managers working at full or part time in this activity. It is common to hire consultants or vendors to help program implementation or to use health plan or brokers services. I think that wellness and health promotion companies must prepare and offer more innovative services, tailored to local reality and not only adapting international models. They also must include more features in health technology, including web and mobile devices because in Brazil, virtually all the population has access to cell phones and use them in a daily basis.

WH: You are President of the Brazilian Association of Quality of Life (ABQV) a nationally recognized organization. When was it started and what are its primary goals?

ABQV was established more than 15 years ago by some large companies to join wellness and health promotion professionals, in a national basis. It focuses on achieving new levels of best practices and experiences, international exchange, professional and technical education and improvement. Our organization offers a MBA program on health promotion program management and promotes a national conference with more than 600 attendees each year. Our Board believes that IA WHP is moving toward being a global organization for worksite health promotion and has some efforts to help this movement.

WH: What lessons can worksite health practitioners from other countries learn from the Brazilian experience?

We think that it is not enough to think only on health risks for chronic diseases and behavior change. People are not moved only by incentives or penalties. Our programs often address other topics in a more comprehensive approach of wellness, including financial, professional, spiritual and social topics and we think that health promotion must include happiness, positive psychology, sustainability, ethics and concern for the environment as important items for research and study. Also, empowerment and supported self care are relevant elements to help people to be less dependent on medical services and can obtain more autonomy and control over their health.

WH: How much does national, regional, and local governments support worksite health?

I think that in Brazil, as in other Latin American countries, the workplace is not a key setting addressed by health public policies. In general, health facilities (such as offices, hospitals and clinics) and residence are the key areas for activities and planning. The budget is spent, mostly, on treatment and rehabilitation, although there are also some good experiences with smoking control and HIV-disease approach. Brazil is experiencing a fast phenomenon of urbanization. So, the workplace will probably become a very important field for health promotion. We have to face the challenge of stimulating local governments to recognize the workplace as a privileged place for helping people to adopt healthy behaviors and take care of their health.

Leveraging Worksite Health Promotion within the M.E. Model of Sustainability and Performance

Since the 1960’s, “employee health promotion” has gone through a variety of iterations that has ranged from employee recreation, executive fitness programs, risk reduction programs, health and productivity management, population health, and more recently, an emerging focus on “total well-being.”

Regardless of the focus or the theme, worksite practitioners have commonly promoted the same value statements—“a healthy workforce equals a healthy organization.” What does this really mean? From a health promotion perspective we generally prescribe that a healthy workforce is indicative of a work population that is low risk, has low absenteeism/presenteeism, low disability, and generates lower healthcare costs. To CEOs, a healthy organization is indicative of one that is able grow revenues and maximize profits for the short and long-term.

No doubt health promotion provides value to organizations as the literature demonstrates. But, are we too simplistic in our reasoning to think that health promotion is a major contributor to business success when there are so many levers that are outside our control?

Since the mid-80s, I have attempted to articulate a personal and organizational rationale for worksite health promotion within the context of what I have called work promotion. Here, I focused on the hierarchical need for many workers to attain and practice meaningful employment—work that helps define oneself and creates value—personally and to one’s organization.

In addition, because organizations exist to create and enhance value (profit) through their respective products and/or services, any human capital-related function (e.g., human resources, health and safety, EAP, health promotion) exists to contribute to this over-arching goal by effectively supporting its human capital.

In order to support these two needs (e.g., meaningful employment and generating meaningful profits), organizations need to concurrently address:

- ProfitAbility: the ability and capacity of organizations to generate and sustain appropriate revenues and profits that are aligned with its mission and primary stakeholders.
- EmployAbility: the ability and capacity of individuals to stay gainfully and happily employed (“right livelihood”) throughout their work lives.

