VOLUME 5, NUMBER 6

Absolute ADVANTAGE

THE WORKPLACE WELLNESS MAGAZINE

PLANNING WELLNESS
Getting Off To A Good Start

Part 2
Of A Two-Part Wellness Program Planning Series

In this issue of *Absolute Advantage*, long-time contributor Larry Chapman, shares more information on the art and science of planning wellness programs. In this second part of a two-part series, Larry provides important information on evaluating your wellness plan, and how to overcome many of the tough problems associated with this exercise.

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From The Executive Editors

Planning Wellness

Getting Off To A Good Start

In this issue of *Absolute Advantage*, long-time contributor Larry Chapman, shares more information on the art and science of planning wellness programs. In this second part of a two-part series, Larry provides important information on evaluating your wellness plan, and how to overcome many of the tough problems associated with this exercise.

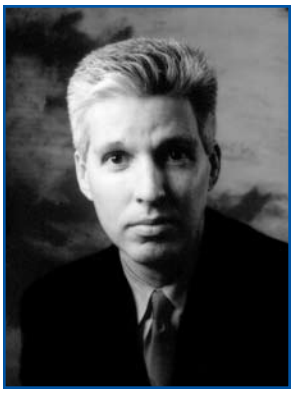
Be sure to refer to part one of Planning Wellness that was featured in Volume 5, Number 4. Together, both of these editions of *Absolute Advantage* provide a tremendous resource for developing and delivering results-oriented wellness programs.

As always, we are indebted to Larry Chapman for his contributions to the field of workplace wellness. Because of his tireless efforts over the course of the last decade, many wellness programs have evolved into sustainable and legitimate business operations.

We hope that you enjoy this issue of *Absolute Advantage*.

Yours in Good Health,

Dr. David Hunnicutt
President, Wellness Councils of America



David Hunnicutt, PhD

Larry S. Chapman, MPH

> The information in this magazine is designed to provide practical and current advice on **successfully meeting the key challenges to building effective programs.**

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THE WORKPLACE WELLNESS MAGAZINE

Organizational Founder, William Kizer, Sr.

WELCOME

Absolute Advantage is the interactive workplace wellness magazine that helps large and small employers link health and well-being to business outcomes. ***Absolute Advantage*** arms business leaders and wellness practitioners with leading-edge workplace wellness information straight from the field's most respected business and health experts.

With its online component, ***Absolute Advantage*** provides the industry's most current and accurate information. By logging on to the magazine's interactive website, you can access a whole new world of health promotion—including in-depth interviews with national health promotion experts and insider's information about industry products.

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Ab•sol•ute Ad•van•tage:
When a company can produce more than its competitors—even though they have the same amount of resources—it has an absolute advantage.

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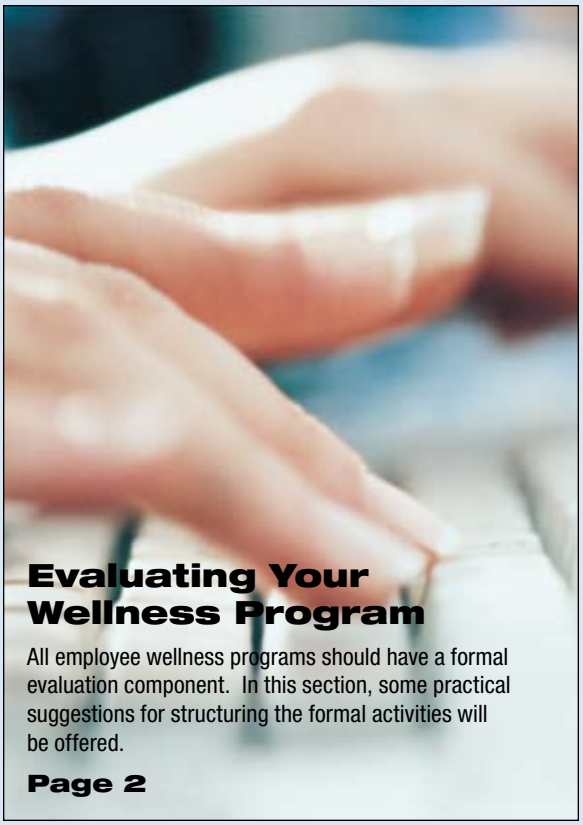
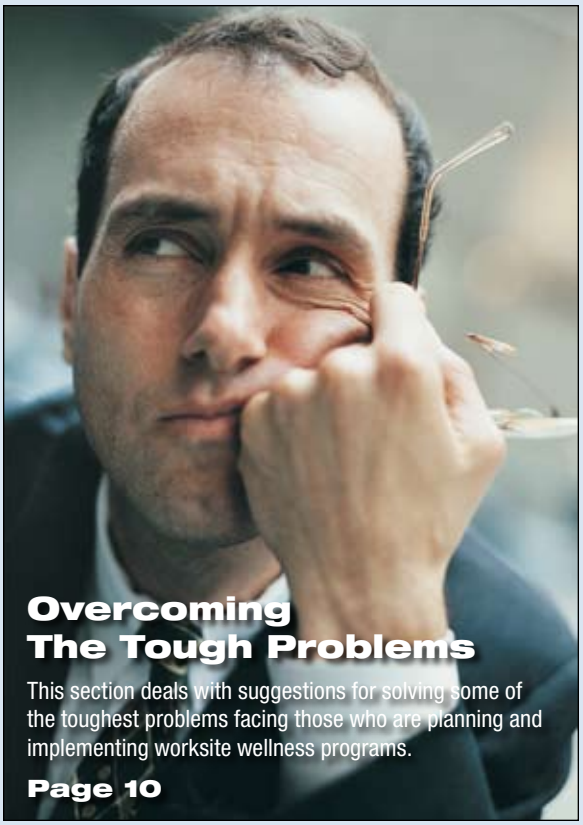
Information in this publication is carefully reviewed for accuracy. Questions, comments, or ideas are welcome.
Please direct to Dr. David Hunnicutt, Executive Editor, at the address below.





Evalu

ation

All employee wellness programs should have a formal evaluation component. This is strongly advisable for two major reasons. First, worksite wellness programs are still relatively new endeavors for most organizations and their rationale and justification for existence are not always firmly established in the business community, particularly with today's more volatile business markets. As a result, care and effort has to be taken to document the effectiveness and value of the program to the organization. This purpose is even more critical when one recognizes the nature of the individual firm's business cycle. In good times, wellness may seem to be strongly supportable and perceived as a clear value to the organization. In harsher and more competitive economic times, wellness may be seen as a luxury that is not cost-justifiable given more streamlined or re-engineered organizational priorities.

The second major reason evaluation is important is due to its importance in refining the program over the long term. Without a formal and systematic evaluation effort, it is doubtful that the program will reach its maximum effectiveness and remain relevant to the changing needs of the work force. This particular role for evaluation is frequently labeled the "formative" aspect of evaluation, contributing to the refining of the program's purposes and methods.

Both of these major reasons for including evaluation plans in the planning and design of your employee wellness program are essential in securing a long-term future for the program. In this section, some practical suggestions for structuring the formal evaluation activities will be offered. Readers should be aware that a separate Wellness Manual that covers this topic in far greater depth, entitled "Program Evaluation: A Key to Wellness Program Survival," is available from Summex Health Management. Please see the order form in the back of this book for more information.

3.1 Charting a Path for Evaluation

Evaluation is often intimidating to the novice. It does not need to be if a few basic guidelines are followed, as shown in **Figure 36**. They are intended to address the very pragmatic concerns of conducting evaluation that is as valid as possible under the very real constraints of limited time and resources available for evaluation. For more complete information on program evaluation consult the Health Management Guide available from Summex Health Management titled **"Program Evaluation: A Key to Survival."**

Figure 36

Basic Program Evaluation Guidelines

1. Select only those issues to evaluate that are critical to key decision-makers and that you will need to refine the program.
2. Recognize that extremely valid evaluation research is very expensive.
3. Don't accept responsibility for extensive evaluation without the resources to accomplish it.
4. Don't collect information about the program that does not have a clearly defined use up front.
5. Recognize that even the best evaluation will not necessarily silence program critics.
6. Look for ways of using already existing methods to collect information.
7. Don't do evaluation unless you plan to use the results.
8. Find out ahead of time what key decision-makers expect regarding evaluation methods and results.
9. Look for ways to maximize the validity of your evaluation efforts.
10. Keep asking others for suggestions on how to improve your evaluation efforts.

There are five major areas where formal evaluation should be planned for all employee wellness programs. With a little early planning, it is possible to structure some practical and easy-to-do evaluation activities that naturally flow out of routine record keeping and information sources. The five areas are evaluation of the program's objectives, monitoring participant feedback, tracking changes in participant behavior and risk factors, compiling aggregate scores from test results, and monitoring changes in key organizational indicators. Each of these areas will be discussed in turn.

Evaluating Your Program's Objectives

In the development of your wellness program, it was earlier recommended that you develop and adopt five to eight measurable and time-limited objectives. A key element of your goal-based evaluation efforts can be the formal evaluation of these objectives. This can be done by simply identifying the critical pieces of information necessary to allow you to evaluate your objectives, and to follow through on your intentions to monitor and report on whether you accomplished your objectives and to what extent. The existence and use of program objectives will help you focus your programming effort and help you evaluate your program at the end of each year.

In order to develop a perspective on the types of program objectives that employers have adopted for their wellness programs, it is useful to review some of the findings of a survey of 125 Fortune 500 companies that was done in the late eighties. Of the 113 responders, 49 (43%) indicated they had an employee wellness program with the following types of program objectives presented in **Figure 37**:

Figure 37

Wellness Program Objectives for Selected Fortune 500 Companies[13]

Rank	Objectives / Goals	Number	Percent
1	Promote better health	47	96%
2	Improve cardiovascular fitness	39	80%
3	Reduce coronary risk factors	33	67%
4	Decrease in health costs	32	49%
5	Improved relations	24	49%
6	Aid recruitment / retention	23	47%
7	Decrease in absenteeism	20	41%
8	Increased productivity	19	39%
9	Minimum level of fitness	19	39%
10	Increased muscular strength	12	24%

These reported programmatic objectives and their general nature illustrate the difficulty of selecting objectives that lend themselves to measurement methodology and practical assessment. The types of program objectives recommended for adoption are in a more measurable and useful form for program evaluation, along with the specific data needed for measuring progress and relative accomplishment of each objective.

An example set of recommended program objectives and how they would be evaluated are as follows:

1. **To reduce the average number of sick leave days taken by all employees during the year by 10%.**

   Data Required:
   - ✓ Number of sick leave days used for the year
   - ✓ Average number of employees in the work force

2. **To have 54% of the organization workforce participate in one or more wellness program activities during the year.**

   Data Required:
   - ✓ Names of all employees who participate in each wellness program activity
   - ✓ Unduplicated count of employees who participated in one or more wellness program activities
   - ✓ Average number of employees in workforce

3. **To implement seven different wellness activities for employees during the year.**

   Data Required:
   - ✓ Names of different wellness program activities implemented during the year

4. **To organize an informal sports league that involves at least 25% of employees during the year.**

   Data Required:
   - ✓ Names of employees who actually participated in each of the informal sports league activities
   - ✓ Average number of employees in workforce

5. **To process 112 employees through a wellness assessment during the first and second quarter of the year.**

   Data Required:
   - ✓ Number of employees completing the wellness assessments
   - ✓ The date they were assessed

6. **To train 580 employees and 75 spouses in basic medical self-care and consumerism during the first quarter.**

   Data Required:
   - ✓ Number of employees and spouses who were trained
   - ✓ The date they were trained

Using Participant Feedback To Improve Your Program

The second area of recommended wellness program evaluation includes the systematic collection of feedback from program participants using post-session evaluation forms. This information is particularly useful in refining those programs that are periodically repeated. The adoption of a quantitative scale for participant satisfaction is recommended. An example would be the use of the following question:

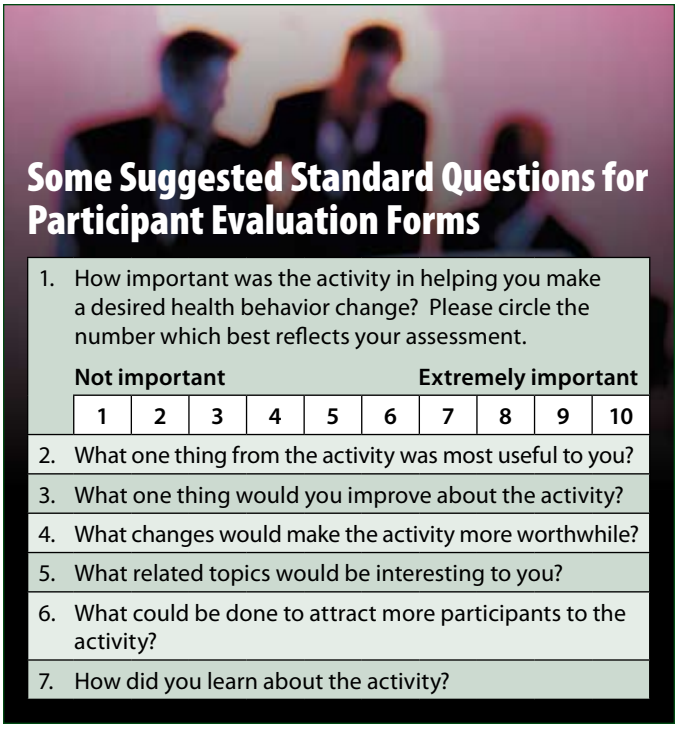
How would you rate the activity on a 1 to 10 scale, with 1 = poor and 10 = excellent? Please circle the number that reflects your choice.

Poor									Excellent
1	2	3	4	5	6	7	8	9	10

If you use a standardized question such as this, average scores can be computed for each activity that allows a quick assessment of participant reaction to the activity. Different instructors giving the same workshop can be evaluated based on participant response.

Other kinds of standardized feedback from participants can include a broad range of issues. Some of the various types of feedback questions and their principal uses are contained in **Figure 38**.

Figure 38



Some Suggested Standard Questions for Participant Evaluation Forms

1. How important was the activity in helping you make a desired health behavior change? Please circle the number which best reflects your assessment.

Not important									Extremely important
1	2	3	4	5	6	7	8	9	10

2. What one thing from the activity was most useful to you?
3. What one thing would you improve about the activity?
4. What changes would make the activity more worthwhile?
5. What related topics would be interesting to you?
6. What could be done to attract more participants to the activity?
7. How did you learn about the activity?

The consistent collection and summary of participant information can be a very useful way of monitoring the program's acceptance by the employee population. By using the results to select programs, provide feedback to vendors, give feedback to instructors, and modify the way that programs are conducted and marketed, you can create a feedback loop that will help assure that the wellness program is behaviorally effective and well-received by your employees.

Tracking Changes In Participant Behavior

The third area of evaluation activity recommended for all employee wellness programs involves the use of some standardized survey tools that provide feedback on the health risk behaviors of the population served by the wellness program. An annual wellness survey can be used to record self-reported patterns of behaviors. **Appendix F** contains a Sample Employee Wellness Survey that can be used on an annual basis. The major categories of questions are demographic characteristics of respondents, health risk behaviors, and program preference information. An additional question can be added to the survey instrument that asks respondents to indicate whether they filled out the survey the previous year. This allows what is called a longitudinal cohort to be developed that can be used to get more valid statistical information about changes in risk factors in the employee group.

Ideally, this standard survey instrument can be placed in a machine readable format that can be optically scanned and entered into a database program, allowing a number of different useful analyses to be carried out quickly and with much greater validity.

Compiling Changes In Average Test Scores

The fourth area of evaluation recommended for all programs is the use of statistical data on test results such as blood pressure, body weight, total cholesterol levels, HDL ratio changes, percent body fat, fitness test scores, etc. to monitor changes in aggregate score patterns. These scores can be aggregated and their distribution statistically analyzed. For example, if the same 55% of employees are tested on two different occasions that are six months apart for total cholesterol levels and HDL ratios, the cohort or group that had both pre and post tests performed could be used to monitor the change and effects of some of the wellness programming. A similar approach could be used to measure efforts to reduce related risk factors such as obesity, lack of exercise, and smoking. These sub-groups can be used to aggregate statistical information in a way that does not breach any confidentiality because the reported data does not contain any individual scores. Average scores, median scores, and measures of standard deviation can be used to show composite changes in the group. This is particularly important given the actuarial studies described earlier in this publication.

Monitoring Changes In Key Organizational Indicators

A number of key indicators are useful in evaluating some of the changes that are associated with employee wellness programs. This process usually involves the selection of a number of key indicators and the formation of a baseline, followed by periodic monitoring of the indicator, resulting in the subsequent creation of a trend analysis of changes occurring with the indicator over a multi-year period of time. This type of evaluation does not generally establish causality or attribution, but it does help demonstrate some potential degree of correlation between organizational activity, such as wellness programming, and the emerging trend reflected in the indicator. If a significant change in trend is noted, then effort should be made to determine if there are any other plausible explanations or reasons for the trend. In this way, a general oversight of key health management issues can be made more visible through the choice of key indicators which are tracked in an evaluation effort.

Some of the types of key organizational indicators that should be tracked over time include:

- Number of employees participating in each wellness activity
- Per capita health benefit claims cost
- Per capita worker compensation cost
- Number of worker compensation claims filed
- Number of lost work days due to work-related injuries
- Number of days of sick leave absenteeism per period of time
- Per capita sick leave absenteeism cost
- Per capita disability claims cost
- Number of disability days per period of time

- Number of occupational injuries per 1,000 employee work days
- Number of early medical retirements per period of time
- Number of terminations for health reasons
- Number of inpatient hospital days per 1,000 covered lives
- Number of employee health unit visits for acute illness per 100 workers per period of time
- Number of International Classification of Disease (ICD) diagnoses linked to specific wellness related risk factors

These organizational indicators can also be part of the program's objectives or be used as non-goal based evaluation reference points.

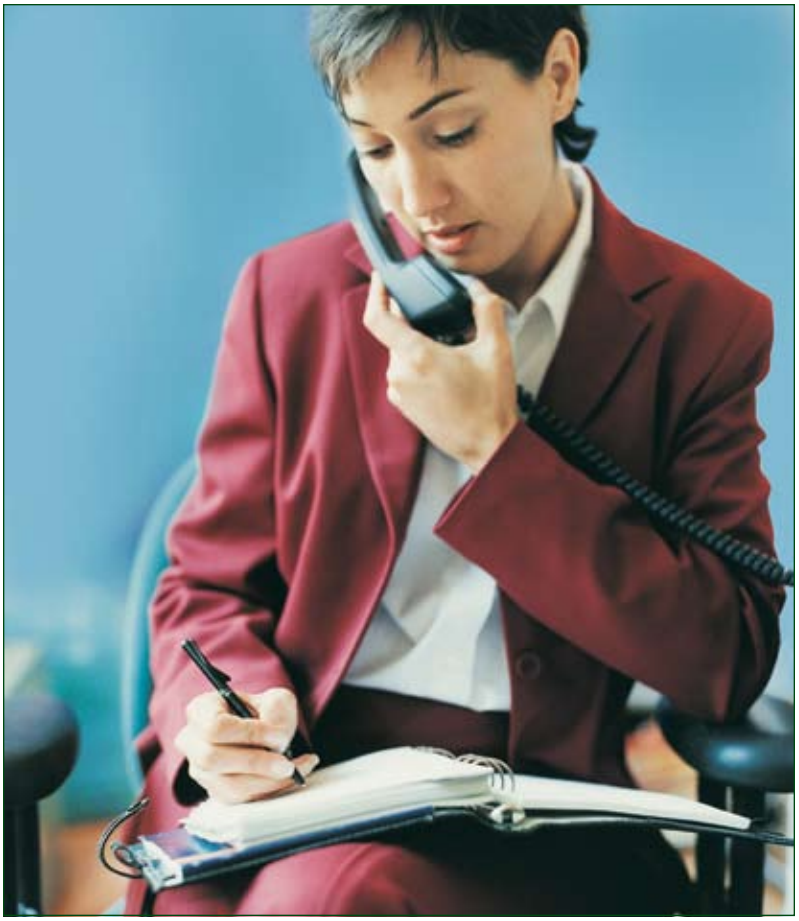
For a much more thorough discussion of evaluation methodology for worksite wellness programs plus actual sample evaluation instruments please consult Health Management Guide entitled "Program Evaluation: A Key to Wellness Program Survival," available from Summex Health Management and can be ordered with the order form at the end of the publication.

3.2 Using Evaluation Results

Before finalizing any program evaluation plan, it is important to consider how evaluation results will be utilized. There are a number of possible things that can be done with the results of evaluation efforts to make maximal use of the findings.

Feedback to Employees: One important way to use evaluation results is to feed the information back to the employee work force as part of an employee newsletter article or a presentation describing the average or aggregate scores or other quantitative and qualitative information.

Periodic Reports to Senior Management: Another good use of periodic program evaluation results is to summarize the key information and put it into a monthly or quarterly report format and route it to various senior managers. This periodic report should contain several graphics, illustrating such things as program participation levels, follow-up on program results, or participant satisfaction. This periodic report may have a more complete version that can be distributed upon request to important decision-makers.



Annual Summary Reports: For additional use of evaluation results, a summary of the year's program activity and various evaluation results can be developed and distributed. This annual report can also be used to catalog the variety of activities conducted under the auspices of the program and to contribute to the improved marketing of the program.

Publications: The evaluation results can also be used in the form of articles in the professional or business literature. The methodology used for evaluation and the results can be written up for publication in a variety of different places.

Re-design of Program: The evaluation results can also be used to help redesign the wellness program for the next period of activity. Decisions concerning the choice of types of programming, enhancing participation, selecting the best information emphasis in newsletters, arranging the best hours of program scheduling, or choice of vendors can all benefit from information that is carefully collected through program evaluation.

3.2 Evaluation Do's and Don'ts

Several "DO's" and "DON'Ts" are important to keep in mind when planning and conducting a wellness program evaluation. These include the following:

"DO's"

- **Do** plan the evaluation while designing the program.
- **Do** formulate how you are going to evaluate your objectives before you finally adopt them.
- **Do** commit your evaluation plan to paper.
- **Do** consult with those who know more about evaluation.
- **Do** read some articles on program evaluation.
- **Do** ask what use each piece of information will be put to before you start collecting it.
- **Do** develop a draft evaluation plan in order to help identify basic data requirements.
- **Do** get the draft evaluation plan signed by senior management.
- **Do** seek input into the plan from those who will have to ultimately provide the data.
- **Do** select a few key pieces of information for each of the major areas.
- **Do** collect information in a consistent manner.
- **Do** try to use valid, reliable methods and measurements.
- **Do** plan how the evaluation results will be used.
- **Do** provide feedback for volunteers and participants on the results of evaluation activities.
- **Do** set priorities in evaluation if time is scarce.
- **Do** get help for the more mechanical, time consuming chores.
- **Do** build evaluation data processing into your vendor contracts.
- **Do** seek help from graduate students if available.
- **Do** consider publishing your results.

"DON'Ts"

- **Don't** listen to those who tell you that a full-blown research approach is the only thing that makes sense.
- **Don't** collect any routine data unless you know how it will be used.
- **Don't** change your basic definitions along the way, make sure they are what you want up front.
- **Don't** get too "researchy."
- **Don't** get too detailed and lose sight of the main evaluation objectives.
- **Don't** do all formative or all comparative evaluation, but rather balance the two types of evaluation.
- **Don't** get intimidated by academic researchers.
- **Don't** fail to examine the availability of data before committing to do an evaluation.
- **Don't** generate orphan data that does not have a home or a family.
- **Don't** let processing of raw data get too far behind.
- **Don't** get sidetracked by other people's interests in evaluation.
- **Don't** fail to use graphics in the presentation of the evaluation results.
- **Don't** let evaluation activities become politicized.
- **Don't** forget your primary evaluation constituency—those who control the budget.
- **Don't** forget to get help from some graduate students if they are available.

3.3 A Checklist for the Evaluation Phase

The following checklist is intended to be a practical way to help you structure and organize your program evaluation efforts.

Evaluation Phase Checklist

❑	We have decided to address the evaluation issue as part of the planning process.
❑	A set of five to eight measurable and time-limited program objectives have been drafted.
❑	We have identified key data requirements for each objective.
❑	We have discussed evaluation objectives and expectations and clarified them with senior managers.
❑	We have identified and received approval for the preliminary evaluation timetable.
❑	We have identified primary and secondary data collection sources.
❑	We have received technical advice on the evaluation objectives and methods.
❑	We have established a set of standardized evaluation questions that will be used with all applicable wellness program activities.
❑	We have established a clear process for summarizing and aggregating participant feedback on the program.
❑	We have established a clear process for summarizing results from screening or testing activities.
❑	We have developed an annual wellness interest survey.
❑	The annual wellness survey will be used to generate longitudinal data on health risk factors in the work force.
❑	We have identified a series of key organizational indicators.
❑	The key organizational indicators will be monitored over time to detect changes in major trends.
❑	We have received reactions from major groups on proposed evaluation activities.
❑	We have identified the specific use of evaluation results.
❑	The form of evaluation results has been identified and agreed upon.
❑	We will use graphics in developing the package of evaluation findings.
❑	Acceptable levels of evaluation results have been articulated.
❑	We have identified all the uses of the evaluation results.

