



Worksite Health International

Advancing the global community of worksite health promotion practitioners

Elevating the Discussion—The Value of Worksite Health Promotion

An Interview with William B. Baun, Ann M. Mirabito, and Leonard L. Berry



William B. Baun, EPD, FAWHP



Ann M. Mirabito, PhD



Leonard L. Berry, PhD

WHI: First, I would like to congratulate the three of you for having your findings published in the *Harvard Business Review* (“What’s the Hard Return on Employee Wellness Programs?” December 2010). This submission further elevates the conversation on the value of worksite health promotion to senior level managers and reinforces the business case. What is the major takeaway statement that summarizes your findings?

BB: Worksite wellness programs have often been considered an attractive fringe benefit offered by the most generous employers. We found that well-designed, well-run wellness programs can be strategically important to an organization. The best programs improve the health and well-being of employees which, in turn, contribute to lower health care spending, improved productivity, and stronger organizational culture. Wellness initiatives are good for employees and good for the organization. Healthier organizations deliver healthier performances.

The diagram on page 2 illustrates the elements of a successful wellness program and the outcomes managers can expect.

WHI: What was the process that led to reporting your observations?

AM: We conducted primary field research at 10 employers varying in size and in industry, but having in common

a reputation for top-notch worksite wellness programs. At each organization, we conducted in-depth personal interviews with senior executives (including the CEO and CFO in most cases), wellness managers and staff, and managers of related staff functions such as benefits administration, occupational health, employee assistance services, onsite medical clinics, fitness centers, safety, and food service. We also conducted focus group interviews with middle managers, with employees who participated in the wellness programs, and with employees who did not participate.

In addition, we reviewed and summarized existing published research on worksite wellness.

WHI: In your paper, you describe six pillars that are essential for successful programs. What are they?

LB: **Multilevel Leadership:** creating a culture of health takes passionate, persistent, and persuasive leadership at all levels from the C-suite to middle managers to the wellness staff to wellness champions in the various work units.

Alignment: a wellness program should be a natural extension of a firm’s core values and aspirations.

Scope, relevance, and quality: wellness programs must be comprehensive, need-meeting, engaging, and just plain excellent. Personal health is sensitive and important. Mediocre programming will not engage employees and will produce disappointing results.

Accessibility: low- or no-cost services and onsite availability reduce barriers to participation.

Partnerships: active, ongoing collaboration with internal and external partners, including vendors, provides programs with expertise and infrastructure.

Communications: wellness is not just a mission, it’s a message. Message delivery is critical. Sensitivity, creativity, and media diversity are the cornerstones.

WHI: I notice that evaluation/outcomes reporting is not a dedicated pillar. Where does that fit within your model?

BB: Evaluation starts with the wellness program manager, as we point out in our article. An effective wellness program manager will be the principal steward of continuous program improvement, which requires rigorous, ongoing evaluation. We devote a section of the article to a “performance dashboard” that presents metrics that should be monitored regularly. Successful programs weave appropriate process, impact, and outcome evaluation throughout the program’s components.

WHI: Demonstrating return-on-investment (ROI) continues to be the challenge of worksite health promotion, yet there has been a growing body of evidence over the past 20 years that an integrated health management/wellness strategy works. What does the profession need to do to make this “stick” in the minds of decision makers?

LB: Among the real pearls from our study are stories told by senior managers that provide insight into what’s important to decision makers. SAS Institute’s top management views its wellness investment as crucial to the company’s culture and productivity. Biltmore senior managers

point to the role of wellness in reducing employee turnover. Healthwise executives value the connections across work teams fostered by weekly wellness activities. Safety conscious Chevron managers recognize the role of the cardiovascular health program and other wellness components in ensuring fitness for duty. The key for wellness professionals is translating decision makers’ strategic and operational priorities into opportunities for wellness.

WHI: Is it accurate to say that your research has shown that successful programs have a broader cost-saving impact across multiple cost centers than less integrated approaches?

AM: The best programs integrate worksite wellness programs with related HR functions such as healthcare benefit administration, employee assistance programs, and workers’ compensation. Nelnet, a financial services company in our sample, contributes to employees’ health savings accounts in accordance with their participation in the wellness program. M. D. Anderson

refers EAP clients to the wellness program to develop relaxation, dietary management, or other relevant skills. Many organizations find that coordination across HR functions is facilitated when the wellness function is situated in HR.