As such, over the years I have proposed an evolving model that incorporates what I call the “M.E. Factors.” Within this model there are four interrelated components:

- Meaningful Employment: the personal value and satisfaction that a person’s work produces. Meaningful employment signifies a livelihood versus a job.
- Meaningful Environment: policies, benefits, psychosocial and “built” supports that are designed to protect and enhance the work experience.
- Meaningful Engagement: the capability of organizations to focus its people, energy, tasks, and resources to achieve goals and objectives that are aligned with its mission, goals, and objectives.
- Meaningful Enterprise: the capability of organizations to meet and exceed market needs through the products and/or services it produces. As such, human assets are the underlying factor for creating sustainable value.

As depicted in Figure 1, each component is not exclusive to its relative contribution to EmployAbility or ProfitAbility. Rather, they interdepend on a common catalyst—people.

Figure 2 provides some examples on how employee health management/promotion fits within the M.E. Model.

References:


George J Pfeiffer, MSE, FAWHP

Expanding the Value Proposition

Making and reinforcing the business case for employee health promotion can be positioned within a broader model that is aligned within both employee needs (EmployAbility) and business needs (ProfitAbility). This model underscores the complexity of human capital management in relation to addressing these two needs.

References:

To Create Better Outcomes: Engagement & Empowerment is Not Enough

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

Elimination of health risks does not alone create better health outcomes. Better outcomes or positive health must be created through deliberate, conscious effort and action. To create positive health, specific efforts must be taken that go beyond just the elimination of risks and problems. Engagement and empowerment are often cited as being necessary for successful health and lifestyle change initiatives. We believe that engagement and empowerment are not enough. We believe that health and wellness related change efforts need to be supported through the use of 10Es and 1C. They are:

- Engagement
- Education
- Empowerment
- Effectiveness
- Enablement
- Evaluation
- Emotions
- Energy
- Expectations
- Comprehensive

**Engagement**

When it comes to behavior change, it is important to differentiate between participation and engagement. Participation reflects a must do in order to obtain or achieve an incentive, or need to do in order to avoid a penalty or being non-compliant. Participation is often driven by extrinsic motivators (e.g. incentives) and involves the head, hands and feet. Engagement is about wanting to do it, with the behavior usually being intrinsically motivated. Engagement involves a high level of commitment, discretionary effort and involves the heart and emotion.

Since engagement is individualized and primarily driven by intrinsic interest and motivation, generating engagement can be challenging for the worksite wellness practitioner who generally practices at the population level. Two strategies the worksite wellness practitioner can employ in support of engagement include award and recognition opportunities and by offering a wide range of health and wellness-related programming in the hopes of having something for everyone. Between participation and engagement, engaged employees are more likely to stick with their healthy lifestyles and behaviors the longest.

**Enablement**

Enablement is about positioning the employee so they will succeed in their health and wellness change efforts. The worksite wellness practitioner can facilitate enablement by making sure the program participant has access to the systems and resources they need to support and achieve success in their change efforts. The systems and resources need to include giving program participants the opportunity to obtain support for and practice healthy behaviors, demonstration that their employer, supervisor or colleague’s care about them as a person, the opportunity to track changes related progress and opportunities to learn and grow. Enablement consists of two key components: optimization and support for the individual and a supportive environment that facilitates, rather than hinders healthy actions.
Empowerment

Empowerment is about employees having the specific freedom to act and being able to gain control of the situation or issue. To feel empowered, the individual needs to believe they have significant influence both over and in the creation of their own future.

The worksite health practitioner needs to adopt strategies for employees to use to gain the skills and knowledge they need to overcome obstacles to help them develop healthier habits and behaviors. These possible strategies might include:

- Helping employees perceive they can make a difference in their health and wellness.
- Helping employees increase their competence in decision making regarding health and wellness issues.
- Helping employees recognize their ability to synthesize personal resources and social contextual resources.
- Helping employees in self-capacity building, confidence in their own abilities and employing their strengths.

Expectations

Knowing what is expected of you in any situation is critically important. A lack of expectations results in a lack of support for change or any other effort. As a worksite wellness coordinator, you should know the expectations of your program participants as well as each level of management within your organization. You should also be clear as to how your own personal expectations drive your programming decisions as well.

Knowing and having clear expectations is also critical within the program planning process especially when aligning programs and services with defined program goals and objectives.