Evaluation is a critical endeavor, even for new wellness programs. Do not overlook the importance of structuring programs from the beginning in a way that will expedite their evaluation. With some careful planning, it will be possible to provide a sound rationale for the continuation and expansion of employee wellness. ★

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vercoming The Tough Problems

This section deals with suggestions for solving some of the toughest problems facing those who are planning and implementing worksite wellness programs regardless of the type of program model. The suggestions here are designed to provide practical and current advice on successfully meeting many of the key challenges to effective programs.

4.1 List of Problems to Be Addressed

Almost all employee wellness programs usually run into some very similar problems. This section is designed to deal with some of the more typical problems wellness programs are faced with solving. The following are the problems to be addressed in this section:

- ✓ How do we keep strong middle level management support?
- ✓ How can our program address issues of downsizing and low employee morale?
- ✓ How do we reach families with our program?
- ✓ How do we reach the high-risk employees?
- ✓ How do we work with unions?
- ✓ How do we affect health care costs with our program?
- ✓ How do we change health attitudes and health beliefs of people?
- ✓ How do we change safety and risk-taking behavior?
- ✓ How can we avoid any discrimination complaints about our program?
- ✓ How can we integrate a more holistic approach to wellness into our program?
- ✓ How do we program in small remote worksites?
- ✓ How do we set up a "wellness center"?
- ✓ How can we reduce our sick leave absenteeism?
- ✓ How can we change our organizational culture to make it more wellness-oriented?
- ✓ How do we reach retirees with wellness?
- ✓ How should worksite wellness be integrated with care provided by managed care vendors?

How Do We Keep Strong Middle Level Management Support?

Middle managers are one of the keys to a successful employee wellness program. They will need to support individual employees participating in the program and agree to any infringement on work time that is required to conduct various components of the program. First, middle managers may be defined as all managers between first line supervisors and the top five to seven senior managers in a corporation. These managers generally supervise line supervisors and comprise the great bulk of managers in organizations with more than 1,000 employees. They, as a group, are not typically a prime focus of internal marketing for employee health programs. The problem is that if they are ignored (or taken for granted!) they can effectively limit the impact of the wellness program in very subtle and not so subtle ways. Some of these methods include:

- **Personally ignoring the program:** The middle level manager is usually in significant competition with their peers and may choose, through the pressures of the job, to ignore their own "wellness" and not participate in the program activities.
- **By often alluding to the "bottom line":** This message is usually communicated in ways that undercut any issues that are outside of the current range of crisis issues that usually have the attention of most middle managers. This essentially means that anything that does not contribute to immediate revenue and expense is relegated to a lower priority level.
- **Disregarding the program's needs:** This takes the form of preempting room assignments that conflict with the wellness program or in effectively reducing the program's internal marketing by limiting access communication channels or other approaches. This method usually demonstrates that the manager does not place a high priority on the program.
- **Covertly resisting employee participation:** This approach involves the recalcitrant manager letting it be known informally that he/she is not supportive of the idea of employees taking time away from work for "wellness" activities. They may sometimes do this by making jokes about people who are participating in the

program or by making derogatory comments about the activities in small group settings. The way this comes across to supervisors is as an informal norm that applies to employees within that work unit. Managers have to be careful that their resistance is not too evident because they may risk being called on "the carpet" for obstructing the program. This covert kind of resistance is therefore the most pervasive and at the same time difficult to deal with because it can be denied.

➤ **Active resistance to employee participation:** This form is more overt and is usually expressed by the organizational "maverick" that may use his/her resistance to further signal how unique and "aggressive" they are as managers. Production goals take precedent over the needs of employees to improve their health and well being in this scenario. For example, this manager may circulate a memo that emphasizes that production goals must be met before anyone is released for wellness activities.

These various types of resistance range from the very passive to the very active. The reasons for the resistance need to be formally addressed in preparing a strategy to minimize its adverse effects on the program. The best ways of determining what the "real" reasons for resistance are is to go to the individual directly and talk about their position on the program. If that is not practical, then set up an opportunity to meet with a group of managers at the same time as the time of another managerial meeting. You can then state your concern and then ask some specific questions that will help you deal with the problem.

One scenario of how that might go is as follows: After determining that there is no widespread problem of the program infringing on production goals, you request some time on the agenda of a division manager's meeting to briefly discuss the need of more closely fitting the employee wellness program into on-going work schedules. You might say something like:

> "Thanks for the opportunity to speak with you briefly about the Living Well program. As you know, we have been trying to offer programs in such a way that they do not impact adversely on employee productivity. We are concerned that employees who participate in events scheduled during work time, like the smoking cessation classes that ended last week, don't adversely effect your production goals. I would appreciate any feedback from you on the following points:
>
> - First, is there a specific productivity problem related to attendance of some employees at Living Well workshops? If so what are the specifics of the situation?
> - Second, is there a way to schedule the programs so they attract as many employees as possible, without impacting adversely on your production goals?
> - Third, would you let me know when there is a problem with any individual or group that is causing you some difficulty in scheduling or production?"
>
> After hearing their comments you say: "Thanks for the opportunity to get some feedback from you and please contact me if you have any questions."

This little vignette points out that the best strategy is to affiliate yourself with helping the middle managers meet his/her objectives (and needs!) as managers. If you can identify and address the needs that managers have, then they will usually soften their resistance toward the program.

Some possible strategies for dealing with individual managers that are not cooperating with the employee wellness program are as follows:

- **Talk with some first line supervisors.** Find out what kind of effect your programs are having on the flow of work. Ask about the inconveniences or hassles employee participation in your program creates. Find out if there are any ways of minimizing the adverse impact of the problem.
- **Meet with the uncooperative manager(s).** Find out specifically why the individual(s) is withholding support and cooperation. You should come prepared to share some specific evidence of resistance by that manager, but only share it if resistance is denied. Ask questions about how they perceive the effect that employee attendance at wellness program activities has on overall work performance.
- **Explore the development of a "release time" policy.** This kind of policy generally states that employees are encouraged to attend wellness program activities as long as routine work functions are not disrupted. This kind of policy will cause the "maverick" resistor to be made more visible. The policy can also be used by assertive employees to gain an advantage with supervisors, which can improve the situation or cause it to deteriorate.
- **Offer to develop a memo to employees that highlights the problem and makes an appeal.** The straight-forward method would be to put the problem down in black and white so employees know that future scheduling for wellness programs will be contingent upon no disruption in work performance.
- **Offer to set-up a pilot test.** For the recalcitrant middle manager, offer to set up a pilot program in order to test the often firmly held conviction that "time equals productivity." In a few occupations and jobs this is true, but for the vast majority of jobs the individual has direct control over their own productivity. If they want to be more productive they can and will be. The test may include the identification of some performance criteria or indicators, and then the scheduling of a program or series on work time to test the gross effect of the program on the agreed upon productivity indicators.
- **Enlist the help of influential peers.** For managers who are supporters of the wellness program, enlist their help in convincing their peer that the program is worthy of support and that it does not represent a net drain on the productivity of staff.
- **Support the adoption of wellness oriented middle management goals.** Another strategy includes the adoption of goals for middle managers that deal with employee participation levels or involvement in wellness activities. An additional variation on this same theme is to integrate absenteeism, worker compensation costs, and health benefit costs into the cost structure of the major organizational unit as a part of incentive bonus plans for key managers. This effectively ties personal financial rewards for key middle managers with the illness and injury experience of a particular work group.
- **Conduct special programs for the middle managers.** This strategy utilizes the design and provision of programs that allow the key management staff to experience first hand, such as the fitness assessment, cholesterol test, blood pressure screen, and BMI. This helps them develop some enthusiasm and ownership over the program. These kinds of sessions can be "piggy-backed" onto retreats or other management meetings.
- **Publicize carefully selected personal health accomplishments.** This strategy involves keeping track of individuals from the uncooperative managers staff that have made very significant health accomplishments (i.e., lost 80 pounds, triathlon at age 50, 100-mile bike trip for a highly sedentary employee, etc.) and publicizing their accomplishments in company newsletters, or in special flyers. This will tend to highlight the uncooperative posture of the manager involved.
- **Develop a program option that will help increase the productivity of staff of that division.** This approach involves designing

a special program to help employees be more productive during key "crunch" times. For example, offering a stress management course during lunch hour for a highly stressed work group with the intent of providing helpful techniques on how to maintain production under the current stressful work situation.

- **Provide a personal focus on the uncooperative manager.** For key individuals that are uncooperative, approach them with some special programming opportunities. Have them go through a pilot of the health and fitness testing you want to introduce or have them use a complimentary pass to a local fitness facility to help you evaluate that facility. This specialized attention is provided to help educate and open the possibility of developing support for the employee wellness program.

- **If all else fails, try the end run!** This option involves enlisting the support of senior management to place direct pressure on the offending manager(s). This kind of "top management" support may be absolutely necessary when the resistance from the middle manager is not based on rational issues or concerns.

These are just a few of the possible strategies that you can use to improve the support your program receives from middle managers.

How Can Our Program Address Issues Of Downsizing And Low Employee Morale?

A famous lyric from a Bob Dylan song of the sixties was "...it doesn't take a weatherman to tell which way the wind is blowing..." The same is true of our current times. Clearly, work organizations are changing rapidly and consequently adverse effects are becoming more visible. Rapid change is a necessary process for American business to engage in, but it often strains our ability to cope with the change. In an era of greater market globalization and competition it is an increasing organizational necessity to remain competitive and to shake up our often mediocre approach to work performance. Mergers, acquisitions, and divestitures are all part of dynamic markets. Public sector organizations also have the added pressure of wholesale shifts in budgets, tax payer resistance and attitudes toward governmental entities to deal with. All of these things are necessary responses to changing times, changing values, and changing markets. However, when they all come together at the same time, it can produce a very significant set of adverse effects on the people in work organization.

The underlying perceptions behind these adverse effects can take many forms. The perceptions I most often observe are as follows:

- Loss of a sense of commitment to the organization
- Less willingness to "go the extra mile," in a pinch
- A sense of uncertainty and a loss of hope for the organization
- A much stronger form of "what's in it for me?"
- A general sense of malaise and fatigue
- A loss of the ability to enjoy social events
- A greater reliance on non-work activities to meet personal needs
- A sense of increasing pressure and concern for burnout
- A higher sense of fear about losses, ill health, and organizational disruption
- A sadness about the loss of the "old ways of doing things" with some expressions of grief
- An awareness of the productivity losses associated with "presenteeism."
- A sense of overload and saturation with choices and change

The organizational effects these changing perceptions bring are also many in form and expression. Some of the more typical ones are:

- An unwillingness or resistance to fill out surveys, attend wellness and health-related activities, or other activities
- A similar unwillingness to attend any self-improvement oriented activity at the worksite
- Increased level of sick leave use
- Increased level of filing of health claims
- Increased occurrence of stress-related or somatic health complaints
- Increased rate of minor work-related injuries
- Increased rate of employee complaints or grievances

- Increased level of inter-personal conflict
- Increased workplace violence
- Increased vandalism of work property
- Lower levels of employee volunteer activity
- Fewer observances of special events such as birthdays, special acknowledgments, etc.
- Possibly greater occurrence of workplace theft
- Less long-term career planning concerns within the company or organization

Following are some suggestions on how to provide leadership through your wellness program to address these very important organizational issues:

➤ **Build a human capital approach to human resources with your wellness program as a platform.** Take the lead at proposing a more global approach to the problem.

➤ **Acknowledge the common sources of pain.** Ratify people's unspoken concern by acknowledging the pain and its source.

➤ **Identify the process of change that is going on and bring it into the open.** Recognize the situation for what it is – a necessary part of current day realities.

➤ **Emphasize the connectedness and common community that exists for everyone within the company.** Use every opportunity to build a sense of community and highlight the inter-relatedness of each individual's function and role.

➤ **Be an advocate for important organizational ceremonies that build a sense of community.** Campaign for maintaining the activities that give people a sense of hope for the future.

➤ **Begin to integrate spiritual health issues into your programming.** Look for opportunities to include spiritual health interventions, such as values clarification, exploration of purpose, examination of what gives meaning to our lives, emphasis on the setting of priorities and personal objectives, communication themes of personal excellence, and improved quality of life.

➤ **Emphasize quality of life issues in the context of the program.** Look for ways to bridge traditional wellness issues with quality of life concerns. Address topics such as life management skills, simplification of lifestyles, creativity, social skills, and seeking supportive relationships.

- **Start addressing the issues of "safe environments" and organizational "hope" more directly.** Give people permission to create "safe environments" and to talk about their hopes for the organization. Provide opportunities to discuss hopeful new changes or programs that are coming.

- **Look for ways to humanize technology.** When using highly technical systems, look for ways of anthropomorphizing the technology, such as naming systems with humorous acronyms and names, or looking for human parallels to machine processes. Try to bring the technology back into controllable human perspectives.

- **Address social health as a part of personal health.** Expand your definition of wellness to bring in social interactions and needs. This will give permission and make visible the importance of social relationships and the importance of a sense of community.

- **Emphasize healthy approaches to priority setting and simplification.** Address through communications, personal counseling, and education the need to periodically take stock and to determine what things are truly important to each of us. Help people see that priority setting is a requirement for a healthy life and lifestyle.

- **Incorporate worklife-family and leisure themes.** Provide the visibility and credibility for worklife-family balance and for the importance of leisure pursuits for good mental health and long term productivity.

- **Look for opportunities to value creative problem solving and empowerment.** Fully integrate the message of empowerment and the need for creative problem-solving into the various communication channels for your program. Begin to reinforce the concept and the value it has to minimize a sense of helplessness.

- **Add a "financial wellness" emphasis to your program.** Many of the concerns of today's employee work force stem from concerns for financial security by broadening your traditional program you can meet a felt need.

- **Look for ways to bring lightness and humor into the workplace.** As an area of long-standing importance for wellness programming, work to bring some lightness and humor into the workplace to help provide a counter-balance to the increased levels of concern and anxiety. There may be no other place in the organization that can perform this function.

These are just a few of the things that employee wellness programs can do to counter some of the more negative effects of wholesale change in the today's worksite.

How Do We Reach Families With Our Program?

There are several different types of strategies for increasing family involvement in wellness programs. First of all, it is important to recognize some of the reasons why it makes good sense to get more family members involved in workplace wellness programs. Some of these reasons include:

- We generally recognize that family members have a significant impact on each other's behavior. Therefore, involvement of family members in programming will usually tend to help them be supportive of and reinforce selected behavior changes attempted by employees. This is particularly true in the areas of tobacco use, nutrition, exercise, and seat belt use. Including family members in programming will usually help remove family member resistance to lifestyle changes and will hopefully lay the groundwork for active support of those changes.

- Family members utilize a significant amount of the health services reimbursed under employee benefit medical plans. Their level of health and well-being has a significant financial impact on employers. This factor can frequently be used to support the inclusion of family members in programming.

- The addition of family members to specific program components can help improve the cost-effectiveness of the programming, particularly if the demand for the program among employees is not great and excess capacity (i.e., empty seats!) exists. This is particularly useful in wellness assessment programs.

- The effects of involving family members in wellness program activities, particularly in the areas of employee morale, employee loyalty, and employee retention, are generally very positive. The creation of a family-oriented work culture has positive value for a large portion of most work groups.

Strategies for increasing family member involvement in wellness include:

- **Make it a formal policy.** In the development of a set of general wellness policies for the workplace, it is important to make a formal statement as to the desirability of family member involvement in specific aspects of the wellness program. This statement should be reinforced periodically to illustrate the commitment of senior management to the concept.

- **Offer programs at convenient times for family members.** Programs such as smoking cessation, weight management, and resiliency education can be set up to provide a time slot for use by family members. However, distinct differences exist in different work groups as to what times of the day are better for family member involvement. The major options include early morning (7-9AM), lunch hours (11AM - 2PM), right after work (3-6PM), and evening (7-9PM) programming times. A survey of employee family members linked to specific program options will probably determine the most potentially successful scheduling pattern for your work group. Specific family characteristics usually are associated with each of the various time options. The presence and age range of children and working status of the spouse are key variables in their choice of the various major program scheduling options.

- **Build times for spouses into major programs.** Provide a special opportunity designed specifically for spouses that will help employees who are attempting to make a major behavior change (i.e., weight loss, smoking cessation, physical activity) receive support from their spouse. The session can include such things as the importance of the change, the probable side effects and spill-over effects at home, fundamentals of behavior change, supportive behavior options for spouses, etc. By building this component into long-term behavior change programs, you can provide a formal message about the importance of family members in the process of behavior change.

- **Include spouses in biometric testing programs.** When biometric testing programs are conducted, provide an option for spouses to be included as participants. Spouses can be fully or partially subsidized or not subsidized at all. By offering the testing and prescriptive part of the program to spouses, you gain crucial family support for recommended lifestyle changes, and also increase the volume of participants going through the program, possibly reducing unit cost for those participants subsidized by the employer (this does require the negotiation of volume discounts ahead of time from the wellness vendor you use). Providing a joint counseling session where both employee and spouse are counseled together has the potential to help them support each other more consistently.

- **Provide incentives for including spouses in programming.** Offer fee rebates or discounts if spouses participate in programming. Special lotteries or drawings can be held for those employees who bring their spouses to the program. Formal inducements like these communicate the seriousness of the intention to have spouses participate in wellness programs.

- **Use social events to help incorporate family members.** Nutritious potlucks and wellness-oriented annual picnics are two types of social events that can be used to encourage family member involvement in wellness oriented activities. There are other kinds of events like family hikes, fund raising events, etc., that can be used to incorporate family members.

- **Use financial gain-sharing based on family health care utilization.** Financial gain-sharing incentive programs, based on the amount of health care claims filed by an employee and their family members, can be designed and operated

by an employer. Wellness "bonus" points can be added for a non-smoking employee, spouse, and dependents, weight within ideal range, fitness scores, etc. There are more than thirty different wellness-oriented measurements and related program participation that can be used in an incentive gain-sharing program. The primary issue here is the inclusion of the family members in an incentive program that includes lifestyle behaviors.

- **Incorporate family support issues in behavior change programs.** It is important to build family member support issues into the design of program content in the areas of exercise, smoking, weight management, nutrition, safety practices, substance control, and stress management. The family support issue can be addressed directly in the course content, added in the form of discussion questions, and/or evaluated in questionnaires or follow-up instruments.

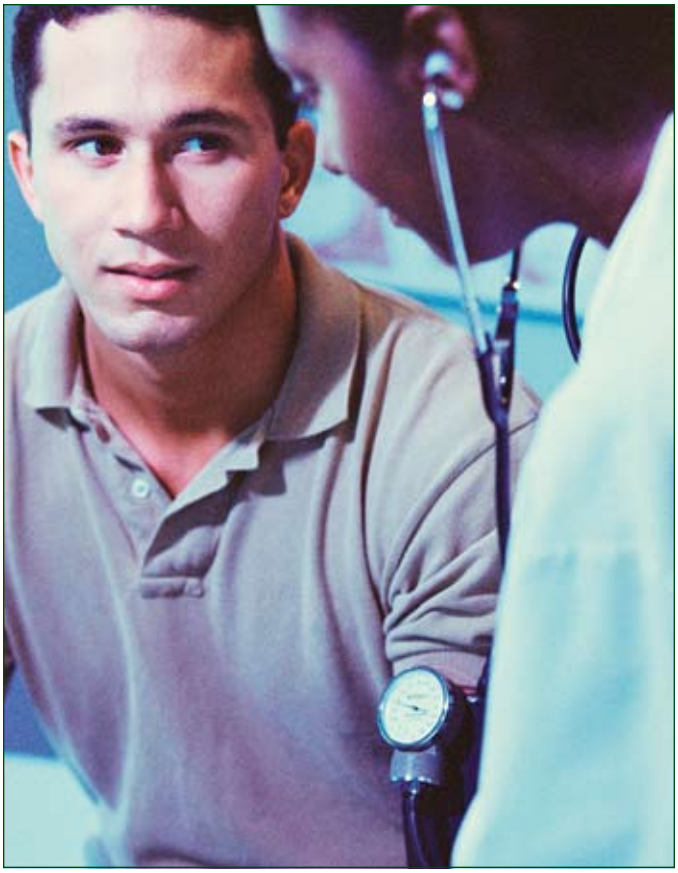
- **Mail wellness newsletters to the employee's home.** Another method for involving family members in wellness issues is to mail monthly or quarterly wellness newsletters to employees at their homes. The potential for them to be read by family members is substantially better if they are mailed home. This is particularly true when the newsletter is eye-catching and has interesting information or activities in it.

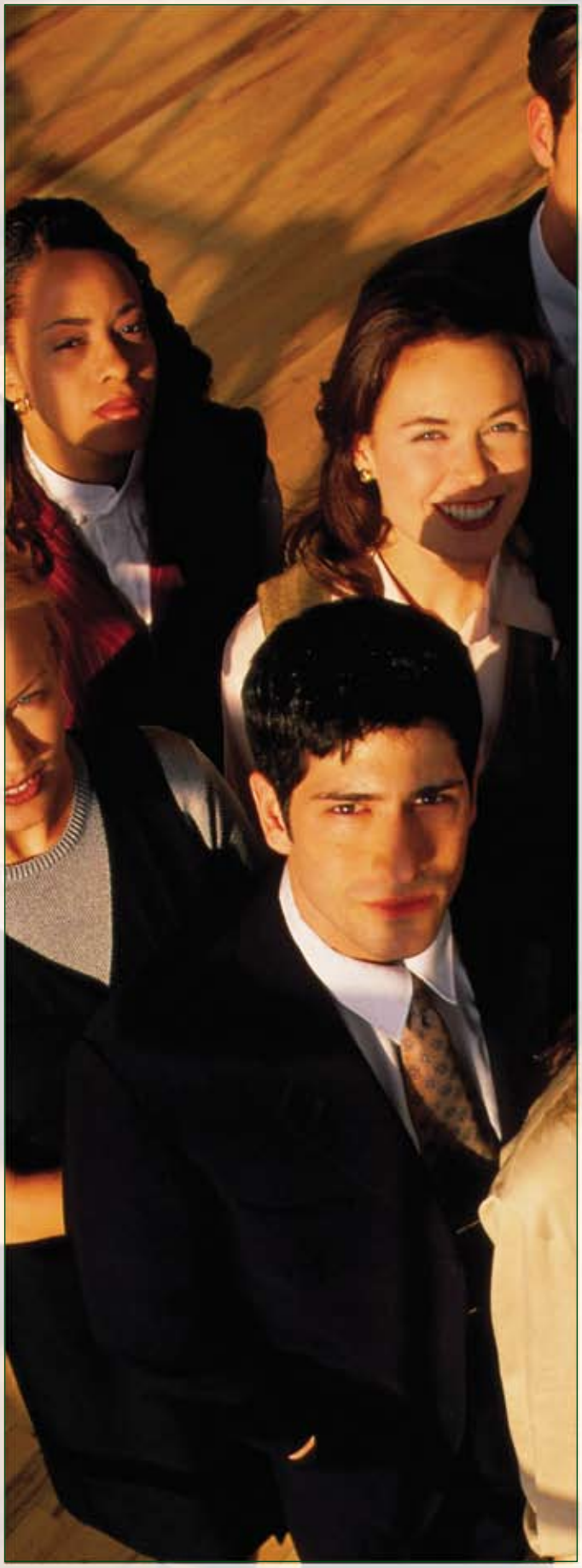
- **Have the spouse of a senior manager communicate directly with employee spouses.** A communication from a senior manager's spouse about the employee wellness program, with an invitation to specific events or activities, can create interest in the family members of employees. This needs to be a long-term strategy consistently applied in order to be successful. It has the potential to overcome some of the "gatekeeper" tendencies of employees who are not interested in wellness issues and do not usually inform their own family members about program opportunities.

Obviously, these are just a few of the possible ways of strengthening family involvement in employee wellness programs.

How Do We Reach The High-Risk Employees?

Reaching the high-risk employees should be a priority of all wellness programs. Drawing these individuals into your program takes a conscious effort. First, let's define what a "high-risk" employee looks like. There is no standard or accepted definition for what constitutes a "high-risk" employee. From an operational point of view, they can be defined as any employee with readily observable risk factors (i.e., grossly overweight, heavy smoker, decidedly low tolerance of excess stress, abusive personality, high levels of absenteeism, "type A" personality, poor social skills, weak social relationships, etc.). From a clinical point of view, it may be the employees with observable risks along with elevated cholesterol, poor HDL ratio, hypertension, family predisposition to specific diseases, a diabetic condition, elevated risk of cancerous condition, aversion to seeking medical attention, etc. Decide what definition you want to use for "high-risk" at the beginning and it will help in the selection of the approach you use in order to enhance your impact on this part of your workforce. "High risk" can also mean someone with a low "Overall Wellness Score" (OWS) indicating several major health risks.