Collaboration beyond HR also is essential. For example, employees often eat meals and snacks at work. “Healthy” entrees often are perceived as unappetizing. Chevron’s food service vendor approaches menu management from a stealth health perspective, making the food healthier without sacrificing taste and without the stigma of a “good-for-you” label.

WHI: Your paper advocates a “performance dashboard” for tracking program effectiveness, would you identify a few key metrics that you feel should be included in a dashboard?

BB: A performance dashboard gives all stakeholders—senior management, middle managers, wellness staff—insight into the effectiveness of the wellness program. The most useful dashboards measure employees’ participation, satisfaction, and well-

being, and the organization’s health care spending, safety record, productivity, and culture. Items are typically measured monthly, quarterly or yearly and tracked over time. Effective dashboards help wellness professionals make decisions about where to dedicate resources. Strong performance on the six pillars leads to employee engagement. And employee engagement leads to organizational improvement. A dashboard helps wellness managers see the whole cycle at a glance.

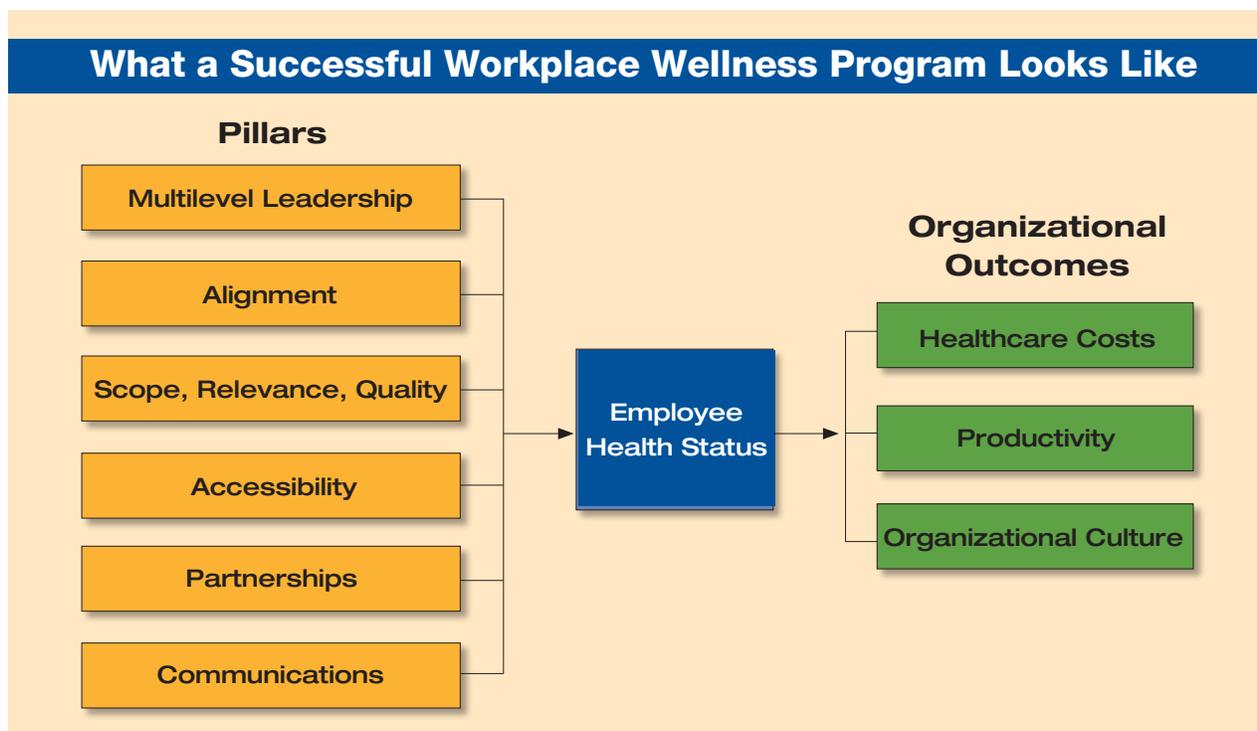
Interview was conducted by George J. Pfeiffer, MSE, FAWP, senior editor.

About the authors

William B. Baun, EPD, FAWHP is program manager of wellness programs for The University of Texas, M. D. Anderson Cancer Center in Houston, Texas.