Emotions

Reason will never trump emotion. Emotions play a critical role in behavior. Negative emotions create roadblocks to change, while positive emotions broaden and build confidence and self-efficacy in behavior change. According to psychologist and researcher Barbara Fredrickson (2009), “positive emotions broaden people’s thought-action repertoires, and by doing so build their enduring personal resources, including physical, intellectual, social and psychological assets.” Also related to emotion is the individual’s mindset. A person’s mindset can either be fixed or growing.

(Dweck, 2006) With a fixed mindset, the individual believes their basic qualities (intelligence, talent, etc.) are fixed traits and not subject to development. Individuals with a growth mindset see their basic abilities as a starting point, something they can build on and develop. People will often make decisions on the basis of emotion and then seek logic and reason to support their decision after the fact.

Emotions also have many connections to and benefits for physical health. According to Lisa Rankin, MD, “When our beliefs are hopeful and optimistic, the mind releases chemicals that put the body in a state of physiological rest, controlled primarily by the parasympathetic nervous system, and in this state of rest, the body’s natural self-repair mechanisms are free to get to work fixing what’s broken in the body.” Rankin adds: “Promoting health of the body without encouraging health of the mind is an exercise in futility... The scientific data suggests that, at least in some instances, the health of the mind is equally, if not more important to the health of the body. The body is a reflection of the sum of our life experiences.” (Rankin, 2013)

Mindset and emotion are critical to the development of positive health and successful behavior change. Unfortunately, they are too often neglected or ignored in worksite wellness programs today. Worksites wellness program coordinators would be wise to look at how they might incorporate mental health information and skill development within their existing program mix, as well as dedicated programs. For example, depression is a prevalent issue among working adults and is often neglected as a stand-alone topic and often ignored in such topics as stress management, resiliency, and chronic health management.

Education

Simply acquiring knowledge about health and wellness will not necessarily convert to action related behavior change. Education, by itself, is insufficient to drive individual behavior change. Education can, however, produce changes in knowledge, attitude, thoughts, beliefs and emotion and these are all important contributors to the behavior change process. Education, in combination with behavioral skills, psychological variables and behavior change variables can result in behavior change.

Effectiveness

Effectiveness is about producing a specific, desired effect or result that can be quantitatively or qualitatively measured. It is about doing the right thing. Essentially in worksite wellness, effectiveness is about achieving change at both the individual and organizational level. At the individual level, effectiveness could mean a change in attitude, beliefs or behavior. At the organizational level, effectiveness could mean changes in culture, climate, policies and the work environment. Within a worksite wellness program, effective programming means using accepted best practice or evidence-based practices where they exist. Determining effectiveness requires measurement. Effectiveness measures can be both qualitative and quantitative in nature.

Evaluation and Continual Improvement

Intention is important, but what we think logically should work, may, in fact, not work. Policies, programs and change efforts should be judged on results, not intent. Evaluation and measurement are needed to demonstrate what works and to provide feedback to both participant and change agent (worksites wellness coordinator) alike.

Every initiative, intervention, activity or event in a worksite wellness program should be evaluated in some fashion. Program evaluations can be process, output or outcome in nature. Evaluation does not always have to be about outcomes. As the worksite wellness program matures, so should the evaluation strategies used.
Energy

Change and growth requires the expenditure of energy. Energy is four dimensional and includes:

- Physical energy – about movement
- Emotional energy – about quality
- Mental energy – about focus
- Spiritual energy – about meaning and purpose

It is important to recognize that energy is finite, so it cannot just be continually expended. It must also be renewed. It is important for each individual to identify and use the best renewal methods for themselves as an individual. It is also important for the worksite wellness program to create programming and interventions, which allow the renewal to take place. This would also include creating a workplace environment that encourages and provides opportunities for the renewal to occur.

Encouragement

Successful lifestyle behavior change requires support. Encouragement is certainly one form of support. Encouragement is necessary and can be self-perpetuating. Wellness programs must be built on cooperation, while being fun and exciting at the same time. As a worksite health practitioner, look for ways programming might be employer/employee collaborative. One example might be employee volunteer programs. By working collaboratively, employees and the employer can each achieve their desired goals.