A few studies have examined the percentage of high-risk employees in a typical employee workforce. The customary range is approximately 31% - 53%, depending on the age, gender, education levels, and cultural norms of the work group. An important consideration is that this group typically utilizes more health services and more sick leave time than their low-risk peers. Therefore, this portion of your employee population is of significant concern, particularly if your wellness program is viewed as part of an overall "health cost management" strategy. Being able to make significant progress in reaching the high-risk portion of your workforce is frequently critical.

One stereotype of the high-risk employee includes someone who has probably tried to change their behavior, not succeeded, and is generally resistant and slightly resentful of any direct pressure to change a major lifestyle behavior. These individuals will generally choose to rationalize and avoid the opportunity afforded by your wellness program to test or screen for health risks. Nevertheless, remember that there is evidence in the literature that some high-risk individuals will voluntarily elect to go through coaching programs. However, in general, they tend not to be involved in employee wellness programs.

One useful approach is to talk with some of your high-risk employees who typically do not participate and probe as to why they do not get involved in your program. The answers underneath the surface are important in getting to the real reasons that are behind their behavior. This is not easy, but it is extremely important in selecting the best formal approach to involving more of your high-risk employees. Once you have determined what some of the more typical (and subtle) issues are, then check the following list for strategies that might be the best choices for your specific situation.

- **Use a lottery approach.** One approach to getting more high-risk employees is to offer health and fitness testing opportunities on a lottery basis rather than on a strictly voluntary basis. By placing the names of all employees in a pool and randomly drawing out those who are to receive a "coupon" which entitles them to go through a wellness assessment process, you can end up with a much higher percentage of high-risk employees using your program. Since the drawing is random, it is possible to get a representative sample of individuals by their risk prevalence status. Since high-risk individuals

tend to be under represented among voluntary participants, the lottery can significantly increase their involvement in the program. Based on experience with this approach, you can expect somewhere around a 6% rate of refusal among those who are selected in the lottery. Additional benefits of this approach include a random cross-section of data from the entire work group, as well as the ability to have considerable control over the budget by knowing in advance how many testing "slots" would be offered to employees.

- **Survey employees for insights.** Another approach is to provide a targeted survey process that probes into ways that programming can better meet the needs of high-risk employees who are asked to respond to the survey. The survey can be constructed so that non-participants are the primary target of the survey. This approach can also communicate the interest and concern of the program for the high-risk employees. If an interview process is used with a series of questions designed to uncover some of the more subtle reasons why people are not participating, then it may be possible to design much more effective programs and marketing efforts for high-risk employees. Also, the expression of concern that can be made directly by program staff as part of the interview process can also have a very powerful effect on those interviewed. The selection process for the sample can focus on those with outwardly evident high-risk conditions.

- **Use a "buddy-type" incentive.** Another approach is to design a "buddy-type" feature into most of the programs that would appeal to a high-risk employee. The "buddy-type" incentive provides a fee discount or special prize for bringing a friend to the program. Another corollary feature would be a buddy support type feature to the program which would help with completion of program series and behavioral adherence. This type of emphasis would be seen through out the program's design. Another logic extension of this idea involves the use of support groups focused on specific areas of behavior change.

- **Use strong incentive "carrots."** One additional approach is to offer a strong "carrot" in order to entice the high-risk employee off the "fence." For example, Mrs. Field's Cookies, Inc. offered all employees that smoke a $200 cash bonus if they stop smoking immediately. If the individual resumed smoking then they agreed to pay back the $200 immediately. The agreement was drawn up as a legally binding contractual relationship. This same approach can be used with any high-risk behavior.

- **Use a "sneak up on them" approach.** Another approach includes program designs that more aggressively bring the programming to employees. For example, using a "sweep" type approach to blood pressure testing, rather than the more conventional approach where interested employees go to the site where blood pressures are being taken. Under a "sweep," the individuals who are doing the blood pressures actually come to each employee at their workstation and ask if the employee wants to have their blood pressure checked. This more aggressive form of testing usually has much higher rates of penetration within the workforce involved.

- **Conduct periodic mandatory orientations.** One method for reaching more of your high-risk non-participants is to conduct periodic mandatory orientations that provide an overview of the wellness program. These orientations may be structured to market the various program components with an opportunity to sign up for specific programs. This approach can be organized around individual work groups and used to encourage program involvement.

- **Use progressively stronger policy positions.** Another method to involve more of the high-risk employees is to slowly make stronger policy statements on issues that directly effect specific risk factors. For example, progressively tightening smoking policies or providing differential premiums for life, accident, and health insurance for those within the "ideal" weight range. Informally, it is possible to link job promotions or "outside" jobs to healthy lifestyle choices and more recently several employers have opted to not hire smokers.

- **Conduct "we care about you" campaigns.** Another option is to openly address those with high health risks in a letter that goes to all employees and, in a sincere way, express concern for the effects of health risks on the personal well-being of individual employees. This approach can be particularly effective following an unexpected or tragic death of a younger employee from heart disease or suicide. This is essentially an emotional appeal to the high-risk employee with a specific programming opportunity.

- **"Straight talk" to employees.** This approach involves a letter from the CEO or chief administrative officer detailing the concern for increasing health care costs and other health related business costs, along with a concern for enhanced productivity, the effects of various major risk factors, and the need to do all that is possible to ensure job security and overall profitability. If the employer is unionized, coordination of the statement with union officials is advisable. The use of specific numbers and data about the company is necessary to present a clear picture of the situation. This action, if repeated, will help to change workplace norms over time.

- **Use active personal intervention.** Perhaps the most aggressive strategy is to adapt the alcoholic intervention process to the confrontation of the high-risk individual. Under this approach, several coworkers, family members, and good friends meet to plan a formal confrontation with the individual using the facts of their own lifestyle choices and the probable effects on their health. The model is currently in use in the areas of substance abuse and can be fairly easily adapted to use with long-time smokers, the morbidly obese, and those with multiple cardiovascular risk factors. The individual still maintains responsibility for any decisions, but those who care about him/her have had an opportunity to directly share their concern with the individual.

- **Start a relational wellness process.** In this approach, wellness personnel consistently over time, contact those that are clearly at high risk, and through the development of a relationship, begin to draw them into the program's activities. This relational wellness approach is designed to break down the fear and resistance of those that traditionally stay away from wellness program activities that bring up past failures or are areas of denial on the part of the individual.

- **Make the completion of HRAs a requirement for continued health benefit coverage.** Another method involves the implementation of a policy stating that in order for employees to continue to have health benefit coverage, they must complete an annual application that includes an HRA or health assessments at periodic intervals. This is a "shared responsibility" model rather than an entitlement model. This also allows the individual to be periodically exposed to their own issues of health risk and makes it almost impossible for them to ignore the issues that they may be in denial about. These forms of incentives are some of the newest approaches to creating effective HPM style programs.

- **Offer premium discounts for those who participate in programming.** Another approach involves the use of a lower health benefit premium contribution or discount for those who participate in the program. This has the ultimate effect of placing a higher premium on those who tend to ignore their own health and health risks and can be used to get the attention of many of those that will usually ignore their own health. This is more of a "tough love" approach to health management or what is referred to as a "play or pay" approach.

These are just a few of the strategies that can be used to increase the impact your program has on high-risk employees.

How Do We Work With Unions?

Many large employer organizations have one or more officially recognized collective bargaining units. Some types of industries are much more heavily organized than others. Regardless of the type of union (craft, industrial, general labor, independent, affiliated, international, local, or national) or the type of shop (closed, union, agency, or open), it is important to establish an early working relationship with key bargaining groups. Usually, the business representative for the bargaining unit is the key person to work with in developing an employee wellness program.

However, care should be taken in seeking management approval to work closely with union officials before proceeding very far. This is particularly important in work settings where there is a substantial amount of alienation, contention, bad feeling and distrust between labor and management groups. Needless to say, it is extremely hazardous to get yourself (and your program!) into the middle of a labor/management dispute. If at all possible, a wellness program should be implemented so that it builds trust between labor and management groups. Some suggestions for working effectively with unions are as follows:

- ✓ Get early approval to work with unions, in the design of the program.
- ✓ Involve key union staff in the employee interest survey and program planning process.
- ✓ Be prepared for some "testing" and "posturing" by union representatives to test your sincerity.
- ✓ Be careful about letting the program become an issue for bargaining. When possible, remove it from the table.
- ✓ Be sensitive to the issue that management may want to provide a wellness program to employees as a "quid pro quo" for health cost management concessions.
- ✓ Be aware that union "rank and file" may not reflect the same values expressed by union leadership. Therefore, the use of an employee interest survey may help bring recalcitrant union leadership closer to their membership's views regarding wellness (which may make your job easier or harder depending on the situation).
- ✓ Be aware that organized labor organizations usually see wellness programs as an effort by management to sidestep their responsibilities for maintaining a safe, hazard-free workplace. Organized labor sees its primary obligation as "control of the work environment" (AFL-CIO, Resolution on Health Care Costs and Worksite Health Programs, October 23, 1985, Industrial Union Department). Therefore, attention will most likely be focused on occupational health risk factors, as opposed to lifestyle health risk factors.
- ✓ Be prepared to link lifestyle risk factors to occupational risk factors and the relative contribution each makes to the frequency and severity of worker illness and injury.
- ✓ Be aware that union leadership will usually be most heavily concerned about:
  - Equal representation in planning and operation of the program
  - Confidentiality of program information
  - Participation in the program having no bearing on grievances
  - Disciplinary action consequences or impact on promotional opportunities
  - The effects of working and social conditions on health
  - Any form or hint of coercion (i.e., mandatory provisions)
  - Use of any penalties or "sticks" instead of "carrots"
  - Equity of access to all shifts, work locations and personnel
  - Respect for seniority provisions
  - Impact on possible lay-offs
- ✓ Be prepared to link the long-term effects of your wellness program to the costs of benefits, and consequently to potential future wage and salary gains for union membership.
- ✓ Be sensitive to the dynamics of how union requirements for wellness programming may affect employees who are not part of a collective bargaining agreement.

- ✓ Be sensitive to the use of union printers and unionized facilities for program activities (i.e., look for the union "bug" on printed material, union-made sportswear incentive prizes, etc.).
- ✓ Finally, try to maintain a reasonable level of neutrality with the health and well being of the rank-and-file employee as your primary concern (and also remember who signs your check!).

Working with unions is an extremely important part of the long-term success of worksite wellness programs in work environments with collective bargaining. Do whatever you can to establish a strong partnership with union leaders.

How Do We Affect Health Care Costs With Our Program?

As the health care reform debate works its way through this decade, there will be more and more pressure to define the role of worksite-based wellness programming in ways that help modify people's use of health care services. From a global perspective on health care use, a small proportion of people do not use health care when they should, while a moderate proportion use it too much or unwisely. In addition, significant proportions of people use it for illnesses and injuries that arise from individual behavioral and personal choices.

If health care reform is to be effective over the long haul, it must set in motion both incentives and mechanisms to begin to manage the demand for health care, as well as reconfigure the supply side of the health care "equation."

The health care equation, in simplified form, can be stated as follows:

Total Cost = (Price x Quantity x Type of Service Used) + Admin Cost of Health Care

"Price" is the unit price of each service consumed, "quantity" is the number of units of services used, and "type of service" is the actual identity or nature of the service(s) that were consumed. "Administrative cost of health care" is the cost involved in paying claims, monitoring quality, protecting consumers, etc. "Price" needs to be stabilized, "quantity" minimized, consistent with good health outcomes, and the "type of services used" needs to be the least costly choices to produce the best health outcome.

A direct corollary of the premise that demand for health services must be managed, is the need to know the major factors that influence the use of health care services (i.e., the quantity and type of service used or utilization). Medical care literature is rich with studies that have attempted to dissect the influences of prescribed factors in the use of health services. The literature also demonstrates that the factors are multiple, extremely complex, highly interactive, and vary from population to population. There are endogenous (inside the individual) and exogenous (outside the individual) variables. There are age specific and age independent factors. There are modifiable and non-modifiable factors. There are culturally dependent and culturally independent factors. And the list goes on.....

In order to make this complex matter more simple (and hopefully more understandable), it is necessary to create some abstractions or generalizations. Here are some generalizations about what endogenous and exogenous factors affect health care use in a major way:

The Major Endogenous Factors:

- ✓ Family medical history
- ✓ Age
- ✓ Sex
- ✓ Sense of responsibility for personal health*
- ✓ Personal health behavior*
- ✓ Clinical risk factors*
- ✓ Safety and risk taking behavior*
- ✓ Attitudes about personal health and health care use*

The Major Exogenous Factors:

- ✓ Extent of insurance coverage
- ✓ Point-of-use cost sharing
- ✓ Geographic access to services
- ✓ Regional or local practice patterns
- ✓ Provider incentives for diagnosis and treatment decisions

The items with an asterisk (*) are those that traditional worksite wellness programs can directly affect. However, the two most powerful variables in predicting health care use are age and gender, and the literature is not entirely clear on the degree to which age-related and gender-related use

of health services is fixed or non-modifiable. Some more recent studies are showing significant reduction in health care use among older individuals with wellness-related interventions. This provides some promise for us that age- and gender-based health care use patterns may not be as fixed or immutable as we have thought. This may offer some real hope for the long-term stabilization of health costs and improvements in the quality of life throughout our individual life span, particularly as the population moves through the age wave in our demographics.

As to the question concerning the proportion of health care use that is modifiable by traditional wellness programming, it is anybody's guess. My guess is that we have an opportunity to prevent up to 25% to 30% of current utilization by focusing our efforts on programming strategies that address those items that have asterisks above. If these efforts are combined with the exogenous factors identified above, we may be able to reduce as much as 35% to 45% of utilization. In a trillion-dollar-plus health care economy, that is no small matter. Time will tell as to how all of this fits into the changing health care sector.

How Do We Change Health Attitudes And Health Beliefs Of People?

For this problem we will review the ways that wellness programs can directly affect the attitudes and beliefs employees hold about their health and about health care use. Attitudes are important because they act to shape behavior and influence expectations. Some of the attitudes that are key factors in influencing consumer decision-making about health and health care are as follows:

These beliefs need to be challenged because they are fundamentally not true nor are they helpful in empowering consumers to function more effectively in terms of their own health and well being such as under Consumer Driven Health Plans (CDHPs). The counter-points that wellness programs should advocate need to be presented with persuasive evidence, not overly detailed, but with as much credibility as possible. The counter-points will need to be repeatedly stressed because they fly in the face of conventional beliefs. These counter-points follow along with the specific beliefs identified above:

- **Disease and injury are not random occurrences, but are highly related to genetic susceptibility and lifestyle behavior.** This point is made by presenting major causes of mortality, the risk factors associated with the mortality and the proportion of health care use for diagnoses that are linked to specific modifiable health risks. The lack of randomness in the frequency of disease and injury is fairly well documented.

- **Genetic susceptibility does not guarantee that you will develop the disease.** The existence of a family medical condition or disease does not mean that the individual will get the disease in a fatalistic manner, it simply means that not taking preventive screening or behavioral measures only increases the probability that the condition or disease will actually occur. The existence of a hereditary pre-disposition should catalyze a more positive preventive

About Health....

- All illness and injury occurs on a random basis (i.e., "bad luck").
- Illness and disease are in my genes – there is nothing I can do about it.
- I can do things I enjoy and that are unhealthy and nothing will happen to me.
- I'm going to get old anyway, why not enjoy myself now?
- When I am sick I shouldn't be asked to do anything.

About Health Care....

- Medicine is 90% "science" and 10% "art," or "the doctor knows best."
- Those are my health benefits and I ought to use them.
- My health benefits should cover everything – or else they are no good.
- Doctors will fix me up like new if I have a problem.
- There is very little risk in receiving health care.
- If there is any chance it may help, go ahead and do it.

response, rather than a fatalistic acceptance of the "perceived eventuality" of the condition. Examples should be given for cardiovascular disease, reversal of arterial occlusions through lifestyle intervention, prevention of chronic obstructive pulmonary disease, peptic disorders, migraine headaches, etc.

- **Your lifestyle choices do have a direct effect on my health.** This counter-point is made through the presentation of the relationship between health risks and health care use. The major studies include Control Data Corporation, DuPont, Steelcase Corporation, and Southern California Edison. This point is also made by emphasizing the outcomes of major epidemiological studies such as the Framingham heart study, the other National Heart Lung & Blood Institute studies, the risk factor research published by the National Cancer Institute, and the Federal Centers for Disease Control.

- **Aging does not have to lead to chronic disease if you are willing to moderate certain behaviors.** This point gets made by showing risk factor changes in those over 55 and their impact on health care use. The published results of the HealthTrac program with Bank of America retirees would be a good study to use. Data from the National Health Survey for those over 65 with selected risk factors would be another useful source. Actuarial data on mortality from the Human Population Laboratory Studies in California would be another source to help demonstrate this point.

- **Sickness should not automatically mean "helplessness."** This point is made through a discussion of the importance of an individual's attitude in fighting a disease condition such as cancer. Another facet of this counter-point is the better documented aspects of the emerging field of psychoneuroimmunology, or body-mind medicine. Also, another part of this message may include the role that attitude plays in terminal conditions, mortality rates, and the dangers of excessive passivity in health care use. An additional point of evidence might come from the studies that show that patient attitudes directly affect patient care outcomes. Another related point is that many studies show evidence that simply labeling a patient as having a condition, such as hypertension, produces very adverse behavioral effects as the person assumes the sick role. This takes place regardless of whether the person is diagnosed or labeled correctly or not. Another related issue is the strength of the "placebo effect." This demonstrates the importance of perception in personal health.

- **Medicine has less of a science base than most people think.** This point needs to be presented by giving aspects of the complexity of medicine, the numbers of potential diagnoses, large numbers of medical procedures, individual biologic variation, patient differences in pain tolerance, differences in medical knowledge and experience, regional variation in medical practice, limited number of randomized controlled clinical trials, and the considerable strength of the placebo effect. Another portion of this point involves the identification of examples of commonly accepted, but later discredited, medical procedures, such as gastric freezing, and the results of studies that show that significant portions of medical practices are judged as unnecessary or questionable, such as coronary artery by-pass grafts, C-sections, balloon angioplasty, etc.

- **Health benefits are to be conserved and used wisely if they are to be maintained over time.** The issue here is that employees need to know that irresponsible use leads to increased cost, and that will lead to efforts to constrain use and cost. Examples consist of such things as abuse of emergency rooms, excessive use of physicians for minor problems, cost differences between generic and brand-name drugs, hospital cost versus home care, inpatient cost versus outpatient cost for the same procedure, specialist care versus primary care, etc. The concept of total compensation is also important here. The idea that benefit dollars are unlimited and that they have no relationship to salary and wages also needs to be countered through communicated with employees.

- **Health costs are going up too much to simply have the company absorb the extra cost without affecting what the employee pays.** This point is presented by showing what the rate of increase in health benefit costs have been for the last five to ten years, particularly when contrasted to salary and wage gains. Showing the difference in the composition of total compensation expense over a three- or five-year period will also drive home this point. Another strategy is to show the relationship of the total amount spent on health benefits in relation to the total after-tax profits of the business for each year. Another part of this point is the reality that we spend other people's money differently than we spend our own. The Rand Health Insurance Study results are persuasive in this regard. Personal health consumer examples are also powerful. It is also possible to point out that providers and practitioners are often motivated by economic return. One way of illustrating this is to provide study results that show significant increases in the use of laboratory and x-ray services when the physicians have a financial stake in the ancillary services. "Excessive coverage generates excessive use" is another maxim that supports this point.

- **Medicine has some very real limits once you have a medical problem.** Medicine has many powerful diagnostic and treatment tools but it can not completely restore or cure the vast majority of diseases and conditions. Once the condition develops, such as hypertension, the treatment of choice frequently has side effects that must continue long-term. These side effects will produce significant limitations for the patient, such as loss of sexual drive as a side effect of anti-hypertension medication. Selected cancer treatment with radiation or chemotherapy and the side effects would be additional examples. The basic point is that medicine has real limitations that are best avoided by not getting sick, if at all possible. Read to the group the contraindications from a package insert for a commonly used drug to demonstrate this point.[8]

- **All health care has some level of risk.** This point is driven home by citing major studies that have examined the iatrogenic risk involved in medicine. The estimates from the Centers for Disease Control of 90,000+ deaths per year in the U.S. due to medical mishaps should be quoted. The major types of iatrogenic risks, including adverse drug reactions, anesthesia reactions, surgical errors, cardiac arrests, hospital acquired infections, shocks, burns, and falls, should be identified along with an approximation of the probability associated with each risk.

- **More is not always better.** This point includes discussing the incentives that exist in the health care system to do more than is really necessary. The issue of iatrogenic risk comes into play as well as the fact that when capitation financing is used, generally 20% less care gets delivered with no adverse effect on the group involved. Clinical "need" is shaped by many things, not just the actual health condition or disease of the patient. The issue of incentives for more care should also be used to drive home this point. The role of advanced directives should also be introduced, particularly because of the eldercare responsibilities that large proportions of employees face at any given time. Quality of life examples from actual patients are also helpful, such as the respirator-dependent patient.

These counter-points to the commonly held beliefs about health and health care are important in helping empower people to take greater responsibility for their own health and health care. In conclusion, worksite wellness programs have a very significant potential role in managing the demand for health care and for improving the health and well being of a major portion of our population.

How Do We Change Safety And Risk-taking Behavior?

First of all, safety and risk-taking behavior are directly associated with injuries and accidents, and usually account for between 3% and 12% of a typical employer's health benefit claims expense, virtually 95% of their short term disability (STD) and long term disability (LTD) claims costs, and approximately 25% of their sick leave experience. The magnitude of these costs help provide a significant economic rationale for worksite programming. Next, we will define the context of safety and risk-taking that makes sense for employee wellness programs to address. It makes sense to examine safety issues by considering the setting involved or the type of activity the individual is involved in performing. Therefore, the safety issue can be segmented into a variety of divisions and sub-components. One framework for safety and risk-taking issues is presented in **Figure 39** below.

Figure 39

Overview of Major Safety Issues

Worksite Settings	Vehicular Settings
• Work process issues • Immediate work setting-related issues • Worker movement and egress issues • Work exposures and by-product issues	• Emergency preparedness issues • Defensive driving issues • Safety device use issues • Trip safety issues • Motorcycle and ATV issues • Auto maintenance issues
Home Settings	**Recreational Settings**
• Kitchen-related issues • Bathroom-related issues • Garage-related issues • Falls and stairway safety issues • Electrical shock issues • Fire safety and prevention issues • Gardening and yard work related issues • Ladder-related issues • Earthquake and severe weather safety issues	• Particular risky recreation issues • Water and boating safety issues • Travel safety issues • Foreign travel issues • Weather and condition concern issues • Activity conditioning issues • Hobby related issues

The choice of which safety-related area(s) to target in a worksite wellness program should be based on five concerns. First, the multi-year claims experience for accident claims that are under a health benefit plan, STD plan, LTD plan, or sick leave experience may provide some clue as to reoccurring problems and significant patterns and trends. Second, the age and sex demographics of the population involved can provide clues as to what safety risks are likely to be encountered. Third, a review of the season of the year, and any regularly scheduled events coming up, may provide direction as to the patterns of likely safety risks the group will experience. For example, winter weather, spring yard and ladder work, summer vacation travel, etc. Fourth, special areas of focus for safety interventions may come out of unusual external events and media visibility, such as a cross-country skiing party that becomes snowbound in the mountains. Fifth, acquiring targeted direct employee feedback on areas of interest may help refine safety and healthy risk-taking issues of interest to the group involved.

The issue of an individual's personal attitude toward risk-taking is a somewhat distinct and yet complementary issue to all the safety issues identified above. It is also a somewhat murky, complex, yet an extremely important concern. The relative irrationality of personal risk-taking is well documented in the literature, yet our knowledge of intervention and educational strategies is very primitive. Issues of denial, self-destructive tendencies, adrenaline addiction, intensive pursuit of life, live-hard and play-hard, machismo, etc., all seem to be at work.

Turning our attention now to how worksite wellness programs can potentially help reduce the safety and risk-taking "risks" of employees, family members, and retirees, it is useful to review five traditional intervention strategies and five interventions that are more innovative in nature.

The five traditional intervention safety strategies include:

1. **Provision of information on the risk of exposure and on some simple ways to reduce the risk.** This can be done through articles and tips presented in employee newsletters, take-home safety checklists, computer bulletin board information, request fax information, and pamphlets and written materials.

2. **Inclusion of specific safety risk information into employee screening exams and physicals.** When the age, gender, family living circumstances, and recreational preferences are collected during an assessment or

physical, it would be possible to construct an injury risk profile with tailored recommendations. This would occur at a time when physical health risks are assessed.

3. **Use of group safety incentive rewards.** The use of material good and special privilege safety achievement rewards can be used for non-work related injury experience as well as work related injuries. These can include group recognition awards as well. The use of incentives in worksite safety is well documented, but incentive use for home, recreational, and vehicular safety achievements is also possible.