Leonard L. Berry, PhD is distinguished professor of marketing in the Mays Business School at Texas A&M University, and professor of humanities in medicine in the College of Medicine at The Texas A&M University System Health Science Center.

Ann M. Mirabito, PhD is assistant professor of marketing at Baylor University.



Source: William B. Baun, Ann M. Mirabito, PhD., and Leonard L. Berry, PhD. The Six Pillars of Worksite Wellness. 2010

A New Global Framework for Creating Healthy Workplaces

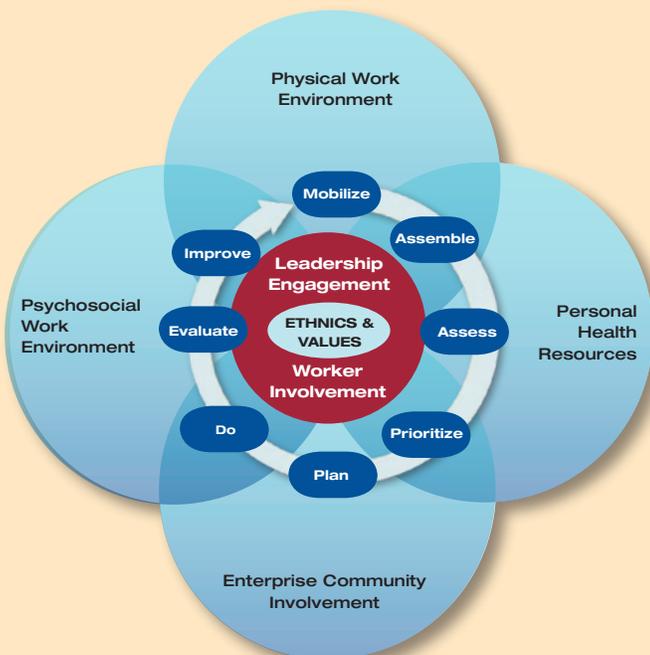
By Wolf Kirsten, MS

The World Health Organization (WHO) regards the workplace as a setting for protecting and promoting the health of workers, their families, and the community. In May 2007, the World Health Assembly endorsed the *Global Plan of Action on Workers Health* (GPA) for the period 2008–2017. The *Global Plan* was adopted unanimously by 193 WHO Member States. Within the GPA, countries and international stakeholders expressed a need for a globally coherent framework for planning, delivery, and evaluation of essential interventions for workplace health protection and promotion. As a follow-up, the WHO published *Healthy Workplaces: A Model for Action* (2010) that combines evidence-based approaches and principles of health protection and health promotion. The model is innovative as it combines the four avenues of influence employers can take with the participation of workers:

- Physical work environment
- Psychosocial work environment
- Personal health resources
- Enterprise community involvement



WHO Healthy Workplace Model



At the center of the Healthy Workplace Model is the continual improvement process. The principles of this process are also known as part of the Deming cycle (plan-do-check-act) and the Japanese Kaizen method. Key underlying principles are leadership engagement based on core values and involvement of workers and their representatives.

The WHO is currently developing *Healthy Workplace Guidance*. This is the first time an integrated healthy workplace framework is being advocated to employers and workers globally. Through the global reach of the WHO this initiative can have a significant impact on worker health, and with that, on global health overall. Additional future steps are:

- Discussing global guidance in forums, sharing experiences, and collecting comments and ideas.
- Further regionalizing the framework and providing more guidance to specific sectors and cultures.
- Implementing the framework and guidance in pilot projects.
- Developing training modules and train-the-trainer programs.

The IAWHP leadership sees this initiative as a key opportunity for the field. It will provide new impetus for worksite health promotion on a global level and encourage enterprises to broaden and deepen their efforts for the improvement of employee health.

Injecting Fun Into Behavioral Change

The Influence of Positive Affect

By Philip A. Smeltzer, MS

There is a common recommendation for our health promotion programs and activities to include a “fun factor.” Is the “fun factor” anecdotal or evidence-based? The focus of this article will be on the impact of positive feelings or positive affect on health behavior. This evolving field is becoming more mainstream and has been cited as a specific area of research by the National Institutes of Health. The more common fields of positive psychology and humor therapy are more therapeutic and focused on the presence of adverse well-being. That is, these techniques are designed to cure a chronic or acute behavioral health malady. If we can combine the use of positive affect with documented behavioral theories, we have the opportunity to improve lifestyles in targeted populations.