Comprehensive

Successful change, both individual and organizational, requires a comprehensive approach. What works best? According to the researchers, a strategic, systemic, systematic, sustainable and integrated approach works best. (Mattson-Kofman (2005), Goetzel, et al. (2007) and Terry, et al. (2009))

Positive health is about living a life of happiness, engagement and meaning. Positive health gives a sense of fulfillment, a good life, the sense of being valued, cared for and liked. Positive health is well-being by design. A better tomorrow for your employees and organization won’t create itself. You must take conscious, deliberate steps to create it. Positive health is not created by just reducing risks, but by taking deliberate, positive actions such as integrating the 9Es and 1C listed here.

What are you waiting for? Begin to change your workplace’s health and well-being paradigm today.

References:


IAWHP Hosts First Regional Event in Brazil

Wolk Kirsten, M.S.

The IAWHP held its first ever event outside of the United States with the 1st Latin American Summit on Healthy Workplaces in São Paulo, Brazil, on September 29, 2013. The regional summit was co-hosted by ABQV – Associação Brasileira de Qualidade de Vida and the GHWAwards (Global Healthy Workplace Awards) and brought together specialists in occupational health and health promotion from across Latin America.

Prof. Rene Mendes, Federal University of Minas Gerais, opened the Summit saying that stress has become an ever more recognized factor in workplace health. He cited the tragic death of 21 year-old Merrill Lynch London intern, Moritz Erhardt, apparently as a result of exhaustion from continuously working 72 hours as an example of how corporations are affected. This trend towards problems more associated with white-collar employees is likely to grow as Latin America develops its service sector. IAWHP President, Wolk Kirsten, highlighted the latest global trends in worksite health promotion followed by Julietta Rodriguez Guzman of the Pan American Health Organisation (PAHO), who argued that the voice of employees in designing workplace health schemes need to be heard. The summit also featured case studies of small and medium-sized enterprises in Chile, Peru and Uruguay and was rounded out by a panel of Dow Chemical, Siemens, Kimberly-Clarke, General Electric and Dupont representatives discussing regional challenges around cost and delivery of programs.

Alberto Ogata, ABQV President and IAWHP Board Member, who was instrumental in making the summit a success, was satisfied with the outcome: “The Brazilian Association of Quality of Life (ABQV) was pleased to join this movement and co-promote the first Latin American event. It was a great challenge with many difficulties, but the Summit joined people from across the continent, with three official languages (Portuguese, Spanish and English) and great synergy and local cases integrated and aligned with organizational strategies and national policies. We hope that this movement will spread through the different continents with the strong energy of these organizations”.

The IAWHP has been continuously expanding its reach into Latin America via the relationship with ABQV in Brazil, the regional summit and the newsletter now being available in Portuguese (thanks to ABQV) and Spanish (thanks to the Argentine Association for Health Promotion (AAPS)).

Rene Mendes, Professor of Occupational Health at Federal University of Minas Gerais, giving the keynote address at the Latin American Summit on Healthy Workplaces.
The Future World of Wellness at the Workplace

Dee Edington Ph.D. and Thomas Golazewski. Ed.D.

Over the past several issues we have expressed our opinions of the status of the field in terms of moving upstream in the workplace. Our message was to prepare the environment and culture to be supportive of behavior change. For far too long, professionals in this field have focused on the workplace with the primary mission being to lower disease and disability costs and, secondarily, reduce lost time away from work. Our most recent contribution included the role of well-being in our list of outcome measures.

This field is too important to limit our role to merely being the first step in the supply chain for medical treatment. Health Promotion, Wellness or Well-Being are too important to the future of all countries in the world to limit ourselves to the current medical model.