4. **Teaching "present moment thinking" applied to work and non-work injury risk.** "Present moment thinking" is a technique that is used to help individuals focus on the moment and to resist the temptation to daydream at times that are risky. It can also be focused on those that show a tendency to have a higher than normal accident rate.

5. **Use descriptions of actual accidents.** If a brief write-up is provided to employees that describes the conditions of the accident, and what could have been done to prevent its occurrence, it can help raise safety awareness and reinforce good group safety practices. This can be done with all types of accidents and can be written so that the individual is not specifically identified.

Those safety and risk taking activities that are more innovative in nature include the following:

- **Use of age-specific, gender-specific, family living, and recreational activity-specific safety risk assessments.** The collection of a limited amount of personal information during a Health Risk Appraisal (HRA) type process can be used to create an individual injury-specific risk profile and a personal safety enhancement plan. This information is similar to what is produced as a by-product of an HRA process, but with a much more detailed and specific safety and injury avoidance focus.

- **Use of incentive rewards for documented accident prevention activities.** This approach can use material goods, special privilege, and/or financial awards for those that have completed checklists or surveys for home safety, vehicular safety, recreational safety, and for other designated safety risk prevention.

- **Provision of formal employee education on healthy risk-taking.** This approach directly addresses the psychological phenomenon of personal risk-taking including such topics as severity of personal risks, dynamics of healthy risk-taking, uncovering denial, assessing injury probabilities, excitement and its role in risk-taking, maximizing concentration at key moments, etc. Those individuals that are self-admittedly accident-prone would be particularly good targets for this type of educational intervention.

- **Identification and categorization of individuals as to their composite risk of accidents.** By using self-reported data and/or incidence data, develop a categorization related to injury risk and use it to target safety intervention activities, such as those described above.

- **Use of financial gainsharing based on accident experience.** Develop formal incentive programs to share specified financial savings with employees or retirees for lower-than-expected safety or injury experience.

These are just a few of the possible activities that worksite wellness programs can use to help reduce the accident and injury experience of individuals and groups. A greater emphasis on injury reduction can have a very beneficial effect in terms of managing the demand for health care, as well as significantly reducing the other human and financial costs associated with accidents.

How Can We Avoid Any ADA Or HIPAA Discrimination Complaints About Our Programs?

In the past a great deal of attention has been focused on the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act of 1996 as their various Titles and Sections have become effective. Any examination of the breadth of the two law immediately reveals that very significant enforcement and legal issues are likely to cloud the waters for some time to come. In the mean time, I believe that employers need to move ahead with employee wellness programs and examine ways of linking wellness issues to other employee benefits. However, this needs to be done thoughtfully and with common sense.

On a strictly ethical and humanitarian level, all employers need to comply with the spirit and intent of both laws. Mean-spirited acts by employers should not be tolerated, whether there are laws about discrimination or not. However, with a law such as the ADA, we have the rights of legal remedy and the concurrent responsibilities to act and behave in a reasonable and ethical fashion. One of the most difficult challenges faced in the enforcement of the ADA is how to prevent the law and implementing regulations from being used by unscrupulous individuals who qualify as having a "disability" (i.e., an evolving series of characteristics) and who want to accomplish a purely selfish aim, such as preventing others from receiving a reward for voluntary healthful behavior. Or the legal and appeals recourse can be used to get back at an employer that does not want to act to further enable dysfunctional behavior. In other words, the noble intent of the ADA has the continuing potential to become mired in a straight-jacket of constraint and legal restrictions on innovations designed to help everyone.

In order not to succumb to the fear of liability or delay too long in using more innovative linkages between wellness and employee benefits, it is probably prudent to use a few preventive strategies in moving forward. After a fairly thorough review of the law, legal opinions, governmental technical assistance documents, and a myriad number of periodical articles on both laws, here is what I would suggest.

- **Keep everything voluntary!** The HIPAA law and EEOC staff opinions are very clear that voluntary wellness programs, that are not linked to other employee benefits, are completely acceptable under the ADA and HIPAA as long as the privacy provisions of HIPAA are met. Stay away from mandatory requirements with the exception of possible all-employee meeting(s) to receive information about what is available through the wellness program and integration of an HRA with choice of health plan options.
- **Think ahead about "reasonable accommodations" for the disabled!** Before a disabled person requests a "reasonable accommodation" to attend a seminar or check out a book from your wellness library, think about how you can accommodate someone with a sight, hearing, or movement disability. Take an initial look at the narrow view of disability until the full scope of the definition of disabled gets into case law. Also provide waiver options for wellness achievement criteria to less the discrimination risk under HIPAA.
- **Keep monitoring for equal access for all!** The program and activities involved in a wellness program should be accessible to all. If you can work to make provisions to assure this to the maximum extent possible, the better off you will be in the end.
- **Make sure that all health and wellness related information is handled in full compliance with HIPAA privacy provisions!** One of the major aspects of the HIPAA law is to protect everyone from unauthorized disclosure of Individually Identified Health Information that is collected. If you make all information collection a choice and you do not penalize those that do not provide the information with removal of any employment benefit you should be well within the scope of compliance with ADA and HIPAA laws.
- **Stick to what is fair treatment!** If you use some level of common sense (not all too common perhaps), you should be able to avoid liability by giving the benefit-of-the-doubt to anyone that has a remote case for preferential treatment or "accommodation" under ADA. If you choose to use a wellness incentive payment for those that do not smoke, have cholesterol below 200 mg/dl, or have percent body fat in normal ranges for their gender, then provide a waiver or adjusted criteria for the woman who is pregnant, or the man with a metabolic disorder. Require a medical opinion if you want external verification. But, do not fail to adopt an incentive program simply because you may have to give a few individuals the incentive reward.
- **Stay away from the use of "sticks!"** The use of penalties or curtailment of benefits related to wellness should not be used for compassion as well as liability or risk aversion purposes. With that said, it is still possible to require that individuals complete an annual application for continued health benefit coverage. That "application" can include (and definitely should include) an HRA. However, you are far less likely to experience complaints or possible legal suits if you work with voluntary "carrots" rather than mandatory "sticks." HIPAA and its implementing regulations are very clear in their prohibition of penalties associated with "health status-related factors," but they also equally clearly about their support for the use

of "health promotion and disease prevention" incentive "carrots."

- **Use only wellness criteria or achievements that are attainable by all, and waive with cause those that cannot meet them!** There are a large number of wellness criteria or achievements that can be linked to incentive rewards or employee benefits.

In addition to these seven general strategies for avoiding potential liability from legal action connected with the ADA and HIPAA, we want to now look at what specific wellness criteria can be used in the development of incentives and benefit linkages for wellness. There are a large number of possible criteria or achievements that can be used to translate "wellness" into a tangible and measurable reality for use in the worksite. While these wellness criteria can be used to provide incentives, it is always a good strategy to have substitution or waiver opportunities when an individual is in a clear and objective sense, precluded from attaining the criteria or requirement. Waiver consideration processes can be made available for all individuals with disabilities for use with all wellness criteria, which will help to reduce the risk of legal or financial liability. This also functions to keep the incentive and the benefit linkage fair and equitable for all employees.

On a general note, the comments regarding specific wellness criteria are all based on the following caveats:

- Someone with a qualifying disability has duly submitted a request for a "reasonable accommodation."
- The employer has appropriately considered the request and responded back to the individual.
- A process for consideration of a waiver for each wellness criteria requirement by someone with a qualifying disability is in place.
- The use of any "five out of eight criteria" or "eight out of ten criteria" is a better approach because it doesn't cause any one wellness criteria to have to be met in order to receive the reward. This creates some dynamic tension for the individual who can then decide which criteria to try and meet.
- The use of at least two tiers of rewards, such as the full reward (i.e., a $500 premium discount) and a "nice-try" reward (i.e., a $100 premium reduction) is also advisable to prevent the "all or nothing" pressure.

There are two major types of incentive criteria. The first group is comprised of primarily behavioral criteria, while the second are clinical criteria and flow from clinical and biometric measurements. For each of the two types of incentives, examples and then a brief assessment of ADA and HIPAA related issues will be provided.

a. Behavioral Wellness Criteria:

Some examples include:

1. Participate in fitness/wellness assessment.
2. Participate in selected wellness programs or activities.
3. Minimum levels of use of the fitness facility per month.
4. Non-smoker or non-tobacco user status.
5. Agreement to wear a seat belt 100% of the time when in a motor vehicle.
6. Agreement not to engage in "binge drinking" or to drive after drinking.
7. No use of sick leave days in three of the last four quarters.

Comments:

Behavioral criteria are usually easier to implement than clinical criteria. Because of their largely action-oriented nature, they, as a class, are easier to administer and are likely to be less risky to use with litigation-prone employees. The ADA related aspects that are key include the need to have a completely voluntary choice around participation, the need for and provision of a "reasonable accommodation" for those with a disability if requested, and the appropriateness of the potential to accomplish the individual required activities by those with a specific type of disability. Participation or completion related criteria, rather than clinical health status achievement criteria, generally have a lower liability potential and are often a good starting point for employers just starting wellness incentive programs. They tend to be somewhat more benign but more prone to "gaming" than the clinical criteria.

The use of sick leave is also a more controversial wellness criteria and should be used with care. The requirement should never cover 100% of the applicable time because it provides too strong an incentive for unintended artifacts, such as coming to work when the individual is clinically ill or contagious. The reward also should not be so large or desirable that is creates too much of an incentive. This is another reason why any "eight out of ten criteria" is a better approach.

Some degree of verification is usually appropriate to help create a sentinel effect among participants and to lend more credibility to the wellness incentive program. Participation and completion type wellness criteria are usually easier and less costly to perform than clinical measurements. The general rule is about half your criteria should be objectively verifiable.

In the case of smokers that have tried every cessation method and have documented their efforts in a credible manner, it is possible to provide for some waiver provisions where they can participate in a program that would help them to be as healthy a smoker as possible, if they choose not to give up tobacco use.

b. Clinical Wellness Criteria

Some examples include:

1. Total cholesterol under 200 mg/dl or a reduction of 10% from the previous level or participation in a cholesterol reduction program.
2. HDL ratio less than 4.0 or participation in a cholesterol reduction program.
3. No more than 10 pounds over your ideal weight or participation in a weight management program.
4. Percent body fat within desirable range for your age and sex or participation in a weight management program.
5. Blood pressure under 140/90 mm/hg or participation in a blood pressure control program.
6. VO_2 uptake in top 25% for your age and gender or participation in a formal exercise program.
7. Overall Wellness Score from your HRA above 85 (out of 100) or attendance at a wellness workshop.
8. Non-tobacco user for the past 3 months or participation in a smoking cessation program.

Comments:

The clinically derived wellness criteria represent a more aggressive approach and need to include a pure participation means of meeting the criteria. This is required by HIPAA's non-discrimination regulations which generally prohibit the use of "health status related factors." However, the regulations do not then leave room for the non-smoker to not have to take the smoking cessation program in order to qualify for the

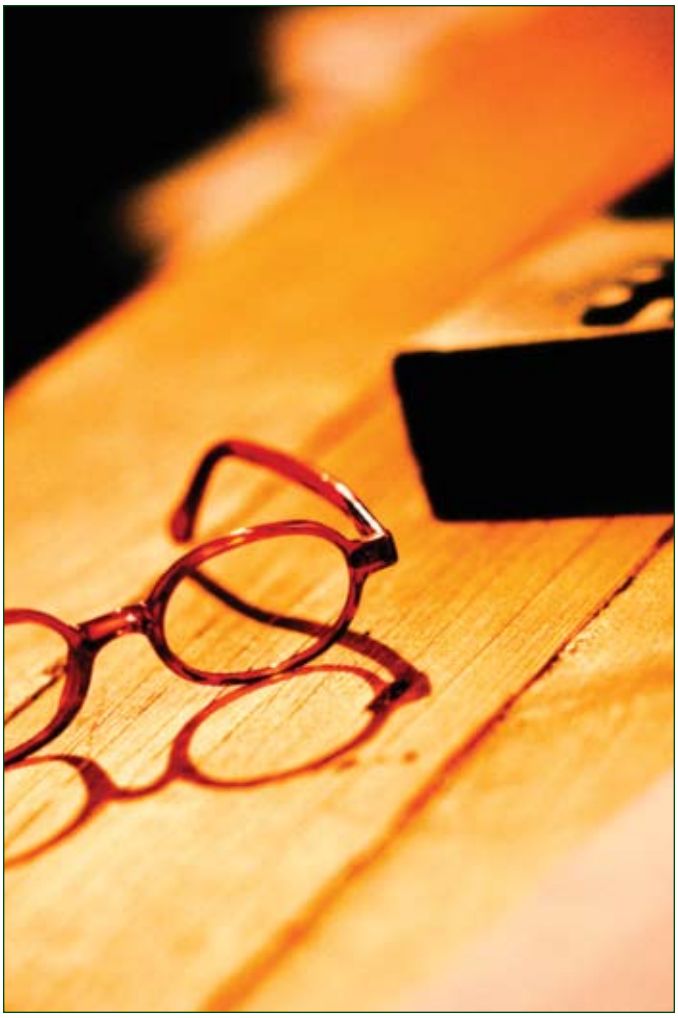
wellness incentive reward. Common sense dictates that the drafters of the law and regulations did not intend to force individuals without these health risks to have to attend programs designed for those with the risk factor.

However, then clinical criteria also reflect a more direct and stronger epidemiological link to reduced health risk. From the perspective of the ADA, the issues that are of concern include the ability of someone with a movement-oriented disability to participate in regular, active exercise and the ability to obtain a waiver of selected criteria that are impossible for someone with a qualified disability to accomplish. A related concern is the ability to reduce blood pressure and lipoprotein levels without using pharmacological means. However, it can probably be argued that if we agree that the risk associated with high clinical measurements is significant, then their reduction may be important enough to use pharmacological methods to reduce higher levels. Another solution for this concern is to allow individuals to receive credit for meeting a clinical wellness criteria if they improve their score by 10% between measurement periods. This would tend to reduce the disadvantage to those with disabilities and also enhance the motive force effects of the incentive program.

If waiver provisions are reasonable, it is unlikely that anyone would complain or take action against their employer. Waivers for individual behavioral and clinical wellness criteria can be granted by providing a process whereby employees who feel that there are extenuating circumstances that prevent them from qualifying can present their case. Use a one page form that includes date, name of individual making the waiver request, department or work unit, day and/or evening phone number, description of their efforts at meeting the requirement, extenuating circumstances, a request statement for consideration for the waiver of the requirement, and a disposition box for record-keeping and processing. The criteria for reviewing the waiver requests should include the following:

- ✓ The individual made a sincere, clearly demonstrated, and sustained effort to meet the wellness criteria.
- ✓ Events, actions, or circumstances outside of their reasonable direct control thwarted the individual.
- ✓ The individual would have sustained injury or adverse health outcomes by complying with the required behavior.
- ✓ The individual is willing to substitute an agreed-upon healthful activity or behavior in the place of the wellness criteria for which the waiver is being requested.
- ✓ The individual has demonstrated evidence of improvement that is acceptable and agrees to continue to make efforts for improvement.

The individual requesting the waiver should be able to demonstrate that they can meet one or more of these criteria in order to receive the waiver. It is also a good idea to avoid requiring a perfect score in attaining all wellness criteria, but instead provide incremental rewards so that the motive force of the incentive is strong and the individual can experience the benefits of goal attainment while not placing an undue pressure on the achievement of every wellness criteria.



First, a short discussion of context. Employers that are considering some linkage of wellness with employee benefits first need to determine what general characteristics define their employee and employment environment. If the work environment is characterized by significant labor-management conflict, then it is generally not a good idea to move very far into linking wellness to benefits. If labor groups recognize the importance of helping reduce the demand for health services and their costs by reducing risk factor prevalence in the work force (and dependent/retiree population), then a strongly supported joint labor-management approach to wellness and benefits integration will usually result. Without wide spread acceptance and support, it is likely that contentiousness may bog down the effort with challenges and litigation. In a similar vein, if your organization is highly visible and often challenged by outside groups, then the linkage of wellness to employee benefits may not be advisable.

Fortunately, the vast majority of employers are not faced with the situation described above and can potentially benefit from linking wellness to employee benefits. It is probably a good idea to highlight the main caveats that should influence the approach employers take regarding wellness and employee benefits. If employers adhere to the following guidelines, it is likely, but not guaranteed, that they will not incur employee complaints or liability under the ADA or HIPAA.

- **Avoid "penalties": Always use "carrots" instead of sticks.** Stay away from connecting any specific wellness criteria to any penalty provision for anyone that does not met any of the possible wellness criteria that could be used, such as being a smoker or someone who is more than 40 pounds over their ideal weight. Give the advantage to the employee (and spouse or retiree) that is actively taking good care of their own health. The individual who does not try to meet the wellness criteria or tries and does not get the full reward may feel like it's a penalty, but technically its not.

- **Provide wellness criteria that allow for measures of improvement.** The motivational nature of the wellness criteria will have a much stronger effect on the entire population if individuals can meet the particular criteria by making some measure of improvement. For instance, if someone who has a physical disability and is wheel chair bound, has not achieved a total cholesterol of 200 mg/d but has reduced their cholesterol by at least 10% (i.e., they went from 286 mg/d to 242 mg/d), then they would meet that wellness criteria. This applies to all employees regardless of whether they have a disability or not.

- **Use individually designed wellness criteria for the individual's achievement, to substitute for the group standard of a particular wellness criteria.** This accommodation is designed to encourage the disabled to be involved in their own individually designed approach to wellness. It is possible then that a physically or sight disabled person will have a set of personal wellness achievements that are tailored to that individual's physical or visual capability and that can become individually tailored criteria for that individual. These individually tailored wellness objectives can then be used to help the individual qualify for the reward as well as move closer to their potential in the wellness area.

- **Simply provide the wellness incentive reward to all recognized or qualified disabled persons under a blanket inclusion approach.** With this approach, you eliminate any requirement or differential in the criteria that may exist between those that are disabled and the non-disabled. This will function to simplify your efforts at providing "reasonable accommodation" for any of the wellness criteria that are used in the incentive structure. It also administratively removes any potential for an ADA based challenge.

- **Provide rewards that are in the "gray area" of employee benefits.** Under this approach, you could opt to provide a positive reward that may not technically meet the legal definition of employee benefits. Examples of this might include the provision of "well bucks" that can be used to offset employee cost sharing under the company's health plan, provision of points for use with a merchandise redemption catalog, provision of a fitness club subsidy, provision of airline travel coupons or travel miles, special parking privileges, modified work hours, or other incentive arrangements. According to Sibyl C. Pranschke, JD, writing about the

ADA and wellness programs in the publication entitled "Healthy, Wealthy and Wise," from the Wellness Councils of America in Omaha, NE, "While equal access is required, an employer is not expected to ensure that the disabled receive the same results of benefits or 'precisely the same benefits and privileges'." This appears to provide an opportunity to offer some differentiation in benefits.

- **Make sure that you meet the ADA and HIPAA privacy and confidentiality rules in the wellness incentive program.** The ADA and HIPAA requires that all medical information relating to employees be written on separate documents or forms, maintained in separate medical files and treated as confidential medical information. This rule applies to all medical information, not-with-standing how

it is collected. Wellness screening information on cholesterol, blood pressure, percent body fat, and VO_2 uptake all qualify as medical information. Therefore, this information needs to be collected only in a voluntary manner, deriving directly from a wellness program based activity, and should be maintained in a separate management information system. There are several more detailed provisions in the two law concerning privacy and confidentiality, but the basic application of the comments made above still apply.

- **When in doubt, check with those who are disabled.** A reasonable approach, when a situation with a wellness program arises that has unclear impact on the disabled, is to ask those who are disabled how they would suggest handling the situation. This is likely to lead to a reasonable outcome and further reduce the potential for any discrimination compliant.

In summary, if an employer wants to minimize complaints and potential liability under the ADA and HIPAA, I would suggest the following:

- ✓ Explain the purposes and rationale for the wellness/benefits linkage
- ✓ Keep everything voluntary
- ✓ Stay away from penalties
- ✓ Focus on positive rewards or "carrots"
- ✓ Provide waiver opportunities to the disabled
- ✓ Provide individualized wellness criteria for the disabled
- ✓ Plan out reasonable accommodations for the disabled
- ✓ Apply fairness and equal access tests to everything you do
- ✓ Be prepared to sincerely listen to the needs of the disabled
- ✓ Ask those with a disability if you are unclear as to how to proceed

The ADA and HIPAA will hopefully have a very positive long-term effect on the quality of life and livelihood of a large number of citizens in the years ahead. Hopefully we can reach a reasonable position on its implementation in the worksite so that it does not impede the efforts to improve the health and well being of all employees.

How Can We Integrate A More Holistic Approach To Wellness Into Our Program?

The predominantly holistic, intrinsic or psycho-social approach to wellness is an important evolutionary step in the field of health promotion and wellness. Its value in shifting the emphasis to a much more positive emphasis and biopsychosocial basis in employee wellness programming is a potentially positive development. The down side is that in the increasingly competitive resource environment of American business, the full-scale adoption of the psycho-social approach has significant inherent risks associated with it.

The most serious of these risks is that the absence of measurement parameters, clinical relevance and documentation of health risk reduction or reduction, in health care use, is a problem for the long-term survival of wellness program activities. In order to minimize this risk of programs being terminated due to a lack of economic return and to maximize the value of the intrinsically oriented approach it makes sense to selectively introduce holistic aspects into traditional risk-based wellness programs.

However, one formidable obstacle to the integration of intrinsic motivators into more traditional wellness programs is whether it is even possible at all to mix the new paradigm with the old. In more simple terms.... Is the holistic approach really a new paradigm or simply an existing approach to programming? On the other hand, said another way, can the holistic approach co-exist with the traditional risk-based model?

Personally, I don't think so. I also believe that the holistic model as exposed by Robison and Carrier has very little independent evidence of its health effectiveness or economic effectiveness.[14] However, the complete transition of workplace wellness programs to the holistic model is an innovative step and is a credit to those who have created and are testing it. However, I believe that it is unwise for an employer to embrace this model without a great deal more independent verification of its effectiveness. But as experience and evidence with the approach accumulates, I still think that it is appropriate to begin to build facets of the holistic approach into on-going programs where possible.

This set of suggestion will deal with fifteen ways to integrate a stronger intrinsic or holistic source of motivation related to health behavior change into worksite wellness programs. Many of these suggestions have been used in

a large number of worksite-based wellness programs for many years and demonstrate that a holistic emphases in programming is not an entirely new phenomenon.

The ways the holistic approach can be integrated into the underlying program philosophy and approach are as follows:

- **Use well-being rather than health.** The general purpose of the wellness program can be focused on well-being and away from narrowly defined medical or clinical health purposes. This is even more appropriate when the prevailing concern of the program has been heavily body-centered with little attention to psychological and/or emotional health. Well-being can then be used to place emphasis on the inner or personal perception of good health, rather than health as defined by health professionals. The concept of resiliency presented earlier fits well under this strategy.

- **Emphasize a holistic approach to well being.** Another intrinsic aspect to a program's philosophical base is to emphasize a holistic approach to the definition of health, one that addresses the physical, emotional, psychological, social, and spiritual dimensions of well-being. This functions to bring into balance the physical dimension with the psychosocial dimensions.

- **Reduce the clinical emphasis.** Another approach is to downplay the clinical aspects associated with wellness and substitute more of an emphasis on enjoyment, pleasure, personal experience, future health, personal growth, or other dimensions. Also, emphasize why the individual would want to continue an activity or behavior, particularly in terms of personal satisfaction and personal rewards.

- **Be options oriented.** Virtually all programming within a wellness program should be options oriented, meaning the focus of the program should emphasize that we all have a wide variety of alternatives or choices to consider. Options help empower human behavior by recognizing that control and responsibility do in fact reside in the individual for a large number of areas of life. If the program emphasizes that more alternatives exist than what we usually recognize as individuals, it does help empower the individual and helps us realize that we need each other to help counter the narrow thinking that thwarts personal growth and personal change. Programs can help by advocating the value that options and alternatives should be examined.

- **Be menu-driven.** Giving choices for program options such as self-help materials, web-based programming, or phone-based coaching support for smoking cessation in addition to a more structured traditional program is an example of menu-driven programming. The provision of choices helps empower the individual by letting them self-select the program intervention that more closely fits their personal need.

- **Emphasize the internal dialogue.** The biopsychosocial approach can place a strong emphasis on becoming aware of and influencing the internal dialogue that goes on consistently in our consciousnesses. These messages, statements, beliefs, and reasoning help shape our behavior and our attitudes. Programs can include a formal recognition of the importance of thought life and self-talk in well being and in the process of changing health-related behaviors.

- **Give permission to care for self.** For many reasons, we frequently do not take very good care of ourselves. The program can formally address the issue of self-care in ways that give people permission to rest, be renewed, to step back periodically, to balance commitments, and to enjoy life. Not to encourage narcissism or self-centeredness, but rather to reach a more healthy balance for those who are uncomfortable taking time for exercise or for personal enjoyment.