We know that when we can change someone’s personal feelings to a more positive state, they think differently. Individuals who are in this positive affective state:

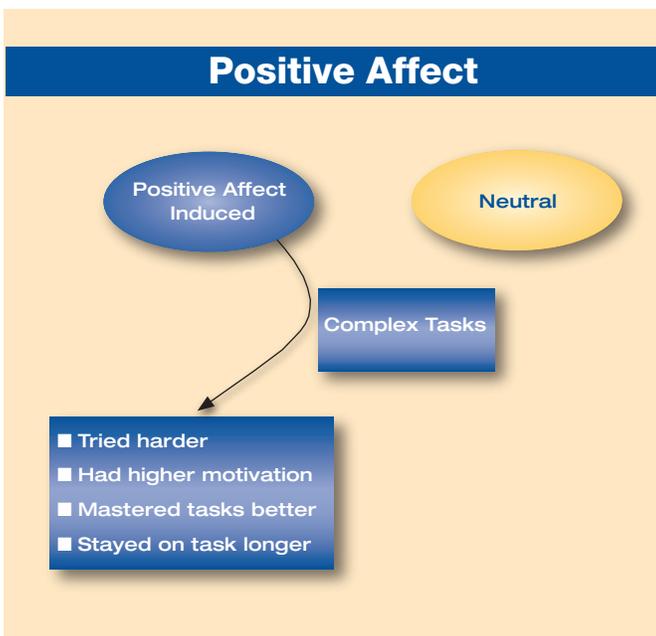
- Are more creative.
- Solve problems more efficiently.
- Think with more innovation.
- Interact more socially.
- Increase task motivation.

We also know that a little bit of positive feelings is better than a lot. Extreme abundance of positive feelings may inhibit the desired openness to behavior change. Also, positive affect is not a panacea for behavior change. Potentially, positive affect influence may be viewed as complementary to health behavior theories, not a replacement. Positive feelings appear to have more influence on health screening or prevention than on addictive or negative behavior. For example, positive feelings are more likely to influence an individual to seek a cancer screening rather than quit tobacco. Inducing positive feelings prior to, or during, a health screening event can be more effective than the same intervention would be for an attempt to lose weight or quit smoking. Inducing positive affect will not reverse all negative feelings in the client. We are not able to reverse negative moods or depression with positive affect. How does this work physiologically?

Inducing positive affect has been documented in a variety of settings through the use of small unanticipated gifts, such as a \$1 bag of treats, a funny movie, or with positive self-affirmations. This might be as simple as telling a joke before you engage a group or an individual in a session, or providing small gifts such as a bottle of water or a coupon for a healthful snack. Many of us include these techniques as part of our normal routine. A key point to emphasize is that these small, seemingly inconsequential gifts must be a surprise to your client. This act differentiates the positive affect inducement from an incentive. An incentive is known to the individual beforehand, and he or she knows a target action must be completed to earn the incentive. A positive affect intervention is a small unanticipated gift that elicits a positive feeling in the client. Alternate inducements using humor or self-affirmations have also proven effective in driving this positive affect.

In summary, positive affect or positive feelings can increase the consideration of health behavior change in individuals. A small token surprise gift, a funny joke, or a self-affirmation have proven successful in inducing this more positive feeling. The mini-interventions can be integrated with the behavioral modification theories you use currently. Preventive health screening actions (lipid panels, BMI measurements) are better targets than changing negative behaviors, such as tobacco cessation or alcohol reduction. These surprise positive affect inducements are distinct from incentives or self-efficacy improvement attempts.

The success of health promotion practitioners who use humor to relax an individual may have more of a basis in science than you ever expected.



The Value of Medical Self-Care

By George J. Pfeiffer, MSE, FAWHP

Today, consumer-driven health plans (CDHPs), which incorporate higher deductibles, are gaining greater traction within employer health benefit plans as a means of reducing escalating medical premiums. A key premise of this funding model is that the CDHP compels users to become educated about the true costs of medical care, including treatment options and their relative costs. Thus, by having a financial stake in their care, patients are encouraged to become involved more actively in their medical care decisions.