We believe the field is at a critical stage and we need to change the lens by which we view the value of wellness: (a) for the workplace and for the workforce; (b) for employee and employer shared reward; (c) for the workers and for their families and; (d) for the workplace, communities and respective countries. Our suggestion is that we consider the following:

- Change the questions
- Get to a new level of thinking
- Adjust our vision of the future
- Have courage to change our definitions
- Lead, follow, or get out of the way

Change the questions. The primary question for the past 30 years has been, "Will programs impact the cost of worker’s disease, disability and time away from work?" We believe we have run out of time to demonstrate anything except our very limited success in responding to that question. We need to change the question and address, "What is our purpose, our values, our mission and our vision?" We need to ask questions about the total value of workplace programs, including their impact on the determinants of thriving, well-being, high performance and sustainable workplaces. When you ask those questions you will find that there are higher levels of shared values and higher levels of shared rewards. This is our challenge to the workplace and workforce.

Get to a new level of thinking. Nearly all great thinkers (including Einstein) acknowledged that the level of thinking that got us into this situation is not the level of thinking that will get us out of the situation. Many of the health risks and behavior factors targeted by current programs were identified approximately 2,500 years ago (Aristotle, Buddha, Confucius and many others) and in the Framingham studies (1948 and continuing), etc. The world has changed and we need to change and get to a new or higher level of thinking. How do we help workplace and community populations move to "beyond low risk?" We need to get to a higher level of values and engagement if we are to address the barriers to success. In addition, we would challenge each of us to examine the barriers to success that you experience in your respective programs. We did that for over a 30-year period and found that many, if not most of the identified barriers, could not be addressed at the level of the current programs.

Adjust our vision of the future. Inspirational initiatives typically arise from inspirational visions of the future. Appropriate biometric values and healthy behaviors are absolutely necessary, but hardly sufficient to serve as an inspirational vision of the future. We need to visualize a higher level of the future such as a thriving, well-being, high-performing and sustainable workplace and workforce. What is our ultimate vision for the family, community, country and world? Jack Kennedy had a goal to get to the moon and Martin Luther King had a dream for equality. What is our vision/dream?

Have the courage to change our definitions. Adjusting to this "new world" will take courage to initiate and see it through to success. The definition of wellness, or well-being, has to be expanded from the absence of disease, low-risk factors and behaviors, and the several dimensions of health as currently defined. There might be a redefining of wellness in the future or a new term created to include the areas beyond or on the other side of wellness and well-being. New tactics (programs) have to be invented including new rules of engagement. Third all workplaces and all populations have to be included. Currently most outcome measures such as ROI are designed to show financial benefit to the employer. Few, if any, outcomes are designed to show finan-
IAWHP Webinars/Conference Update
Lauve Metcalfe, MS, FAWHP, CWC

IAWHP 2014 Webinar Schedule
- March 18 - Nico Pronk, Ph.D. - *Best Practices as Building Blocks of Best Programs*
- May- (date to be determined) - George Pfeiffer, MSE, FAWHP - *HealthLead™ Case Studies: “Lessons Learned”*
- July- (date to be determined) - Wolf Kirsten, M.S. - *Learning from the “Global Healthy Workplace Awards”*
- September (9/23 or 9/30) - Reed Engel, Ph.D. - *Leveraging University Networks: Internships: Selecting and making the most of an important career opportunity*
- October/November- (dates to be determined) - Alberto Ogata, MD, *International Perspectives in Worksite Health Promotion.*

IAWHP March 30th-April 2nd, 2014 Atlanta, GA Preconference/Conference Events
- NWI Certified Worksite Wellness Specialist Certification Program, March 30-31, 2014 (Information can be found on the NWI website)
- IAWHP Executive Summit on Worksite Health Promotion, Tuesday, April 1 from 8:00-11:30am
- IAWHP Pre-conference, Tuesday, April 1 from 12:30-5:30pm
- IAWHP Business Meeting & Reception, Wednesday, April 2 after the last session. Exact time to TBD, but will likely start around 5:30-6pm.
- Poster presentations. Students and professionals are encouraged to submit peer presentation/poster abstracts by February 14, 2014. An award for best poster will be given.

*For more information, please go to: www.iawhp.com*

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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.

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