- **Be authentic.** Another method for enhancing the holistic or intrinsic balance in the program is to emphasize the need for people to be authentic and real about their difficulties and struggles in making behavior and habit changes. When people share more openly the struggles of life and well being, it places a stronger intrinsic message into the program.

- **Emphasize self-discovery.** By emphasizing the value and rewards of self-discovery and self-understanding, it is possible to give permission and approval for efforts to become more internal-cue oriented rather than external-cue oriented. If self-discovery is valued, it gives a clear message that is of value to participants.

- **Focus on the pleasure and personal rewards.** Keep focused on the pleasurable effects of being healthy and the need to balance personal rewards in the pursuit of life. Pleasure can be emphasized over the risk related issues to specific health behaviors and conditions. This helps to reduce the guilt-driven second order consequences sometimes associated with more traditional wellness programming.

- **Do not over-structure activities.** Leaving room for spontaneity and for personal control is another way to emphasize the intrinsic approach. If programming is over-structured and leaves very little opportunity for personalization, it discounts the value of the individual and almost uses a more mechanistic and less "adult" approach to behavioral intervention.

- **Minimize competitive aspects.** Competition, if it is designed to pit individuals or groups against each other in a way that becomes unfriendly, is likely to undercut the intrinsic basis of motivation for change. Competition that is focused on voluntary or self-selected efforts to improve on your own scores or achievements for the personal rewards is probably most compatible with the holistic approach. This means that competition can be used, but it should be significantly modified so that extrinsic comparisons or external rewards and negative messages are not stressed.

- **Ask what level of extrinsics are needed.** In programming for individual behavior areas of change, such as smoking cessation, weight management, fitness, or stress management, structure the program so that individuals have an opportunity to reflect on what level of extrinsics (i.e. motivation that comes from outside the individual) would be helpful for them based on their past experience with change and their present perception of their

own need. This also allows the individual to be treated in an adult manner by including them in the decision-making regarding the balance of intrinsic versus extrinsic sources of behavioral intervention. Some people will likely know that they need more extrinsic motivators than others.

- **Use adult messages.** The messages to participants should always be adult-to-adult rather than adult-to-child. The nature of the message should communicate a caring, honest, straight-forward, valuing, and empowering message. The tone of messages needs to be strongly peer-to-peer in the holistic approach and needs to recognize and expect adult behavior. The "honor system" and mutual trust should be the norm until evidence may dictate otherwise.

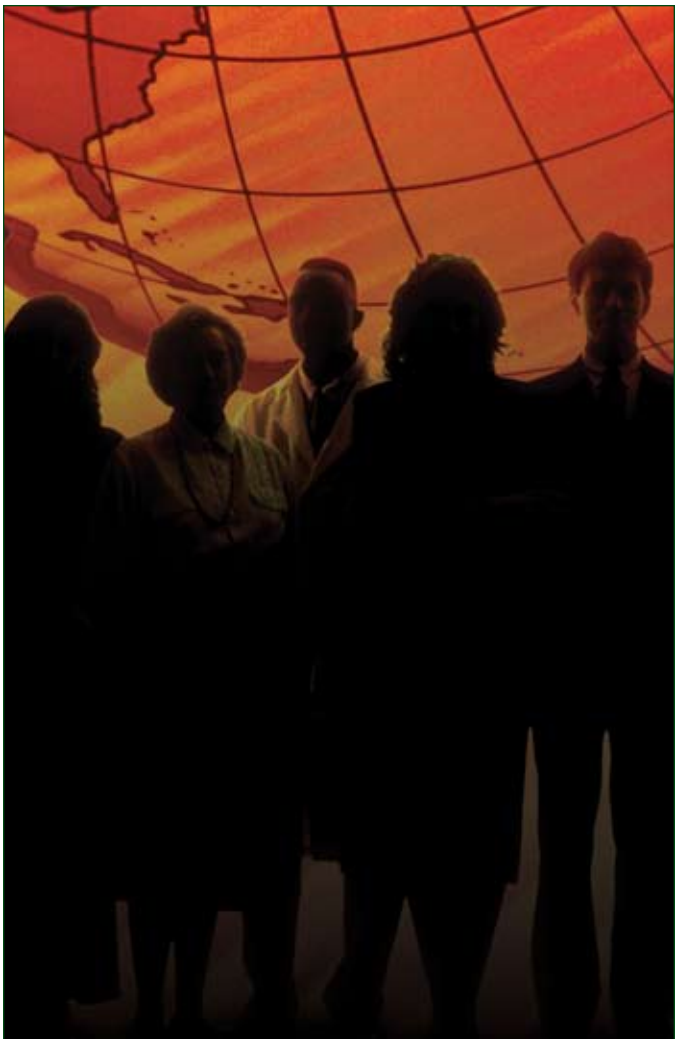
- **Emphasize the positive.** The perspective of recognizing the good, emphasizing personal strengths, the progress made, or the value of the achievement or effort is another method for capitalizing on intrinsic motivation. This attitude or underlying philosophy of "positive psychology" is inclined to empower participants and to help overcome the inertia of habit or fear of failure. A realistic assessment of the positive aspects of the situation is usually very helpful.

How Do We Program In Small Remote Worksites?

The problem of moving wellness programming from corporate headquarters out into the field presents a clear challenge to corporate wellness staff. The predominant pattern of limited fitness facilities and wellness programming in remote worksites (all locations other than corporate headquarters) is fairly typical for most medium and large employers. It is understandable that headquarters-only programs are a logical beginning point for most corporate wellness efforts. However, the organization that has a majority of its workforce at the headquarters facility is increasingly rare. Divisional headquarters, manufacturing facilities, service centers, technical support operations, sales offices, retail store sites, dealerships, and production facilities are the real worksites of the bulk of the U.S. labor force.

This challenge also brings into focus the parallels that exist between remote worksites of larger corporations and the preponderance of work sites with a relatively small number of employees. Based on data provided by the U.S. Census Bureau, the composition of the American employer community by the size of their employee work force is depicted in **Table 3**.

Table 3



U.S. Employers by Selected Characteristics*

Employment by Class Size	Number of Business Units	Percent of Employers	Percent of Employees	Percent of Total Payroll
Under 20 Employees	5,082,000	87.5%	26.7%	23.3%
20 to 99 Employees	605,000	10.4%	29.1%	25.7%
100 to 499 Employees	107,000	1.8%	24.2%	24.3%
500 to 999 Employees	8,000	0.013%	6.9%	8.2%
1,000 or more Employees	5,000	0.008%	12.9%	18.5%
Totals	5,807,000	99.9%	99.8%	100.0%

*Excludes the self-employed.

The primary challenge to health and fitness professionals in programming for remote employee worksites is often the limitation of resources that exists in most corporations, regardless of whether the organization is in the public or private sector.

Other specific challenges that arise from remote worksites include the following:

- ✓ Frequent lack of sufficient numbers of interested employees to justify bringing education, screening, fitness facilities, or capital improvements to the remote site.
- ✓ Lack of money to retain vendors who are capable of traveling to the various locations with program activities.
- ✓ Scarcity of knowledgeable on-site staff who can function as wellness program coordinators at these remote sites.
- ✓ The difficulty of creating effective communication linkages to remote sites.
- ✓ Very different levels of support from site-based senior management staff in different locations.
- ✓ The common tradition of decentralized operational responsibility that prevents a cohesive organization-wide wellness effort.
- ✓ Variability of local and community wellness and fitness resources, such as local parks and free agency programs.
- ✓ Regional, facility and seasonal variations affect employee interest and willingness to participate in attempts at corporate-wide wellness planning.
- ✓ Difficult to perform program quality control and assure corporate-wide parity in programming efforts.
- ✓ Difficult to conduct a valid and reliable corporate-wide program evaluation with highly variable patterns of programming.

Given these considerable challenges, a number of strategies can help you conduct cost-wellness programming in remote and small worksites. They include the following:

- ➤ **Adopt a "core plus" strategy for corporate-wide wellness.** Such a strategy encourages all worksites to use the basic core components of a corporate-wide wellness program in a consistent manner. It also allows for the implementation of site-developed activities that reflect the unique interests and needs of the local employee group involved. This allowance for individual site variation is central to the development of a sense of program "ownership" on the part of the remote site personnel. The basic program components allow a consistency in programming that will make program evaluation feasible and will add overall effectiveness and efficiency. An appropriate programming ratio between core and homegrown activity might be 80/20 or 70/30.

- ➤ **Use a site-based wellness coordinator.** For each remote worksite, it is essential to have someone who functions as the coordinator/liaison for any program activities that are conducted. The site coordinator/liaison can hold other related duties, such as safety coordinator, employee services representative, or human resources representative. The primary requirement for this individual should be an interest in seeing a successful program implemented for the employees of that particular site. These individuals play a critical role in assuring that the health and fitness activities designed for the remote sites are implemented as intended, and that some unique site-determined programming is developed. The presence of an on-site coordinator is usually required to give the program adequate visibility and presence and to establish its credibility.

- ➤ **Establish a remote site-based wellness committee.** An important part of the administrative structure for remote sites is the establishment of a small working group that can assist with planning and implementing employee wellness program activities. These small committees can consistently help bring the corporate program to life by adding some local color, variety, and variability.

- ➤ **Send customized wellness newsletters through the mail.** For employees who work in remote or small worksites, a monthly, bimonthly, or quarterly wellness newsletter with a customized masthead and organizational message is a good method for unifying the corporate-wide program. The use of the corporate program logo and identifiers can

help enhance the visibility of the employee wellness program. Introduce special focus campaigns with the help of the newsletter. Program awareness and health information awareness are also significantly enhanced in a cost-effective manner. The cost will generally be $15 to $35 per employee per year, including direct mailing. If employer-specific program information is included, it can also greatly enhance general employee knowledge and use of specific program components. Direct mailing of the newsletters to the employee's home is particularly helpful in reaching employees who travel a great deal, and improves the chances of family members benefiting from the newsletter.

- **Use a remote site communication and distribution network.** Establish a communication network for information dissemination. The network should look something like a tree, with the roots being the headquarters wellness program staff, the trunk representing the flow out to the remote worksite coordinators or contacts, and the branches being the flow of information to each of the major work units, and finally to each individual employee and their family members. This networking structure can be used to quickly disseminate information through electronic mail, fax, and voice mail chains. This system can be used for reminders and for eliciting feedback as well.

- **Distribute mail and e-mail request devices.** Another useful strategy for remote worksites, and particularly for field staff who spend minimal time in an office or who work at home and "telecommute," is to periodically provide a mail and/or e-mail request vehicle that gives the individual an opportunity to indicate topics that interest them. Typically, a mail/e-mail request device is sent to the employee, notifying them that they have the option of receiving written information on three or four topics selected from a long list of potential topics. The limited areas selected are usually of interest to the individual because they are under consideration as an area of behavioral change. The mail/e-mail request device can be distributed through internal mail systems or to the individual's home through the postal service. The individual employee dependents can also be solicited as to their interests if volunteer resources are sufficient to meet the work demand.

- **Use an individualized health management process.** Another approach for remote sites is to provide a health management process that includes the following components:
  - Incentive for completion of initial and periodic HRA
  - Intake instrument with medical self-care text and training
  - Personalized wellness report with health management priorities
  - Request mail/e-mail vehicle for self-directed change materials
  - High-risk and at-risk intervention outbound calls
  - Health advice line with in-bound call capability (limited to use with CDHPs)
  - Monthly in-home wellness newsletter
  - Incentive worth $500 to $1,000 for selected health and wellness achievements

This type of health management process can be delivered over the telephone and through the mail and is designed to provide "virtual", integrated and highly personalized health management interventions. These are just a few of the methods that can be used to serve small and remote employee sites. The HPM program model is particularly effective due to its "virtual" core program interventions.

How Do We Set Up A "Wellness Center"?

Often an employer's small size and/or lack of resources rules out the installation of a fully equipped employee fitness center. However, it is still important to provide a physical space that can be a resource for employees in the pursuit of wellness objectives. If an employer wants to provide a physical area where wellness issues can be addressed and where employees can come to get help with specific problems, they should consider the possibility of establishing a wellness center.

Wellness centers can take many different forms, depending on the size of the employee population, the needs of employees and the resources available at the worksite. Here is a good working definition of a wellness center: "A physical space at the worksite, dedicated to personal wellness issues, that functions as a resource area, a place for informational and educational activity, and a place for biometric and psychological testing, counseling, access to the Internet for health issues, and follow-up designed to help employees change lifestyle and health habits."

This definition can be used to help structure the services and activities that will be offered within your wellness center. A wellness center is a useful strategy for employers to consider for several reasons:

- ✓ It helps enhance the visibility of wellness issues and provides a physical concreteness to an employer's wellness program.
- ✓ It increases employees' accessibility to information, testing, and counseling on lifestyle issues.
- ✓ It can appeal to a much broader cross-section of employees than a conventional employee fitness center.
- ✓ When emphasizing a self-help perspective, it can reinforce empowerment, self-efficacy holistic principles, and intrinsic motivators.
- ✓ It can provide the focus and location for low-cost programming options.

In order to be successful and encourage high levels of usage, wellness centers must have several key characteristics or criteria. These include:

- 🗝 a dedicated space that is adequate for the work force and consistent wellness promotion;
- 🗝 useful materials, computer resources, exhibits, self-tests, and reference sources;
- 🗝 menu styles of programming options for helping employees make health behavior changes;
- 🗝 strong, positive, "take charge" and affirming ambiance.

In order for a wellness center to be effectively used by an employee population, it must be consistently acknowledged and used in ways that draw attention and interest. The following is a series of suggestions on how to ensure the success of a worksite-based wellness center:

- ➤ **Locate your wellness center in a highly accessible location.** The location of a wellness center will be an important factor in the degree of use by employees. It should be along routes of major egress in the flow of people through the worksite. Locations off a main foyer, on the ground floor, close to elevators and escalators, and accessible from cafeteria facilities and employee lunchrooms are all desirable. Relatively difficult access can significantly detract from usage.
- ➤ **Place clear signs and directions to the wellness center in key locations.** The clarity of signage and directions to a wellness center will also have an impact on its use. Holding new employee orientations in a classroom or training facility within the wellness center is a good way of exposing employees to the available resources there. Each sign to and for the wellness center is a reminder or a message about the value the organization puts on wellness.
- ➤ **Make the space comfortable to use.** The space for a wellness center needs to be comfortable and large enough to welcome people. The presence of comfortable chairs, a reading area, and enough open space to move around are all important. Adequate numbers of computer stations and reference materials can help ensure that the center is inviting to users.
- ➤ **Use a video or poster-size announcement at the entrance to guide those using the resources in the room on their own.** The wellness center should have a large written marketing piece at the entrance, or a user

initiated continuous video presentation on how to use the center. This mini-orientation is extremely important in maintaining a user-friendly perception on the part of the employees. The orientation should cover the entire center's main services, its staffing, and policies concerning use of the materials, equipment, and activities at the center.

- **Use bright and attractive colors and décor.** The wellness center should be attractively decorated with bright, carefully chosen colors to create an upbeat and positive feeling. The space should reflect the qualities and character of wellness, and should convey the cultural messages that are consistent with wellness.

- **Have a sign-in procedure.** Near the entrance to your wellness center, place a sign-in log or computer terminal with a notice requesting that all visitors sign in. This accomplishes several things, including the establishment of an entry exchange or act from the user, while helping you to evaluate the use level of the facility, particularly if it is unmanned during all or a portion of the day. The sign-in also helps in a limited way with a sense of security for the equipment and materials in the wellness center. Access to the general public needs to be prevented or controlled in order to safeguard against loss.

- **Organize the resources in the wellness center to fit the target population.** Make sure that the issues addressed in the wellness center are consistent with the needs and common problems of the work groups being served. Be sure to balance the general health problems and lifestyle issues in the materials and emphasis of the center as well. If your wellness program is heavily oriented to holistic programming and intrinsic motivational factors, then you may not want to address traditional health problems in the visible displays and materials in the wellness center. The important issue is that the materials and activities provided in the wellness center should reflect the areas of interest to the population involved.

- **Consider having professional staff coverage or knowledgeable volunteers.** The wellness center will be much more effective if it is staffed with knowledgeable professional staff or volunteers. Even a time corridor of availability, such as 10AM to noon, is better than nothing. The individuals involved should have good people skills and should understand how to provide reinforcement and encouragement to users. For simple testing, staff should be trained to provide valid and reliable measurements. Wellness mentors could also use the facility as a meeting place.

- **Encourage spouses and dependents to use the center.** Direct mailing of program announcements to employees' homes with a clear invitation to spouses and dependents can be an effective strategy for encouraging their involvement. Special promotional campaigns for health issues that are important to female and male spouses, such as mammography, women's health issues, and men's issues, can generate additional participation.

- **Provide a broad range of resource options and opportunities.** The wellness center should offer a wide range of informational, educational, and experiential learning opportunities. Some of the possible options include:
  - a wellness resource library for use on-site and for short-term load;
  - multiple computer stations with health management website links;
  - video loop presentations on key health and wellness topics;
  - handouts on single focus high-interest issues;
  - weight scales;
  - automated blood pressure machines;
  - self-quiz instruments on key topics;
  - bibliographies on key wellness topics;
  - consumer cards covering topics like, "Questions for Your Doctor."

- **Keep a simple, clear focus and add a new slant on it periodically.** Cultivate a simple focus for the wellness center based on the major program theme, and use it consistently in every phase of the center's activities. For example, if the program theme is "Be the best you can be,"

then keep that theme throughout. Periodically change the emphasis to include different facets of life, such as intellectual, recreational, creative, physical, etc. This will tend to develop a sense of identity for the wellness center, and bring some continuity to your efforts.

- **Actively promote and heighten the visibility of your wellness center.** This activity is key to the degree of use your wellness center achieves. Constant promotion and increased visibility are critical to the effectiveness of the facility. Nutritional potlucks, special events, and campaign kick-offs are some of the activities you might consider for promoting use of your center. Fresh fruit, lottery opportunities for using the center, and free specialty advertising gifts are some additional approaches you can try. Linking the wellness center to your benefit programs, or employee assistance plan, immunizations, screenings, and other personnel functions, can also enhance the use of the facility.

These are just a few ideas on how to organize and run a wellness center for employee populations.

How Can We Reduce Our Sick Leave Absenteeism?

The use of sick leave by employees is influenced by many clinical and non-clinical factors. Understanding these factors is the key to minimizing absenteeism at your facility. According to the National Center for Heath Statistics and the National Institute for Occupational Safety and Health, the typical employee uses 5.4 days of sick leave for health reasons and 2.7 days for non-health reasons per year. Each industry and employer will show a somewhat different pattern of absenteeism associated with these causes, as will each employee. Some employees are prone toward absence rather than attendance. Some employees will use sick leave in a manner more independent of their actual health needs.

Health problems are not evenly distributed in any workforce, so there will be variations in sick leave use due to differences in morbidity as well. The use of sick leave is generally influenced by the following variables:

- **The generosity of sick leave benefits:** If sick leave allowances are generous, it is likely that they will be used more extensively by employees. The typical employer allowance for sick leave is 12 days per year, accrued at a rate of one day per month. Another important feature of the generosity of sick leave practices is the maximum amount of sick leave that can be accrued.

- **The age and sex characteristics of the work force:** Some general caveats can be made concerning age and sex characteristics of work groups. First, younger employees who are less skilled generally use sick leave at higher rates. Second, women tend to use more sick leave than men. Third, older employees will generally use more sick leave than middle-aged employees. Obviously, there are situations and individuals that are exceptions to these generalizations, but they should still hold true in the general sense at most companies.

- **The season of the year:** The seasonal spread of viral infections in the fall and the preponderance of post-holiday stress resulting in depressed immune functions frequently produce seasonal trends in sick leave use. Most sick days will be taken during the winter.

- **The perception of job security:** If job security is threatened, the work force is likely to become attendance prone to enhance job security. Another segment may experience more somatic complaints due to the excess stress associated with the uncertainty of the situation. The net effect on sick leave usage will be influenced by the intensity of the job insecurity, the length of time the uncertainty is present, and other factors.

- **The lifestyle patterns of the employee population:** The predominant lifestyle patterns among employees will influence how much sick leave a work force uses. Activities such as alcohol use, exercise, smoking, and stress management have an influence on the amount of sick leave an employee will need during a given period of time. For example, significant alcohol use tends to be exhibited among employees who are frequently absent on Mondays or Friday – their weekends begin earlier and last longer.

- **The family and dependent pattern in the work force:** Single parents with young children may feel compelled to take sick leave to care for a sick child because they have no alternative. Likewise, dual income families may find it necessary for one of the parents to stay home with a sick child. For these reasons, many employers have arranged for worksite based childcare, and some offer care for the child with minor self-limiting acute illness.

- **Patterns of weather and recreational opportunities:** Rainy or extremely cold weather can discourage work attendance among those with minor health problems. Extremely high temperatures can have the same effect. Ski season, boating season, or clear, sunny weather can also affect sick leave use, particularly in areas that do not have a lot of good weather during certain seasons of the year.

- **The work group norms concerning absenteeism:** Group norms concerning sick leave use can also influence the degree of absenteeism. For example, if "mental health days" are openly acknowledged, it is likely that absenteeism will be higher. Conversely, if employees function in a highly interdependent manner or in a strongly team-oriented fashion, expect lower levels of sick leave use unless other major variables are at work.

- **Personal values concerning use of sick leave policies:** Sick leave use is also directly affected by the inherent nature of the policies themselves. For example, under a use or lose sick leave policy, the employees are faced with the loss of sick leave days when they have not used their allowed or accrued days. If the policy provides for up to twelve days of sick leave per year with no carry-over accrual provision, they likely will be used in the last month or two of the year. Likewise, maximum accrual provisions, carry forward policies, disability coverage provisions, and cash-out practices will all influence sick leave behavior.

- **The state of employee-employer relations:** The general nature of employee-employer relations will also influence absenteeism patterns. If a significant amount of distrust and rancor exists, absenteeism will likely be high. If a good relationship exists, absenteeism will usually be minimal. Bitter labor disputes, downsizing, hostile takeovers, and divestiture can also increase absenteeism.

- **The use of combined leave structures:** The presence or absence of combined leave or "paid time off" (PTO) systems will also have a significant effect on sick leave use. Under these increasingly popular approaches, all forms of leave: vacation, sick, administrative, reserve duty, jury duty, and others is combined into a general pool of days and these days are used for all types of leave. Under these approaches the incentive to the employee is to take better care of their health because if they are sick for five days a year then they have five days less vacation.

These factors all work to create complex and highly unique sick leave problems. The relative presence or absence of these factors will determine what potential remedies make the best sense. The first step in solving a sick leave problem is finding out which factors are contributing to the problem.

Here are some potential remedies for high levels of sick leave absenteeism. Each remedy should be selected based on the specific underlying causes of the absenteeism in that particular population.

- **Elimination of sick leave.** If the economic status of the organization is severely compromised, it may be necessary to eliminate sick leave entirely. Granted, this is a draconian remedy, but it may have to be considered. Communicating the seriousness of the situation to the employees, and indicating this option is actually being considered, may have the effect of minimizing abuse by employees.

- **Move to combined leave systems.** Another option is to monitor the average amount of sick leave, administrative leave, vacation usage, and any other type of leave, and determine a desirable reduced level of combined leave days. Typically, this may involve setting a combined or total leave amount that is two-thirds to three-quarters of what the average amount of leave for all causes has been. These combined leaves, or paid time off (PTO) systems, eliminate sick leave, remove the categorization of leave, and can provide an incentive for individuals to take better care of their health and wellness. The use of the category of "unscheduled leave" as a request for leave made less than 48 hours from its use can provide a rough proxy measure of sick leave. Another benefit of combined leave is that it minimizes dishonesty. On the negative side it sometimes makes it hard to measure the effects of a wellness program on sick leave utilization.

- **Make a direct appeal to employees.** If you suspect that sick leave is being abused, make a direct appeal to the employees. The tone of the appeal should be adult and straightforward. The recognition that a problem exists and dissemination of information on average sick leave usage can be effective.

- **Use a corridor exclusion feature.** Another approach involves the use of a corridor exclusion; such as the first three days of any sick leave are not paid by the employer. This kind of provision, which resembles an insurance deductible, is primarily applicable for hourly wage earners, although it can be used with

salaried employees using a pro-rate deduction from regular salary levels. With this approach, a set number of annual sick leave days can be established for employees. If the average length of absences begins to increase after the introduction of this approach, a doctor's note can be required in order for the employee to receive credit for applicable days of sick leave, however this is likely to increase primary care physician visits, adding some cost to compliance. Reduced annual accrual rates can also be used to moderate the adverse affects.

- **Use of a doctor's note for all sick leave.** With this approach, a doctor's note can be required for all sick leave absences longer than two or three days. This tends to reduce the average length of sick leave absences. Unfortunately, this approach may also result in increased physician use and prescription drug use under the company's health plan. Approximately two thirds of physician office visits result in a prescription for medication. If occupational health staff are available, they may be used to provide clinical approval for the absence and thus minimize such health plan related problems.