A great deal of research in the area of medical utilization has demonstrated that a significant number of outpatient and emergency room visits are inappropriate or unnecessary. Consider the following:

- A majority of physicians believe that at least 25 percent of their consultations are for conditions that could be treated by the individual, thus avoiding a medical visit.
- 55 percent of emergency room visits are considered non-emergent and can be addressed through less expensive medical service options such as urgent care centers.
- 20 to 25 percent of acute pediatric visits are related to fever.
- One study of a family practice showed that 11 percent of consultations were for uncomplicated colds.
- 50 percent of outpatient visits to internists are for 20 common reasons (e.g., annual physicals, blood pressure, upper respiratory infections, etc).
- 70 percent of “minor illness visits” were traced to approximately 30 common complaints.

Re-Educating/Redirecting the Patient

Over the past 25 years, a variety of support services, including 24-hour nurse lines, integrated referral/triage services, care management, information therapy, and medical self-care, have evolved.

Medical self-care programs are the least expensive of these options and perhaps the most cost-effective for reducing inappropriate or unnecessary medical visits for common health problems. This is supported by the fact that 70 to 90 percent of all health symptoms are self-diagnosed and self-treated.

The traditional cornerstone of a medical self-care program is a self-care book that has been supported by an orientation workshop or video and periodic communications, such as a health newsletter, emails, posters, and post-cards. Often, organizations reinforce the use of the resource by focusing on seasonal health complaints such as allergies and colds/flu. Online applications are becoming a popular option, though there is limited evidence of their effectiveness compared to a self-care book. This is perhaps related to the “tangibility” and ease of use of the book compared to accessing content online.

Medical Self-Care Works

Over the past three decades, medical self-care programs have been consistent in demonstrating their efficacy and cost-benefit. Medical self-care programs have shown the following:

- Increased confidence in patients when dealing with more complex medical decisions.
- A 17 percent reduction in outpatient visits.
- A 35 percent reduction in visits for minor illnesses.
- A 40 percent reduction in visits for upper respiratory tract infections.
- A 35 percent reduction in fever visits and a 25 percent reduction in acute pediatric visits.
- A \$2.50 to \$3.50 to \$1 cost-benefit ratio.

Medical Self-Care: An Expedient Demand-Management Strategy

A medical self-care program is relatively inexpensive and easy to implement and maintain. It addresses immediate cost areas and can lead to significant cost savings for both the organization and the individual. As such, health promotion practitioners should consider implementing medical self-care programming, which introduces and builds informed medical decision-making skills and behaviors, as a first line demand management strategy.



Member Insights

Q. What has been the most significant change in worksite health promotion over the past 40 years?



BERT KNITTER, MA, FAWHP
Consultant

Program emphasis. It changed from: promoting employee fitness through recreational sports; to exercise programs designed to reduce health care costs; to “wellness programs” to improve the total wellbeing of employees.



ROBERT KARCH, EdD
Professor, American University

“First, much of what was talked about and acted on 40 years ago is still important today - that healthy employees are central to healthy/productive companies and the fundamental process to “get and stay healthy” are the same today as they were then. Second, today we have far more of the “right people” at the table to help plan, implement, and track quality programs than we did years ago. And third, the tremendous advances in our ability to communicate the “Health Promotion Message” to employees and families have greatly helped our programs.”

Author Information

William B. Baun, EPD, FAWHP
Program Manager Wellness
The University of Texas,
M. D. Anderson Cancer Center in
Houston, Texas
wbaun@mdanderson.org

Leonard L. Berry, PhD
Distinguished Professor of Marketing
Mays Business School at Texas A&M University,
and Professor of Humanities in Medicine in the
College of Medicine, The Texas A&M University
System Health Science Center.
College Station, Texas
L-Berry@mays.tamu.edu

Ann M. Mirabito, PhD
Assistant Professor of Marketing
Hankamer School of Business
Baylor University
Waco, Texas
Ann_Mirabito@baylor.edu

Wolf Kirsten, MS
President, International Health Consulting
Berlin, Germany
Wk@wolfkirsten.com

Philip A. Smeltzer, MS
Senior Consultant, Health and Productivity
Optum Health, Nashville, Tennessee
philip.smeltzer@optumhealth.com

George J. Pfeiffer, MSE, FAWHP
President, The WorkCare Group, Inc.
Charlottesville, Virginia
georgeworkcare@earthlink.net

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International Association for Worksite Health Promotion,
401 West Michigan Street
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