- **Reduce the annual amount of covered sick leave.** Another option is to reduce the number of annual days of sick leave. If a significant portion of the employee work force uses sick leave as soon as it is accrued, then it may be advisable to reduce the number of sick leave days allowed. As a protection for employees, a specified amount of emergency sick leave can be made available in the event of a major debilitating condition or injury. A sick leave bank can also be used for short term disability absences from work.

- **Exclude patterned sick leave situations.** If the problem of excessive sick leave use is associated with selected patterns, then exclude sick leave coverage when it occurs within those patterns. For example, if sick leave use is associated with Mondays and Fridays, then designate any sick leave occurring on a Monday or Friday as uncovered. Or, exclude sick leave coverage if the absence occurs within the three days prior to or immediately following a holiday or a vacation.

- **Provide an incentive for accrual of sick leave days.** Many different types of incentives can be established for the accrual of unused sick leave days. Possible pay values include conversion of unused days into credits for selecting gifts from a merchandise redemption catalog, conversion into one-hour reductions in daily work hours, conversion into tickets for use in a prize drawing, conversion into credit for redemption of airline flight coupons earned through company travel, redemption of one of several prizes or gifts, or conversion into cash. In all of these accrual incentives, the redemption value should not exceed one-half the financial value of the actual wage or salary cost associated with the sick leave involved. In other words, the motivating force or attractiveness of the pay value should be maximized for the employee, while minimizing the direct cost of the incentive reward to the employer.

- **Use of special privileges for low sick leave users.** In this remedy, those employees who have used three days of sick leave or fewer during the previous year can be given a special privilege. This may take the form of a waiver of all or a portion of their monthly payroll contribution for health plan coverage for a month or two, two extra vacation days, higher life insurance or disability benefits, a waiver of some of the health plan deductible requirements, or some other special privilege. The provision of the special privilege should not be based on a complete absence of sick leave use, but rather on low levels of usage. More so than virtually any other sick leave regulation, a standard of no sick leave use can lead to the unintended result of having employees come to work when they should really stay home.

- **Use of a cash-out provision.** Cash-out of accumulated sick leave should only be used as a last resort, after using a variety of other remedies or incentives identified here. The problem with cash-out programs is that they can produce a significant financial liability, regardless of whether they are funded. If cash-out provisions are used, they should provide no more than one-half the amount of the daily wage or salary amount at the time they are accrued. Once a cash-out provision is adopted it is usually extremely difficult to modify or eliminate it.

- **Use of hardship donations of sick leave.** This approach allows individual employees to voluntarily donate excess accrued sick leave to other employees who experience a serious or debilitating illness or injury. A minimum amount of accrued sick leave, such as 30 days, should be established. The individual can donate any amount of sick leave accrued beyond the 30 days, up to the maximum allowable accrual carry over amount, typically 90 to 150 days.

- **Purchase additional leave days through flex plan options.** For those employees who consistently use sick leave and/or annual leave for health reasons, another option is to provide additional vacations days that can be purchased by employees through the use of Section 125 cafeteria or flex plan credits. If the employees use their own individual benefit dollars to cover the additional use of leave days, then the costs associated with the absence are at least covered by the employee instead of the employer.

- **Use of medical self-care and preventive measures to reduce sick leave and presenteeism losses.** Another remedy for clinically related sick leave is to provide focused efforts to help educate employees on how to monitor and assess the need for medical intervention with colds, flu, allergies, migraines, depression and self-limiting conditions. This can be accomplished with algorithms for treatment of minor conditions and the use of medical self-care texts. The diagnosis and home treatment of many self-limiting common conditions can help employees deal more effectively with these conditions and help reduce their absenteeism and presenteeism related productivity losses. Flu shots have also proven to be useful in reducing the amount of lost work time associated with this seasonal occurrence. Stress reduction training at key times, like the holidays, focused on somatic complaints due to stress can also help prevent some of the common illnesses and conditions that exacerbate sick leave use. These preventive strategies need to be addressed directly in the planning of your wellness program activities regardless of which program model you select.

Evaluation Recommendations

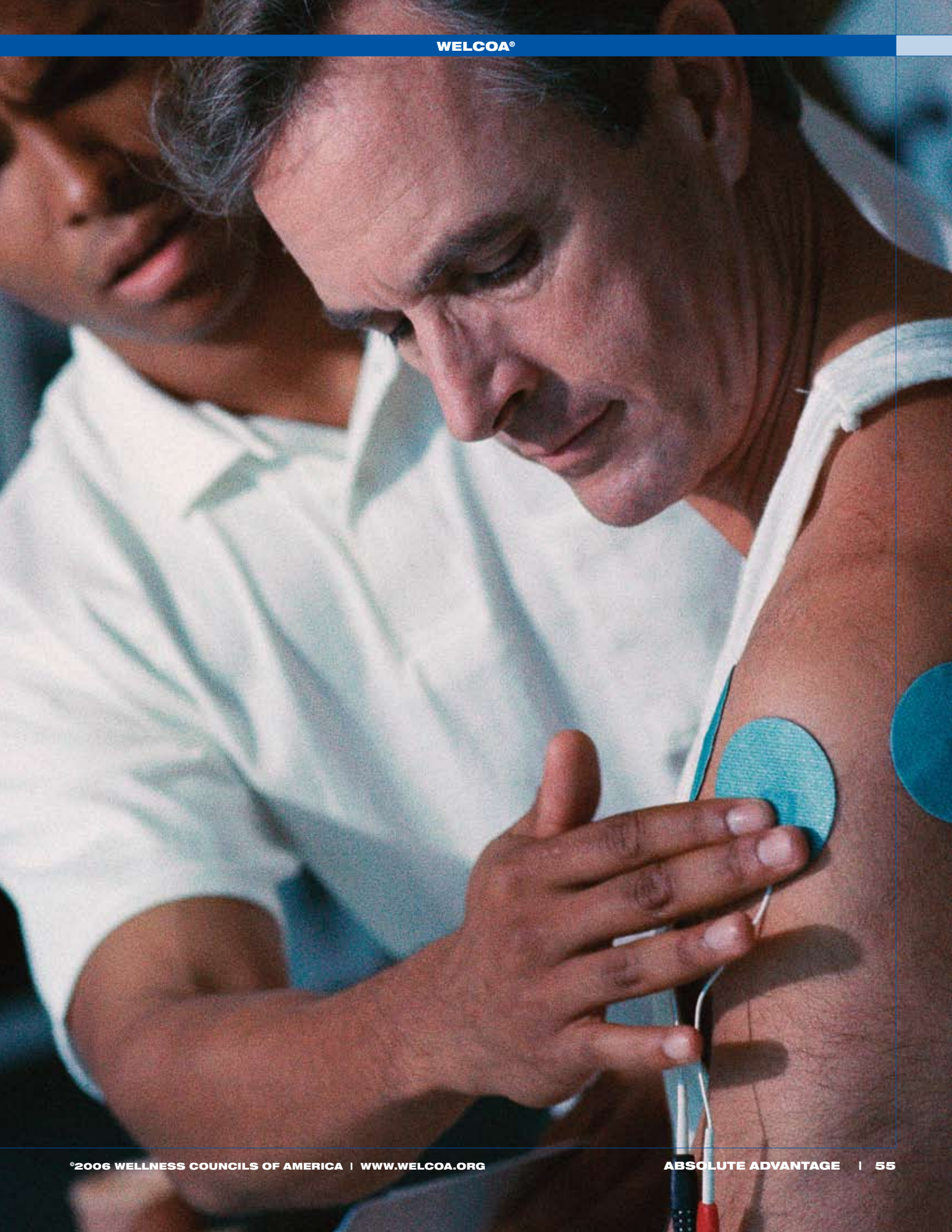
When examining sick leave usage, it is important to have a valid and reliable method for measuring its occurrence and the effects of your efforts to intervene. In monitoring sick leave usage, these key statistics can prove useful:

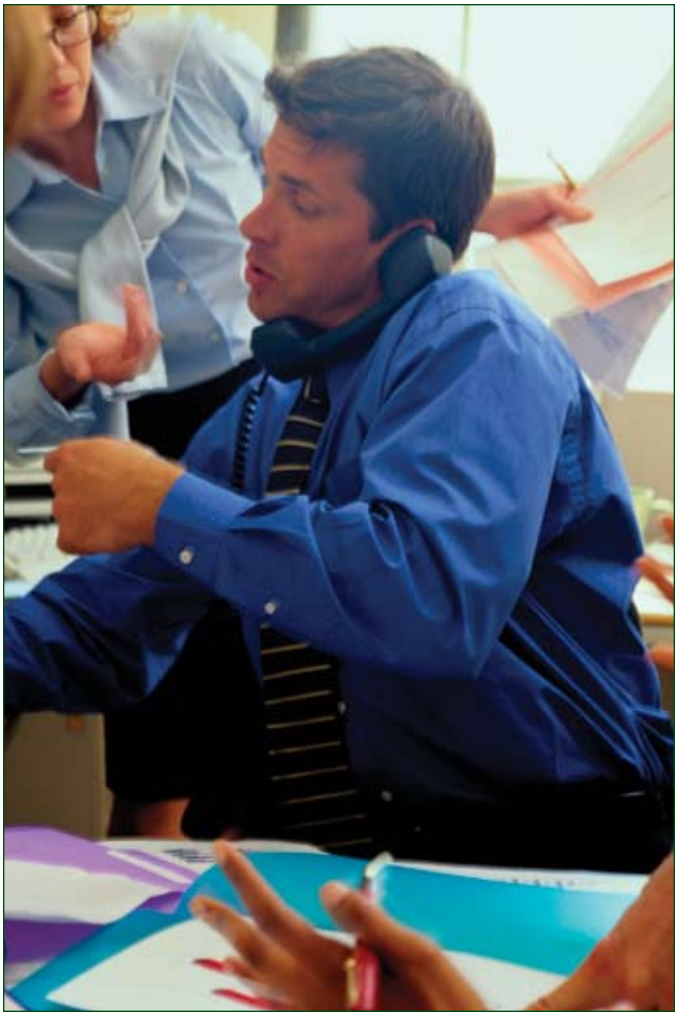
- **Average number of sick leave hours or days per full-time equivalent (FTE) employee.** This statistic is created by adding the number of sick leave days or hours per period of time, divided into the total number of FTEs in the work force. Usually, 2,000 hours of paid work time per year is equal to one FTE. This statistic can be maintained on a monthly, quarterly, and annual basis. It can be placed onto a trend chart to show variations and patterns over time. The average salary/wage for the work force involved can be used to provide the economic cost associated with sick leave.

- **Percentage of sick leave days on Monday and Friday.** This statistic provides the proportion of sick leave days that occur on Monday and Friday, and on the two days combined. The proportion expressed in percentages can be examined for hourly workers vs. salaried workers, by major organizational unit, or by site. This statistic may also be used as a proxy measure of drug or alcohol use within a work force, particularly if it is extremely high. A trend line can be developed over time.

- **Total number of sick leave days per year.** This number can portray the total amount of sick leave days used by period of time, such as month, quarter, or year. The value of lost time or sick leave can be imputed from the average hourly or daily wage or salary rates for the entire work force, for major work groups, or for specific organizational units, multiplied by the amount of sick leave used.

- **Distribution of leave by type.** This involves the determination of the total number of leave days used by all employees by major category, and can also include the estimated cost of those leaves. It can then be presented in a pie chart form, showing the breakdown by major category – sick leave, family leave, medical leave, vacation leave, and any other type of leave provided to employees.





Some evaluation activities that can be employed to help determine the effectiveness of your efforts to reduce sick leave include the following:

- **Tracing key sick leave usage statistics over time.** By using the statistics suggested above and by graphically presenting that information, trends and patterns can be analyzed. Any intervention designed to reduce the use of sick leave by employees can be tracked over time if the basic data collection methodology is consistently maintained.

- **Use of anonymous surveys of those using selective types of leave.** Questions in the survey instruments can include issues such as reasons for use of leave, involvement of health practitioners underlying causes, frequency of occurrence, effectiveness of changes in policies or incentive, suggestions for reducing need, perception of work place norms regarding use of leave, and other issues.

How Can We Change Our Organizational Culture To Make It More Wellness-Oriented?

As wellness becomes a more widespread and accepted human resources and human capital enhancement strategy, it is important to create as many forms of potential linkages or means of integration with other aspects of personnel and benefits policy as possible. In assessing the ways in which wellness can be more strongly integrated in these areas, the large number of possibilities provides a clear challenge for program managers. This large number of potential options means it is likely that some of them can be applicable for every worksite, regardless of the conservatism of management.

First, it is important that we know why integration and linkages to other personnel policies and programs are desirable. Here are several reasons:

- **Increased credibility.** Each time the employee wellness program is formally linked or integrated into another facet of employee benefits or personnel policies, the program's credibility with employees and management is enhanced.

- **Increased program marketing impact.** Each individual mention of each wellness linkage will augment the visibility of the program, particularly if employees perceive the integration as positive.

- **Increased program use.** As linkages are made and as positive incentives are used to promote wellness behaviors and program involvement, it will likely result in increased program use.

- **Increased program outcomes.** Depending on the desired type of outcome expected from the program, it is likely that increased magnitude of outcomes will be observed. If the integration is directed at health service utilization reduction and the linkage to health benefits is an incentive utilizing lifestyle bonus points, then increased program effects will include more wide-scale risk reduction among employee groups involved and lower health costs.

- **Greater formal structural presence.** If the wellness program, wellness behaviors, and issues are formally integrated with other

employee benefits provisions and personnel policies, then that formal structure makes elimination of the program much less likely, particularly if these linkages are formalized in collective bargaining agreements. It should be stressed, however, that this only makes elimination more difficult – not impossible.

The possible linkages and methods of integrating wellness into employee benefits and other dimensions of the workplace include:

- **Employee health benefits.** Some of the options include premium discounts for those who meet a minimum number of wellness criteria, such as non-smoker status, fitness screening participation, low cholesterol, and others; waiver of portions of payroll contributions; deductive waiver coupons; additional flex benefit credits; lower co-insurance percentages; elimination of co-pay requirements; higher plan maximums; access to additional benefit coverage; reimbursement for community wellness programs; preventive medical benefit coverage; and incentive gain-sharing features that reward healthy lifestyle choices and prudent use of health services.

- **New employee orientation sessions.** Wellness program activities and issues can be more effectively integrated with other dimensions of work life by including a program briefing and some wellness program activities as part of new employee orientation. This helps to establish a personal link to the program early in the employees' work life with the organization. If completion of an HRA and some biometric screening activities such as cholesterol testing are offered, they can also be linked with follow-up testing opportunities.

- **Collective bargaining agreements.** Another potential opportunity for integration is building wellness programs into labor contracts. They then can become a negotiable item if the employer is considering eliminating them. This issue needs to be approached carefully, and it helps if it is labor's idea to incorporate the program into its collective bargaining agreement. Participation goals can also be agreed upon to help mobilize labor support for the program and its activities. Labor groups are usually more willing to address the issue of wellness if they perceive the utility of such action in relation to the preservation of benefit levels, and the potential expansion of benefits and/or salary and wage levels in the future. Sometimes its easier to give wellness to non-covered employees first and then have labor groups request that it be included in their contract(s).

- **Release time policies.** Management can develop and adopt a release time policy that encourages employees to exercise, use fitness facilities, participate in screening programs, and attend wellness education activities. This policy is intended to make a formal statement about the desire of management to have its supervisors and middle level managers support the program. Usually a statement is made that the release of employees to attend program activities is encouraged or expected in situations where the normal work requirements are not adversely affected.

- **Facility modification and construction.** There are varieties of wellness integration possibilities concerning physical facility modifications. Some of the more typical modifications include bicycle racks, showers and lockers, walking trails, quiet space, fitness rooms and centers, visual displays, wellness self-test stations, indoor and outdoor walking courses, and access to on-line computer network information at kiosks. These modifications can help make a visual and physical link to wellness.

- **Communication activities.** Create a wellness presence in the major forms of communication with employees. A wellness column in the employee newsletter, messages on electronic sign boards, and the use of marquee space are other options. If the corporate or company communication is more sophisticated, and includes video and teleconferencing, these can provide additional opportunities. If payroll stuffers and employee bulletin boards are the primary means of communication, then these methods can be used for information about wellness topics and wellness program activities.

- **Corporate picnics and gatherings.** Corporate events can have a wellness emphasis or component. Organizing non-competitive games in which all employees can participate is an activity that can bring some increased enjoyment to a company picnic. Low calorie, low fat, and low sodium foods can be served, and physical and screening tests can be integrated into the activities. Health fair types of components can also be organized. Management retreats can be structured to include health-oriented activities, and these can become an integral part of major corporate events and gatherings, further integrating wellness concerns into the culture of the organization.

- **Sponsorship of community events.** Another approach is to have the wellness program facilitate sponsorship of community events, such as Special Olympics and other charitable events that involve exercise, activity, or purposes that are compatible with wellness.

- **Occupational health exams.** Wellness and lifestyle issues can also be integrated into occupational health exams. This can include the use of health risk assessments, discussion of lifestyle risks, development of health enhancement objectives, use of laboratory tests that help provide health status measures that are affected by lifestyle, review of lifestyle risk factors for the age and sex of the individual, and discussion of issues of self-esteem and self-mastery skills in behavioral change. These preventive components can be modified according to the type of occupational health exam involved. The different types of exams include executive physicals, periodic employee health exams, occupational risk exposure exams such as hearing conservation, and pre-employment exams.

- **Alcohol and drug policies.** The enforcement provisions and consequences of drug or alcohol use at the worksite can be followed by mention of the lifestyle and stress related concerns of alcohol and drug use. Corporate policy can recommend abstinence from drug use and moderation in alcohol consumption, as well as recommending avoidance of binge drinking patterns.

- **Safety integration.** Wellness issues can be integrated into safety education and analyses of underlying causes of workplace injuries. Wellness education can also address safety issues in terms of home, vehicular and recreational settings. A strong and broad safety program can offer greater credibility to a fledgling wellness effort. Lifestyle precursors to selected workplace injuries, such as low back pain events, can further integrate wellness efforts into the organization.

- **Workers' compensation linkage.** The frequent lifestyle complications in many work injuries can be highlighted in referrals to wellness program staff and in injury prevention education. Post-injury physical reconditioning can frequently be handled through the wellness program and the program staff. Work-related illnesses often call for modification of lifestyle to minimize risk.

- **Ergonomics and work hardening.** The exercise science background of many wellness professionals can be a useful adjunct to some of the assessments and adaptations that are necessary. As an adjunctive strategy, wellness programs can also be linked to work hardening efforts. In these situations, if significant injury risk cannot be engineered out of the work tasks, then helping the affected individuals become "hardened" to reduce the personal risk is another strategy option.

- **Disability management linkage.** In those cases where a non-work disability has occurred, it is also possible to integrate wellness activities into the intervention activity with the employee. This is best structured on a case-by-case basis with a standard assessment process, which can help determine the appropriateness of wellness program staff intervention.

- **Tobacco use and purchase limitations.** Another potential wellness linkage is the curtailment of tobacco sales at the worksite and the control of smoking. It is now much more common to have a smoke-free policy for all facilities and vehicles used in the course of the workday.

- **Job qualifications and promotion considerations.** General qualifications related to an applicant's fitness to perform specific tasks can be required for particular employment positions. A related issue is the fitness level needed for the exercise of specific jobs that are involved in a promotion. The implementation of the Americans with Disabilities Act has influenced the degree to which employers can use fitness and health issues in determining employment or promotion potential. Even the inclusion of a requirement for a general level of fitness commensurate with the needs of a position would provide some visibility to the wellness issues, without creating an excessive obstacle to promotion.

- **Open enrollment meetings.** Provide opportunities for wellness as part of open enrollment meetings for employees. Use of medical self-care training and distribution of materials, consumer health information, tips on wise benefit use, or introduction of wellness program activities can all be included in these sessions.

- **Wellness activities in meetings.** Have meetings incorporate health, such as non-caffeinated and diet drinks, resiliency education, fruit juices, fresh fruit, stretch breaks at intervals, use of mental and social ice-breakers, emphasis on partnership processes rather than hierarchical, exercise or movement breaks, nutritious meal options, non-alcoholic options at social events, group walking events, and access to sports and athletic facilities at meeting sites.

These are just a few of the ways in which wellness can be more fully integrated into an employer's organizational culture.

How Do We Reach Retirees With Wellness?

Retirees constitute an important group for targeting by worksite wellness programs. The number of Americans over age 65 will grow to 17.7% by the year 2015; they made up 12.7% of our population in 1985. This group constitutes a major economic and political constituency in our population, and they represent particular types of programming needs.

There are also some important changes in the wings which will bring retirees even more into the limelight. Beginning in 1993, the Financial Accounting Standards Board (FASB) required that independent audits of corporations would need to estimate the potential post-employment medical benefit liability that a company has to its retirees and their spouses.

This additional liability on the books is potentially substantial, and the change in accounting conventions can have serious consequences for the affected business organizations. The original exposure draft for this particular policy position created a great deal of concern among business leaders. For those companies that have made a commitment to retirees through post-retirement medical benefit coverage, this proposed change in accounting practices will have a significant impact. Because of this, organizations with retiree medical benefit coverage will need to engage in much more aggressive wellness program activities and increased efforts to manage the health and health costs of retirees and their dependents. Public agencies now have similar requirements on their account and financial reporting procedures.

Retirees represent a unique set of challenges for wellness programs. One challenge is created when company retirees move to distant locations, such as the sun belt areas of the country. Those who have moved away can be kept informed through virtual interventions using mail, phone and computer e-mail. Retirees who remain where employers are located can be reached directly by site-based wellness program staff.

Another challenge associated with retiree programming is incorporating sensitivity to the physical effects of aging and the unique health and medical self-care need of the elderly. Also important is the distinction between the physically active retirees and the relatively inactive retiree. Research shows that once significant health problems are encountered, retirees begin to be less physically active. As chronic conditions worsen, it is likely that physical and social activity will diminish creating a downward spiral in health status.

An additional challenge with serving retirees is that their medical costs are usually limited for the employer once Medicare coverage comes into effect. This acts to remove some of the potential economic incentive that employers have to invest in wellness for their retiree population. The availability of CDHPs are likely to modify this situation in the years ahead.

However, while retiree programming presents unique challenges, there are also some real advantages in reaching retirees with wellness programming. For one thing, most retirees are highly motivated to maintain their health, and as such are usually interested in practical information which can lead to a healthier lifestyle. Retirees frequently face the early appearance of chronic conditions and disability, which brings increased medical attention and advice to improve their diet, lose weight, become more physically active, monitor blood pressure, and advice concerning other health practices. Often, retirees experience a fear of some possible underlying malady, such as cancer, heart disease, or Alzheimer's disease. These fears tend to make retirees much more health conscious and particularly receptive candidates for health and wellness programs.

In programming for retirees, it is also important to recognize that as a group they tend to be high users of medical care, sometimes for social as well as for strictly clinical reasons. Therefore, there is considerable potential to introduce medical self-care programs for the retiree population, and then to produce a significant impact on health care costs of retirees.

There are a number of strategies that can help employee wellness programs more effectively meet the needs of your retiree group. These strategies include:

- **Communicate through a newsletter.** There are several good commercial wellness newsletters which are geared specifically to retiree groups and seniors in general. These sources can be used to provide periodic wellness, medical self-care, and consumer health messages. If the group has more than 10,000 members it may be cost effective to develop your own messages which can be added to the commercial material. If your retiree group is large, say, greater than

30,000, it may make more sense to develop your own specialized wellness newsletter for retirees. The newsletter should contain topical content and practical suggestions, all geared to a retiree's lifestyle. These newsletters should be sent to the retiree's home. Make sure that any seasonal move away from winter climates has a new address in the mail list data base.

- **Expand employee programming.** Another strategy is to look for opportunities to expand employee programming so that retirees and their spouses can participate. This has some additional beneficial effects in reinforcing social relationships and providing social support for behavior change. By including retirees and their spouses, it also sends a message that the company cares about employees beyond the time of their employment. The first priority for participation needs to be with full-time, permanent employees, but retirees can frequently be added without adversely affecting the availability of participation for employees. Medical self-care and consumerism workshops are a particularly beneficial activity for retirees.

- **Welcome the involvement of spouses of retirees.** Also important is a consistent policy supporting inclusion of spouses of retirees. By encouraging their involvement, you are likely to increase the number of retired employees who participate. If program notices can be sent with wellness newsletters so that the chances of spouses seeing them in advance of the session are increased, it is likely that more retirees and their spouses will attend. Screening programs are usually attractive to retirees and spouses. State that spouses are welcome. This needs to be done consistently in order to develop a general perception of the appropriateness of spousal involvement among retiree couples. Be certain to include surviving spouses and single or widowed retirees. The broader approach to inclusion of spouses is a positive development and should strengthen the program and its impact.

- **Make it a social event.** In designing wellness activities for retirees, it is important to create a social event along with the specific program activity. Usually the provision of refreshments

and some relaxed time before, during, or after the programs, will provide this social opportunity. It is likely that retirees will know each other to some degree, and by providing opportunities to renew friendships, it is possible to add an attractive aspect to your wellness program. Nutritional potlucks or food demonstrations can be used to structure a social event. If retirees are not active socially on their own, this type of event will help meet some of their social needs.

➤ **Address age-related matters.** When selecting the content of programs, be sure to address issues which are relevant to retirees. Concerns include chronic digestive disease, low-budget food preparation, cooking tips for one-or two-person families, consumer tips to save on health care expenses, prevention of osteoporosis, sleep disorders, stress reduction tips for more sedentary individuals, walking activities, vitamin supplements for the aged, cancer prevention diets, adapting to weather changes, control of incontinence and others. The perspective should include a sensitivity to the unique physical, emotional, and psychological criteria of retires. Do not encourage the perpetuation of traditional assumptions about retirees. For example, regular physical activity should become a part of the expected norms for retiree behavior, rather than reinforcing an expectation that active retirees are the exception rather than the rule.

➤ **Emphasize medical self-care.** One of the primary concerns of the retiree is contending with some of the routine chronic conditions that are an all-too-familiar adjunct of aging. According to findings from the National Health Survey, conducted annually by the National Center for Health Statistics in Hyattsville, MD, the average 65-year-old has more than ten self-limiting chronic conditions that periodically flare up and become symptomatic. Because of the significant concern for health and the need for symptomatic relief, medical self-care programs are usually of great interest, particularly when a medical self-care text and case vignettes designed for the retiree are used. These programs can also include consumer health topics such as tips for shopping for prescription drugs, vision appliances, durable medical goods, dental care, and pediatric care. Instruction in the understanding of Medicare rules and regulations can also be included. These programs are designed to help retirees become wiser health consumers and are therefore an important adjunct to your health plan.

➤ **Use surveys to communicate with retirees.** One way of conveying a sense of inclusion and value is to use survey instruments on health care and wellness-related issues. Develop an annual retiree wellness survey that asks questions about selected health risk behavior and interest in program options and wellness-related informational topics. Another approach is to use an instrument with retirees that elicits

opinions about various hospitals, clinics, and doctors in order to provide a ranking of health care providers by satisfaction levels. This type of information is likely to be highly valued by retirees, and by asking their opinions you are acknowledging their value. The results of these surveys should be distributed within four to six weeks from the return date of the survey. By using the same basic survey each year, and by receiving a statistically significant sample size, you can draw conclusions about changes in health risk behavior and risk factors among the respondents.

- **Encourage support groups for specific areas.** You can help meet the support needs of retirees by providing general guidelines on how support groups should function, and by organizing such groups around areas of mutual concern. The types of groups could include weight management, hypertension control, coping with the loss of a spouse, and others. These support groups, if they function effectively, can meet a particular area of need in retirees and contribute to some long-term behavioral changes. These groups can be launched periodically and left to go on their own course.

- **Conduct screening that is age- and risk-specific for retirees.** When designing testing, use tests and procedures that are relevant for retirees. The recommendations contained in the publication "Guide to Clinical Preventive Services Third Edition should be used to help structure the testing or screening protocols. This publication, which is the formal report of the U.S. Preventive Health Services Task Force, can be found at ***www.ahrq.gov/clinic/gcpspu.htm***. The report is a valuable resource for designing screening programs for all age groups. Norms for rating performance will need to reflect age and physical condition. Some of the tests check cholesterol level, high-density lipoprotein ratios, percent body fat, blood sugar and screenings for colon-rectal cancer, prostate cancer, hearing loss, and vision impairment.

- **Communicate the value of making changes to retirees.** There is often a general sense that it is "too late" to get personal benefit from wellness-oriented activities by the time individuals are in retirement. By communicating research findings, recommendations, and examples of successful change by retirees, it is possible to counter these general beliefs, which are obstacles for retiree behavior changes. Show the value of change and reinforce the issues periodically to encourage retirees making behavior changes. Challenge those self-defeating clichés, such as "old dogs can't learn new tricks," before they drain potential motivation and enthusiasm for change. The area of compression of morbidity in the clinical literature provides great hope for the senior who wants to engage in wellness and get the health benefits for themselves.

- **Enlist retirees as volunteers in implementing the program.** By encouraging retirees to participate as volunteers in helping implement activities, it is possible to get them involved and help them become participants. For example, if you plan to hold a walking event and need some route monitors, enlist some retirees.

- **Support advocacy efforts for retirees and seniors.** By actively supporting advocacy and service programs that are targeted to the needs of seniors and retirees, you can strengthen the relationship between retirees and the company – particularly if the advocacy groups are concerned about health-related issues. Informational meetings can be piggybacked onto wellness program activities.

- **Provide a problem-solving perspective for retiree programs.** Try to identify prevalent, common problems experienced by retirees, and address the problems with helpful hints. Adopt a problem-solving perspective in your communication and programming to enhance the value and acceptability of your overall wellness efforts. For example, if retirees are confused about how your retiree medical plan works with Medicare, provide an informational meeting to discuss the issues. If retirees are concerned about addressing long-term care needs, provide an informational series on long-term care plans, use of health savings accounts, selection of a nursing home, or common problems in nursing homes.

- **Provide personalized feedback and communication to retirees.** Where possible, personalize the feedback and contact with retirees. Using first names in periodic contact will help program acceptance and effectiveness over time, as relationships are established and nurtured.

- **Use materials and programs from senior citizen organizations.** The American Association of Retired Persons (AARP) has a variety of consumer health and wellness-oriented resources that can be distributed to retirees. Area agencies on aging are also resources for materials and for programming alternatives. Contact AARP at ***www.aarp.org*** and visit their health and wellness portal.

- **Adopt incentives for healthy lifestyle choices for retirees.** Possibilities for incentives might include a premium discount for their health plan for participation in completing HRAs, health assessments or screening programs. Another option would be to include retirees in an incentive gainsharing program where they share in lower-than-expected health plan costs and have an opportunity to quality for additional wellness bonus points. The use of incentives is a method of choice, particularly for retirees who have moved to other areas of the country. Use of incentives such as these is important in addressing the needs of retirees.

These are just a few of the ways you can more effectively reach your retiree population.

How Should Worksite Wellness Be Integrated With Care Provided By Managed Care Vendors?

Managed care has lost most of its national momentum, but it still represents a positive force for adding some discipline to the health care market place. As such, it is appropriate for employer wellness activities to be integrated with the health management activity of managed care vendors. The following are some of the ways this can be accomplished:

- **First, establish an on-going dialogue with your providers.** This may be in the form of a periodic letter, distribution of your program materials and calendar, creation of a special newsletter, piggy-backing your message onto medical education events, providing education materials to physicians for use with your enrollees, and/or providing a clear message about the intentions and objectives of the program.

- **Address confidentiality issue.** This issue is important to all parties and a release or consent form signed by the provider's patient for health information on an individual is probably a prudent measure. Sensitive information should probably be identified by category and excluded from any sharing of information through a Business Associate agreement under HIPAA.

- **Determine what information should be shared.** Discussion will be needed to help clarify what information will be shared between employer's wellness staff and the managed care vendor's staff. Some of the possible types of information that could be shared includes the following:

  From the worksite wellness effort:

  - share HRA data
  - share results of other feedback instruments
  - share results of intervention and telephonic counseling advice
  - share attendance at program activity
  - share information about achievement of any wellness incentives
  - share profile of primary prevention risks
  - share clinical standards regarding risk definitions and levels
  - share secondary prevention screening results
  - share selected information about occupational health risks
  - share about availability of programming
  - share process and results of any pro-active high risk intervention

  From the primary care practitioner or managed care organization:

  - share major prevention advice given to individual
  - share information on special modification

of risk intervention attached to unique characteristics of the individual

- share information on prevention protocols
- share information on prevention resources and intervention capability

➤ **Gain selected agreements from the managed care primary care physician.** There are a variety of areas of potential agreement from managed care vendors that would be of substantial value in helping individuals attain improved health. These areas of agreement are as follows:

- Agree to utilize common clinical standards regarding risk definitions and levels.
- Agree to address key health risks through lifestyle modification.
- Agree to utilize pharmaceutical intervention after appropriate intervention.
- Agree to provide incentive information affecting the individual.
- Agree to counsel the individual patient in a supportive manner to the prevention approach used within your program.
- Agree to refer to worksite program options when possible.
- Agree to emphasize the importance of prevention with the patient.
- Agree to recommend use of worksite-based screening opportunities when available.
- Agree to use similar screening methods where appropriate.
- Agree to support a behavioral management perspective in the provision of information about primary risk factors.
- Agree to support the provision of tertiary prevention materials to those with selected diseases or conditions.
- Agree to utilize national guidelines in developing a clinical preventive screening plan for each individual.

➤ **The employer can provide encouragement and or incentives for participation and successful completion of prevention activities conducted by managed care vendors.** This function should serve to increase use and efficiencies of provider-sponsored or provider delivered primary, secondary and tertiary prevention activities.

➤ **A core set of prevention activities can be developed by the employers as part of the bid specifications provided to managed care vendors.** Vendors would be able to exceed the specifications but would be required to meet a minimum set of primary, secondary, and tertiary prevention specifications.

➤ **Finally, both the employer and the managed care vendor can cooperate in the integration of primary, secondary, and tertiary prevention.** If the managed care vendor does not take the lead in integrating primary, secondary, and tertiary prevention for the individual patient and for their family members, then the vendor should support the intervention conducted by an additional outside vendor or by the employer's staff.

These are just a few of the possible ways in which worksite-based prevention programs can work more closely with managed care vendors to enhance the effectiveness of health improvement efforts. ☆

Summary And Conclusion

This health management guide is intended to be a reasonably thorough guide for the planning and development of an employee wellness program. Many issues are of general concern to all program development efforts. Conversely, unique considerations also emanate from the characteristics associated with a specific employer and work group. This publication is intended to be a useful tool in the identification of those generic issues, as well as a catalyst for asking valuable planning questions that may uncover the more unique considerations that should help influence your planning and development choices.

Readers are encouraged to consult the Appendices that follow for more useful ideas, examples, and information. Again, best wishes for a successful process of planning a wellness program for your organization.

5.1 Appendices

The Appendices include:

Appendix A – Glossary Of Worksite Wellness Terms

The following terms, and their respective definitions, are important in the development, implementation and evaluation of employee wellness programs.

Action
The stage of readiness to change from the Transtheoretical Model of behavior developed primarily by James Prochaska PhD, that involves directly engaging in a particular behavior change, but is usually limited to having performed the behavior under six months of continuous activity. One of five major stages of change in the Transtheoretical Model. Please see Stage Theory or Transtheoretical Model.

Adherence
To continue to maintain a consistent position toward a specific behavioral activity. Usually the term is used to define a consistent engagement in a specific behavioral activity, such as continuing the use of stress management practices, or maintaining a nonsmoking status with the passage of time.

Antecedents
Anything that comes before or precedes something else. Usually used to connote the lifestyle behaviors that predispose the individual to specific diseases or injuries.

Asymptomatic
Showing or causing no symptoms. Usually the term is applied to clinical disease conditions that do not evidence any symptoms that are observable by the individual, but may be identified by a health care professional. Asymptomatic disease found in screening activities that can be treated, resulting in an improved patient care outcome, is generally desirable as an objective of secondary prevention.

At-Risk Intervention
The series of activities that are undertaken to help an individual address a specific health risk factors and to reduce the associated risk connected with their risk status. The typical interventions used with those who are "at-risk" are special mailings, outbound telephone contacts, relational programming, incentives, and special program offerings.

Behavior Modification
A school of thought in psychology that emphasizes patterns of human behavior and attempts to use a variety of techniques and approaches to influence specific behavioral activities of individuals.

Blood Pressure
The pressure exerted on the walls of arteries and veins through the on-going function of the cardiovascular system. Blood pressure is usually measured in terms of the diastolic and systolic pressures in millimeters of mercury (mm of Hg) at sea level.

Body Mass Index
The most common measurement used to reflect obesity is body mass index (BMI). BMI has been adopted primarily because of its ease of use when compared with the range of methods used for determining percent body fat, but one of its key weaknesses is that it fails to differentiate between lean body mass and body mass consisting of fat. The metric formula is weight in kilograms divided by height in meters squared. The non-metric formula is 703 times weight in pounds divided by height in inches squared.

Cardiovascular
Pertaining to the heart and blood vessels. Often this term also commonly relates to the interaction of the blood within the lungs and is then more accurately described as cardiopulmonary.

Cholesterol
A crystalline fatty alcohol found in animal fats, blood, nerve tissue, and bile that is a major factor in the development of atherosclerosis. The fractionalization of cholesterol provides various blood lipid components such as High Density Lipoproteins (HDL), Low Density Lipoproteins (LDL), and triglycerides. These lipid fractions have various roles in the development and reversal of atherosclerotic heart and vessel disease.

Chronological Age
The actual age of an individual in years and months. The term is usually used in older Health Risk Appraisal (HRA) instruments and is compared with the individual's Health Age based on the risk associated with a specific set of lifestyle choices.

Clinical Disease
A disease condition that can be detected by actual observation of a clinician. This term is used as a counter to an asymptomatic disease, usually not detectable by a clinician in a normal clinical contact with a patient, without the application of a specific screening test. These types of conditions are detectable by a clinician in his/her office setting.

Condition
A health characteristic that is a departure from a state of physical or mental well being. Conditions are usually divided into two categories: acute, having a duration of less than three months; or chronic, having a duration of longer than three months, and including medical attention and restricted activity.

Consumer Health
The activity and actions surrounding the receipt of health care services. The term usually relates to the role of the consumer in the purchasing of health-related goods and services. The development of consumer health skills is the focus of consumer health education. Consumer health training is the activity that is used to help develop consumer health skills of participants.

Consumer Driven Health Plan
A type of health plan that has a high deductible, a personal health care account that is managed by the consumer and the remainder is carried over if not used during the benefit year and 100% coverage for preventive care.

Contemplator
The stage of readiness to change from the Transtheoretical Model of behavior that involves thinking about or considering a proposed behavior change but without a conscious choice being made to change. One of five major stages of change. Please see Stage Theory or Transtheoretical Model.

Cost-Benefit Analysis
The formal evaluation of the derivable economic costs of an activity when compared with the derivable economic benefits of the activity. The analysis uses an evaluation methodology that attempts to determine the net economic benefit to be derived from an activity or activities. A cost benefit ratio is the numerical integer consisting of the ratio of the direct and/or indirect costs divided by the direct and/or indirect benefits. A cost benefit ratio that is greater than 1.0 means that more benefit is derived than the economic costs of conducting the activity.

Culture
The collection of ideas, customs, beliefs, norms and values that guide behavior and thought in a particular group at a particular point in time.

Demand Management
The collection of activities, strategies, and actions that are designed to improve the way people utilize health care services.

Diastolic Pressure
That element of blood pressure that represents the pressure on the walls of arteries when the heart is dilated or at rest, rather than in a contracted state. This means that the diastolic pressure will always be lower than the systolic pressure.

Disability
Any temporary or long-term limitation of a person's activity to function as a result of an acute or chronic condition. Frequently measured in terms of the number of days that a person's activity has been reduced or impaired.

Disincentive
An anticipated negative reward designed to influence the behavior and/or performance of an individual or group.

EAP
Employee Assistance Program (EAP) is an organized program or service offered to an employee and/or their family member in order to help them resolve a difficulty. Typical types of problems that are addressed are alcohol and drug abuse, divorce recovery, child discipline problems, vocational conflict, and financial difficulties EAPs are usually information referral or brief intervention oriented programs run by individuals with counseling backgrounds who either interact with people on a face to face basis or by phone.

Epidemiology
The scientific discipline that deals with the incidence, prevalence, and etiologic factors associated with disease and injury.

Etiology
The science of the causes and origins of diseases and injuries. One of the principle concerns of epidemiology.

Fitness
The condition of being fit and able to function. The term is usually used in relation to physical fitness, but its general use has expanded to define other dimensions of human functionality.

HDL
High Density Lipoprotein is the portion of cholesterol that has a relatively high molecular weight. Its role in the body is not fully understood, but it is associated with the removal and transport of other fractions of blood lipids. The ratio of HDL to total cholesterol is referred to as the HDL ratio. An HDL ratio of 4.4 or lower is generally perceived as beneficial in the prevention of atherosclerosis.

Health Age
The estimated age of the individual in years and months, based on an analysis of the individual's specific lifestyle related risks when compared to mortality and morbidity information from large numbers of people. The term is usually used in contrast with chronological age in the processing of older Health Risk Appraisal (HRA) instruments.

Health Cost Management
The process of analyzing and modifying characteristics of the work place and health plan design to manage the broad range of health-related costs associated with an employee work force. These costs include such things as employee health benefit costs, disability costs, worker's compensation costs, occupational health costs, supplemental insurance costs, early medical retirement costs, life insurance costs, sick leave absenteeism, presenteeism and costs associated with health risks and health-related actions of employees.

Health Management
The field of endeavor that deals with the strategies, technology and methods of primary, secondary, and tertiary prevention including the nature and structure of incentives that affect health care use.

Health Plan Design
The characteristics of health insurance coverage that include eligibility, scope of services, cost sharing features, administrative features, provider limitations, and exclusions and limitations. Generally, health plan design has significant effects on the utilization and cost of health insurance coverage.

Health Promotion
Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change.

Health Promotion Program
An organized program intended to assist employees and their family members in making voluntary behavior changes that reduce health risks and enhance their individual productivity while contributing to the maximum enhancement of their physical, mental, and spiritual health.

Health Risk Assessment
Health Risk Assessments (HRAs) are a class of paper and pencil instruments, or web-based surveys that are optically scanned and computer processed, that can provide a quantitative reflection of the relative risk of disease, injury, or death associated with a specific set of lifestyle behaviors when combined with other specific information about the individual involved. Most of the traditional computer processed HRAs provide a mortality-based comparison between the individual's chronological age, health age, and achievable health age. The newer HRAs generally provide a view of the morbidity risks associated with the behavior and health conditions of the individual.

Health and Productivity Management
"The integrated management of health risks, chronic illness, and disability to reduce employees' total health-related costs including direct medical expenditures, unnecessary absence from work, and lost performance at work (i.e., presenteeism)." —*IHPM*

Health Reimbursement Arrangements
The use of a Section 105 medical reimbursement plan under the Internal Revenue Code that can be used as the personal health care account for a type of Consumer Driven Health Plans. These accounts have different characteristics that Health Savings Accounts (HSA) but both can be used in CDHPs.

Health Risk Factors
Those specific behaviors, activities, or conditions that place the individual at increased risk of specific disease conditions or injury when compared to the average individual in the same age and gender cohort in the population.

High Risk Intervention
The series of activities that are undertaken to help an individual address one or more high-risk factors and to reduce the associated risk connected with their risk status. The typical interventions used with high risk are special mailings, outbound telephone contacts, relational programming, incentives, and special program offerings.

Health Savings Accounts
The newest form of tax advantaged benefit savings vehicle that allows those individuals and families covered by a qualified High Deductible Health Plan (HDHP) to put aside contributions that can be used for qualified medical expenses under federal minimum provisions. These accounts are used in CDHPs.

High Risk
An individual whose combination of lifestyle and health risks exceeds the average health risk for an individual who is the same sex and age. A single high risk factor or a combination of several high risk factors can create a higher risk of probability of disease, injury, or death. An individual can also be considered as high risk if he or she has a health risk that is extremely high. For example, someone with a total serum cholesterol of 375 mg dl could be considered high risk. In addition someone with an Overall Wellness Score under 80 (on a scale of 1 to 100) may be considered "high risk."

Holistic
The tendency to deal with the wholes or integrated systems rather than with their parts. Also considered as a non-medical approach to wellness with a much stronger emphasis on psychosocial factors of health.

Hypertension
The abnormal elevation of blood pressure, particularly with electrocardiographic evidence of cardio arterial derangement. The National Heart Lung & Blood Institute (NHLBI) indicates that a high risk blood pressure level is above 140 mm Hg systolic blood pressure and/or 95 mm Hg diastolic blood pressure observed on three separate occasions. Hypertension is a primary risk for atherosclerotic heart and vessel disease.

Incentive
An anticipated positive reward designed to influence the behavior and/or performance of an individual or group.

Incidence
The number of new cases of disease or injury having their onset during a prescribed period of time (usually a year period). Incidence is a measure of frequency of morbidity or other health related events that occur within a specified period of time.

Integrated Health Management
The way in which an employer brings the wide variety of worksite activities such as safety, disability management, workers compensation, ergonomics, health benefits, fitness, wellness, occupational health services, training, etc., into congruence so that the health of the population is significantly enhanced.

Lifestyle
The consistent, integrated way of life of an individual as typified by his/her manner, attitudes, and behavior. This term is usually applied to a wide range of health related behaviors, often associated with specific health risk factors in the field of wellness.

Life Expectancy
The average number of years of life remaining for a person at a particular age, based on a given set of age-specific death rates for the mortality conditions existing in the period mentioned and the population cohort.

Lipids
One of a group of substances, including the fats and esters, having analogous properties. Blood lipids perform a large number of critical biochemical functions and are important in the etiology and prevention of atherosclerotic heart disease.

Low Risk
An individual whose combination of lifestyle and health risks are below the average for a individual who is the same gender and age. The absence of a combination of health risk factors can create a low risk for selected disease, injury, or death.

Maintenance
The stage of readiness to change from the Transtheoretical Model of behavior that involves having engaged in a particular behavior continuously for more than six months. One of five major stages of change. Please see Stage Theory or Transtheoretical Model for more information.

Medical Self-Care
The process of using selected clinical and medical information to make appropriate decisions concerning the identification of common medical conditions and their preferred home treatment. Also included is the use of medically and technically sound information to determine when to seek medical attention for selected symptoms and conditions.

Moderate Risk Level
An individual whose combination of lifestyle and health risks are about average for a individual who is the same gender and age.

Norm
A standard, model, or pattern of behavior or expectation for a group. In the cultural use of the term, it relates to the expected pattern of behavior condoned or positively supported by a group. In the clinical sense of the word, it represents a standard against which other things are compared.

Percent Body Fat
The percent, by weight, of fat in the human body. It is a general test of obesity and physical fitness. The measurement of percent body fat is frequently used in fitness assessments and can be determined by one of several different methods.

Pre-contemplation
The stage of readiness to change from the Transtheoretical Model of behavior where the individual is neither engaging in the particular behavior or even considering engaging in it. One of five major stages of change. Please see Stage Theory or Transtheoretical Model.

Precursors
An event or condition that goes before or in advance of another. The term is used in examining the clinical or lifestyle behaviors and habits that go before clinical disease or other conditions.

Preparation
The stage of readiness to change from the Transtheoretical Model of behavior that involves actively planning to engage in a new

behavior within 30 days. One of five major stages of change. Please see Stage Theory or Transtheoretical Model.

Primary Prevention
That category of preventive health activity that is designed to reduce the occurrence of precursors or risk factors that are associated with disease conditions or injuries. Examples of primary prevention are smoking cessation, weight management programs, exercise programs, and seat belt use.

Presenteeism
The measurable extent to which health symptoms, conditions and diseases adversely affect the work productivity of individuals who choose to remain at work.

Prevalence
The number of new and existing cases of disease or injury having their onset during a prescribed period of time (usually a year period). Prevalence is a measure of frequency of morbidity or other health related events that exist within a specified period of time.

Preventive
To stop or keep something from happening. The term is used in the context of wellness, primarily to signify the nature of some action that prevents an adverse health effect from occurring, or assures the attainment of a higher or more beneficial state of health.

Recidivism
The return to a former condition or behavior after a passage of time. A tendency to relapse, particularly used in the behavioral science literature concerning habitual criminal behavior. The term is most often associated with habitual drug and alcohol use, but is also used with selected wellness behaviors. Also known as relapse.

Relative Risk
The condition of having a differential chance of injury or disease in relation to a standard of comparison. The term is usually used in analysis of health risk conditions among individuals with similar age and sex characteristics. The term is also used frequently in the health risk assessment literature.

Resiliency
The ability to maintain one's psychological and emotional balance in the midst of change and stressful life events; the power of springing back or recovering readily from adversity.

Secondary Prevention
That category of preventive health activity that is designed to detect disease conditions so their early treatment will minimize adverse sequellae, or lead to clear improvements in health status. Examples of secondary prevention are blood pressure screening, cholesterol screening, blood sugar screening, and mammography.

Screening
Examination of an individual or a large number of individuals to disclose certain characteristics, or the presence of a certain disease, such as elevated cholesterol, elevated blood pressure, or abnormal levels of glucose in the blood. Screening is a major dimension of secondary prevention.

Serial Feedback
The health management technology that requests information from individuals and then reports back on the health significance of the information to the individual from the most recent and from past information reports. This technology is usually used as part of a health risk assessment (HRA).

Sick Leave Absenteeism
Work loss time resulting from health related conditions of the individual involved or of their family members. Each organization or employer defines this occurrence in somewhat unique ways with unique policies.

Smoking Cessation
The ceasing or stopping, either forever or for some period of time, of the smoking of tobacco products. Most often applied to the termination of cigarette smoking. Smoking cessation can also be viewed as tobacco cessation meaning the ending of use of all tobacco products such as smokable forms, "chew," tobacco patches, and snuff.

Social Learning Theory
A theoretical area of psychology that proposes a multi-factorial approach to the explanation of human behavior. Behavioral influences are grouped into constraining influences and promoting influences, and change in behavior is related back to shifts in these two groups of factors. Two of the major proponents of this concept are Kurt Lewin and Albert Bandura. This approach is sometimes utilized in the technology of behavior change within the wellness movement, but is being largely replaced by the stages of change theoretical base.

Stage Theory
The popular term applied to a set of behavioral change principles technically referred to as the "Transtheoretical Model of Behavior Change", developed primarily through the work of James Prochaska and Louis DiClemente. This promising viewpoint on behavior change involves the "staging" of individuals toward a specific health-related behavior. The assignment of one's status of change to one of five defined stages of readiness or activity include pre-contemplation, contemplation, preparation, action, and maintenance. See the individual terms for additional information.

Stress Management
The field of endeavor arising from the disciplines of psychology and physiology that seeks to provide methods for individuals to reduce or minimize their levels of excess personal stress. These techniques or strategies can be focused on the individual through skill transfer at specific training opportunities, or through an organizational focus that requires organizational interventions. Some of the types of individual stress reduction or stress management techniques commonly addressed include progressive relation, change-of-pace, use of quieting response, biofeedback, and exercise.

Stress
Mental or physical strain or tension. The term is usually applied to the long-term adverse consequences of high levels of personal excess stress. A prolonged elevated level of stress usually has a number of debilitating effects and is associated with a variety of clinical diseases.

Systolic Pressure
That element of blood pressure that represents the pressure on the walls of arteries when the heart is maximally contracted, rather than in a relaxed or dilated state. This means that the diastolic pressure is always lower than the systolic pressure.

Transtheoretical Model
The formal model of behavior change that is also known as the "Stage Theory" model of behavior change. It involves a process of identifying the stage of readiness to change related to as specific health-related behavior. The intention is then to help the individual move from stage to stage until they have assimilated and engaged in the desirable health behavior as a part of their everyday life, and

have fully assimilated the behavior into their own concept of self. Please see Stage Theory for the five defined stages of readiness.

Tertiary Prevention
That category of preventive health activity that is designed to help those with a clinically confirmed disease condition or diagnosis to more effectively and efficiently manage their condition or problem. This type of prevention is designed to reduce the adverse sequellae and to assure optimal health for those with a confirmed disease or condition. Examples of tertiary prevention are diabetes management, asthma management, high-risk pregnancy interventions, etc.

Triglycerides
A class of blood lipids and esters that are used in the diagnosis of a number of clinical conditions, particularly cardiovascular disease conditions. Triglycerides have to be fractionated separately to derive HDL and LDL components of cholesterol

VO_2 Uptake
The amount of oxygen that can be utilized by the body under controlled amounts and duration of physical work. The higher the amount of oxygen that can be used, the more efficient the cardiopulmonary system of the individual. VO_2 uptake is used as a general measure of an individual's fitness level.

Virtual Wellness
A form of wellness that feels complete and comprehensive to the individual, but does not require the extensive site-based traditional infrastructure of programming. It generally relies on periodic computerized information collection, individualization of responses, mailings, phone-based coaching, selected pro-active interventions, and incentive technology.

Weight Loss
The temporary or sustained loss of body mass, usually identified as loss of pounds or kilograms of body weight. Weight loss or gain is often one of the personal health enhancement objectives of individuals involved in wellness programs.

Wellness
An intentional choice of a lifestyle characterized by personal responsibility, balance, and maximum enhancement of physical, mental, and spiritual health.

Work Plan
A formal plan for accomplishing a complex set of activities or actions. Work plans usually identify what actions are to be taken, when they will be taken, who will be responsible for completing them, and may include how much they will cost in terms of staff time and/or budget resources. The use of the term here is associated with the formal plan for implementing an employee health promotion or wellness program.

Worksite
A setting, influenced by organizational, cultural, and environmental factors where work is performed and employee services are provided.

Worksite Wellness Program
An organized program intended to assist employees and their family members in making voluntary behavior changes that reduce health risks and enhance their individual productivity, while contributing to the maximum enhancement of their physical, mental, and spiritual health.

Appendix B – Bibliography on Employee Wellness Programs

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Appendix C – Draft Wellness Program Planning Worksheet

This worksheet is to be used to help you plan and organize the various activities you are considering for your worksite wellness program. Place your proposed activities, their cost, and primary assignment of who will be responsible to complete the activity in the appropriate space below.

Program Component	Proposed Activity	Estimated Cost	Assigned To:
Communications & Awareness			
Health Management Process			
Group Activities			
Supportive Environment			

Appendix D – Draft Program Launch Memo

The following draft memo can be adapted to your own company circumstances.

To: All Employees

From: President and CEO

Like many companies, have been considering the possibility of starting a wellness program for all employees. Our reason for doing so includes our concern for the health and well-being of employees, as well as our concern about the escalating cost of our health benefit program. Based on the feedback received from the Employee Wellness Survey completed a short time ago, we are pleased to announce the formal start of our new wellness program on (Starting Date). Our new wellness program is designed to help provide a healthful work environment and to support the adoption of healthy habits by employees who want to improve their own health and fitness levels.

The Program will be called (Program's Name) and will become more fully developed with your input over the months and years ahead. For this coming year, the following major activities will be offered:

- ➔ A two hour wellness workshop for all employees and spouses.
- ➔ A wellness newsletter will be sent to each employee's home.
- ➔ A confidential wellness survey will be offered next month.
- ➔ A more complete wellness assessments will be offered in the spring.
- ➔ A series of wellness classes will be offered to help employees stop smoking, lose weight, and handle their stress better.
- ➔ Some changes in policies, work facilities, food access, etc., will be made in order to make it easier to adopt healthy behaviors.
- ➔ A new wellness financial incentive program will be introduced in the fall.

The staff person who has been given responsibility for developing and managing this new program is (Name of Wellness Coordinator). She/he will be working with an employee advisory committee to make sure the program addresses your needs. You will be hearing more about the specifics of the program in the weeks ahead. The details are available on our website.

Along with the rest of the executive team, I am personally excited about this new program, and I am very pleased that our organization is embarking on this new course. Please join with me in supporting this new program effort. Good health is an extremely valuable asset to all of us.

Appendix E – Sample Wellness Program Names, Themes, and Logo Ideas

There are a large number of possible names for employee wellness programs. If at all possible, a name that brings a health promotion or wellness focus and at the same time builds on, or plays off, of your organization's mission or nature is a good strategy. Possible program themes and logo options are identified below, along with possible program names. All employee wellness programs should adopt their own program name, program theme, and logo as part of the program development process. Many of the names in the following list have been used by various employers for their programs. Usually, local employers do not seek to trademark or register their program name or logo, but some employers who decide to market their programs nationally sometimes do just that. In those situations where you may be marketing products or services under the program's name, you will need to be very careful in selecting names, themes, and logos.

Possible Program Names:

- Lifeline
- Positive Health
- Well Motion
- Fitness Forefront
- Health Awareness
- Fit-aware
- Well Together
- Health Challenge
- Health Hints
- Well Aware
- It's For You
- Positive Pulse
- For Your Health
- Health Notes
- Health Outlook
- Health Matters
- Healthy Prospects
- CARE
- Health Habits
- Target Health
- Healthy Dynamics
- Health Spring
- Better Health
- Finishing Fit
- Well Aware
- Energize
- Living Well
- Health Break
- Force of Living
- Well Ahead
- Health Knack
- The Well Being
- Health Access
- Advantage
- Well Cycle
- How Well Are You?
- Strive
- Taking Shape
- The Time of Your Life
- Feeling Better
- Healthstyle
- Well-Time
- Well Challenge
- Getting Fit
- Wise & Well
- Good Health
- Positively Healthy
- Lifestyle Excellence
- Energize
- Health Potentials
- Well Being
- Well Spring
- Well Do It
- Fitness Fundamentals
- Esprit
- Feeling Fit
- WellCare
- Health Beat
- Total Health
- Wealthy & Wise
- Be Well
- Positive Dynamics
- To Your Health
- Share Health
- Health Cycle
- Healthful Hints
- Maxima
- Health Run
- Whole Health
- Good Sense
- Choose Health
- Health Awareness: Full Life
- Full of Life
- Health Watch
- Revitalize
- Balance
- Discover Yourself
- Feeling Good
- Well Winners
- Feel Fit
- Promote Health
- Here's to Health
- Health Builders
- A Healthier You
- Health Aspects
- Health Sense
- Well Control
- The Health Advantage
- Work N' Well
- Fitness Factors
- Lifetime
- Feeling Well
- Healthwiser
- Life Styles
- Living Well
- Lifetime Health
- Health Designs
- Health Savers
- Healthy Choices
- Stay Well Aware
- Health Prospects
- Lifelines
- Health Equation
- Well-Off
- Vital Signs
- Life Time
- It's Your Life!
- Whole Life Alive & Aware
- WellWays
- Excel
- HealthyTimes
- Well Watch
- Well Balance
- Feeling Good

Life Well
Sound Health
Wellsome
Health Break
Come Alive
Health Reach
Well Ahead
Fine Tune
Staying Well
Health Line
Be Well
Health Line
Life Balance

Remember, before you select a program name for a large corporate wellness program, make sure that the name you are considering is not federally trademarked or is held by proprietary interests. Usually, if you check with the Secretary of State, in your state, or the state official who is responsible for legally registering the names of corporations, you can find what names may have been registered by commercial firms. You can also do a trademark search to be sure.

Possible Program Themes:

The following are some possible program tag lines or program themes that help communicate the program's purpose and what employees will come to associate with the program. Again, pick your tag line carefully.

- Take Charge of Your Health
- For Your Health!
- Staying Well is Wise
- Feels Good!
- How Well Can You Be
- Do It Well!
- Feel Well!
- To Your Health
- Hooked on Health
- Take Time To Be Well
- Healthy, Wealthy, and Wise
- The Time of Your Life
- Be All That You Can
- You're In Charge
- Your Health Is Up To You
- Stay Healthy
- Health Does Matter
- Health Can Do It!
- Heads Up For Health
- Fit To Be Tied!
- Well For Life!
- It's for You!
- Prospects for Health!
- For the Health of It
- You Bet Your Life!
- Well forever

Program Logo Ideas:

Program logos are also an important decision because they become the symbol that represents the program to your employees. Some possible program logo ideas include:

- ✘ A rainbow with your organizational logo under it.
- ✘ Apple or apples with the organization initials
- ✘ People running
- ✘ Cartoon character in running shorts, etc.
- ✘ Heart shape with electrocardiogram wave
- ✘ Sun coming up
- ✘ Person standing with arms outstretched
- ✘ Lightning bolt
- ✘ Medical caduceus (Snake wrapped around a staff)
- ✘ Geometric symbol of major program components

Appendix F – Sample Employee Wellness Interest Survey

We are examining the possibility of developing an employee wellness program, and would like to learn about your interests in wellness and health related activities. Please take a few minutes to complete this survey. Please check those items that apply.

Tell Us About Yourself!

I. ☐ Male ☐ Female

II. Age Group: (Please check the age group in that you belong.)

☐ Under 21 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 60+

III. Your worksite:_____

IV. Your Department: _____

Your Current Health Habits

The following questions are about your current health habits and interest in pursuing a healthier lifestyle.

	Yes	No	Complete if appropriate
1. I exercise vigorously for at least 20 minutes three or more days a week or moderately for 5 or more days a week for a minimum of 30 minutes.	☐	☐	I would if:
2. I regularly smoke cigarettes.	☐	☐	I would stop if:
3. I am more than 20 lbs. over my ideal weight.	☐	☐	I would lose weight if:
4. I avoid eating too much fat.	☐	☐	I would if:
5. I practice some type of stress management on a regular basis.	☐	☐	I would if:
6. I have had my blood pressure checked within the past year.	☐	☐	I would if:
7. I wear a seat belt all the time when I am in a motor vehicle.	☐	☐	I would if:
8. I have had a bout of low back pain in the last six months.	☐	☐	I would do more to prevent it if:
9. I have at least three drinks containing alcohol every day.	☐	☐	I would drink less if:
10. I usually consult a medical self-care book when I'm sick.	☐	☐	I would if:
11. I make an effort to eat enough fiber from whole grains, cereals, fruits, and vegetables.	☐	☐	I would if:
12. I eat breakfast every day.	☐	☐	I would if:

13. If you could receive written information for three of the health topics listed below, which three would you select? **(Check only four!)**

- ☐ Tips for reducing cholesterol
- ☐ Information on AIDS
- ☐ Weight management techniques
- ☐ Starting a walking program
- ☐ Spiritual wellness
- ☐ Health effects of cocaine use
- ☐ Alcohol tips
- ☐ Asthma management
- ☐ Starting to exercise
- ☐ Avoiding sports injuries
- ☐ Stress reduction tips
- ☐ Nutritious cooking tips
- ☐ Medical self-care
- ☐ Dealing with your doctor
- ☐ Pre-menstrual tension tips
- ☐ Questions for your doctor
- ☐ Second-hand smoke
- ☐ Prevention of sexually transmitted disease
- ☐ Preventing carpal tunnel disorders
- ☐ Sleep disorders
- ☐ Recreational safety
- ☐ Eldercare issues
- ☐ Testicular exam for cancer
- ☐ Personal violence protection
- ☐ Dealing with depression
- ☐ Parenting tips
- ☐ Controlling high blood pressure
- ☐ Headache prevention
- ☐ Preventive dentistry
- ☐ Auto safety
- ☐ Back care
- ☐ Foot care
- ☐ VDT safety
- ☐ Home safety
- ☐ Vitamin facts
- ☐ Prescription drug tips
- ☐ Low salt tips
- ☐ Heart disease prevention
- ☐ Cancer detection/prevention
- ☐ Diabetes
- ☐ Nutrition and cancer prevention
- ☐ Hospitalization kit
- ☐ Smoking reduction tips
- ☐ Breast self-exam
- ☐ Men's health
- ☐ Women's health
- ☐ Use of Antioxidants
- ☐ PMS
- ☐ Health issues for shift workers
- ☐ Resiliency

14. Would you personally participate in a wellness program if we offered one? ☐ Yes ☐ No

15. Would you participate in any of the following wellness activities on a regular basis if they were offered at work? **(Check all those that apply.)**

- ☐ Aerobic exercise classes
- ☐ Weight management program
- ☐ Confidential health screening
- ☐ Sports league activity
- ☐ Health fair
- ☐ Fitness or Wellness contest
- ☐ Walking event or club
- ☐ Parenting skills and support
- ☐ Consumer health training session
- ☐ Watch enjoyable movies during lunch
- ☐ Medical self-care training
- ☐ Monthly Wellness seminar
- ☐ Smoking cessation program
- ☐ Blood pressure screening
- ☐ Nutritional pot-luck
- ☐ Blood test for cholesterol
- ☐ Workshop on self-esteem
- ☐ Join a support group
- ☐ Complete a personal fitness contract
- ☐ Annual health management session

16. If you would like to volunteer to help with the program please write your name, phone number and any special interest you might have, in the space provided.

Name: _____ Work Unit: _____

Phone: _____ Mail Stop or E-Mail Address: _____

Your wellness interests: _____

17. Would you like a financial incentive to help motivate you to take better care of your own wellness? ☐ Yes ☐ No

Comments: _____

_____

18. Which of the following categories would you place yourself? **(Please check only one!)**

- ☐ I'm not interested in pursuing a healthy lifestyle.
- ☐ I have been thinking about changing some of my health behaviors.
- ☐ I am planning on making a health behavior change within the next 30 days.
- ☐ I have made some health behavior changes but I still have trouble following through.
- ☐ I have had a healthy lifestyle for years.

19. In the last six months, how many days have you been absent from work due to illnesses or injuries? _____

20. In the last six months, how many times have you visited the doctor? _____

21. In the last six months, how many days were you in the hospital as a patient? _____

22. Any additional comments or suggestions for a wellness program for employees?

_____

Thanks for completing this survey!

Appendix G – National Resources for Worksite Wellness

The following are excellent resources for employers who are planning to provide a worksite wellness or health promotion program.

Low Cost Informational Sources

National Health Information Clearinghouse, (Arlington, VA). Call and ask for their list of publications at (800) 336-4797 or visit their website at ***www.health.gov/nhic/*** or e-mail them at ***www.healthfinder.gov***.

National Heart Lung & Blood Institute, NIH, (Rockville, MD). Call and ask for their publications catalog at (301) 592-8573 or contact their website at ***www.nhlbi.nih.gov*** or e-mail them at ***nhlbiinfo@nhlbi.nih.gov***.

National Business Group on Health (Washington, DC). Call and ask for a catalog of their printed materials at (202) 628-9320 or visit their website at ***www.nbgh.org*** or e-mail them at ***info@businessgrouphealth.org***.

Wellness Councils of America, WELCOA (Omaha, NE). Call and ask for information on a local Wellness council in your area at (402) 827-3590 or visit their website at ***www.welcoa.org***. or e-mail them at ***info@welcoa.org***.

National Wellness Institute: oldest and largest wellness organization. Call for materials on membership and to request their resource directory at (715) 342-2969 or (800) 243-8694 or visit their website at ***www.nationalwellness.org*** or e-mail them at ***nwi@nationalwellness.org***.

Lippencott, Williams and Wilkins, publishers of an excellent publication on preventive health screening, entitled **Guide to Clinical Preventive Services: Report of the U.S. Preventive Health Services Task Force**, 1995 2nd edition, ISBN 0-683-08508-5, p.650, $34.95. Order on their website at ***www.LWW.com*** or on Amazon.

Newsletters & Periodicals

American Journal of Health Promotion, an excellent bi-monthly professional peer review journal for health promotion professionals, 4301 Orchard Lake Rd., W. Bloomfield, MI 48323, $99.50 subscription per year, (248) 682-0707 or visit their website at ***www.healthpromotionjournal.com***.

Health Promotion Practitioner, a very practical monthly newsletter for health promotion professionals published by **Health Enhancement Systems** that also provide excellent short term incentive programs, reach them at PO Box 1035, Midland, MI 48641, annual subscription cost is $115, call them at (800) 326-2317 or visit their website at ***www.hesonline.com*** or e-mail them at ***info@hesonline.com***.

Medical Benefits, an excellent bi-weekly digest of health cost management, health benefits and selected wellness article abstracts published by , $285 yearly, call and order at (800) 638-8437 or (301) 644-3599 or visit their website at ***www.aspenpublishers.com***.

Employee Education Resources

Krames Communication (Yardley, PA). Publishes a large number of excellent patient education, health promotion, safety, disease management, safety and wellness education resources. Request some samples and a catalog by calling (800) 333-3032 or visit their website at ***www.krames.com***.

Parlay International (Emeryville, CA). Another excellent resource for reproducible materials covering a wide range of health promotion and wellness topics. Reach them at PO Box 8817, Emeryville, CA 94662 or call for their catalog at (800) 457-2752 or visit their website at ***www.parlay.com***.

Whole Person Associates, Inc. (Duluth, MN). A rich set of materials and resources on mental aspects of wellness. Reach them at 210 West Michigan St., Duluth, MN 55802 or call for their catalog at (800) 247-6789 or (218) 727-0500 or visit their website at ***www.wholeperson.com***.

American Institute of Preventive Medicine (Southfield, MI). Specializes in medical self-care materials. Reach them at 30445 Northwestern Highway Suite 350, Farmington Hills, MI 48334 or call for information at (800) 345-2476 or (248) 539-1800 or visit their website at ***www.healthylife.com*** or e-mail them at ***aipm@healthylife.com***.

Training Opportunities

American Journal of Health Promotion (AJHP). Annual Conference and intensive workshops (W. Bloomfield Hills, MI). A four-day annual conference usually held in the spring each year, and two-day intensive workshops held periodically. For information reach them at 4301 Orchard Lake Rd., W. Bloomfield, MI 48323 or call (800) 228-4772 or (617) 316-6808 or visit their website at ***www.healthpromotionjournal.com***.

National Wellness Conference (Steven's Point, WI). Call National Wellness Institute for information at (715) 342-2969 or (800) 243-8694 or visit their website at ***www.nationalwellness.org*** or e-mail them at ***nwi@nationalwellness.org***. (715) 342-2969, five day meeting is usually held in the third week of July each year. Offers a large number of presentations and topics and certificate courses.

Institute for Health and Productivity Management (Scottsdale, AZ) Provides a wide range of training opportunities, publications and an excellent annual meeting in October each year. Reach them at Gainey Ranch at 7702 E. Doubletree Ranch Road, Suite 300, Scottsdale, AZ 85258 or call them at 480-607-2660 or visit their website at ***www.ihpm.org***.

Vendors of National Programs

American Institute of Preventive Medicine (Southfield, MI). Specializes in train-the-trainer programs. Call for information at (248) 539-1800, or (800) 345-2476.

Health Fitness Corporation, Healthcare Systems, Inc. (Minneapolis, MN). (Formerly Johnson & Johnson) Provides a broad range of programming anywhere in the country. For information reach them at 3600 American Boulevard West, Suite 560, Minneapolis, MN 55431 or call (800) 443-3682 or visit their website at ***www.hfit.com***.

HealthTrac Inc. (Redwood City, CA) Provides health risk assessments and other services. Reach them at 1300 Island Drive Suite 105, Redwood City, CA 94065 or call and request information at (650) 631-5800 or visit their website at ***www.healthtrac.com***.

Health Decisions International, Inc. (Denver, CO). Provides a variety of medical and consumer decision support products. Reach them at 1667 Cole Blvd., Suite 350, Building 19, Golden, CO 80401, or call and request information at (800) 403-0099 and (303) 278-1700 or visit their website at ***www.hdi.com***.

Staywell Inc. (Yardley, PA), Provides a variety of health management services. Call and request information at (612) 454-3577 or visit their website at ***www.staywell.com***.

Summex Health Management (Indianapolis, IN). Provides a wide range of health management activities with linkages to integrated incentives. Reach them at 6201 Corporate Drive, Suite 100, Indianapolis, IN 46278 or call them at (317) 630-3456 or visit their website at ***www.summex.com***.

Appendix H – Finding Local Resources For Wellness

This Appendix is organized around the major topic areas of health promotion and wellness, and offers some general advice on how to find local program vendors in the Yellow Pages from your area that would be willing to provide wellness programs to your employees.

Section	Major Focus
1	Medical Aspects of Health, Disease, and Disability
2	General Wellness Program Issues
3	Safety Issues
4	Evaluation Techniques for Wellness Programs
5	Planning and Design of Wellness Programs
6	Physical Fitness Program Issues
7	Nutrition Program Issues
8	Weight Management Program Issues
9	Stress Management Program Issues
10	Consumer Health Program Issues
11	Smoking Cessation Issues
12	Alcohol, Drug, and EAP Program issues
13	Medical Self-care Issues
14	Cancer Prevention/Detection Program Issues
15	Back Care Program Issues
16	Hypertension and Cholesterol Program Issues

1. Medical Aspects of Health, Disease, and Disability

- ✓ Check the Yellow Pages under:
  - Physicians – Cardiovascular
  - Physicians – Occupational Medicine
  - Physicians – Physical Medicine & Rehabilitation
  - Physicians – Preventive Medicine
  - Physicians – Sports Medicine
  - Physicians – Orthopedic Surgery
- ✓ Call the National Health Information Clearinghouse at (800) 336-4797.

2. General Wellness Program Issues

- ✓ Contact Wellness Program Coordinators in neighboring organizations.
- ✓ Check with your local community hospital to find out if they have a wellness program.
- ✓ Check with some of the larger employers in your community to find out if they have an employee wellness program.
- ✓ Call the National Health Information Clearinghouse at (800) 336-4797.
- ✓ Check the Yellow Pages under:
  - Health Clubs
  - Health & Fitness Consultants
- ✓ Call WELCOA at (402) 827-3590, and find out if there is a Wellness Council in your area.

3. Safety Issues

- ✓ Contact State Department of Labor and Industries.
- ✓ Check the Yellow Pages under:
  - Safety Consultants
  - Safety Equipment & Clothing
  - Industrial Hygiene Consultants
  - Physicians – Occupational Medicine
- ✓ Call Local Safety Council.
- ✓ Call the National Highway Traffic Safety Administration at (800) 424-9393.
- ✓ Call the State Traffic Safety Commission.
- ✓ Call the National Institutes of Occupational Safety and Health.

4. Evaluation Techniques for Wellness Programs

- ✓ Call the National Health Information Clearinghouse at (800) 336-4797.
- ✓ Obtain back issues of the American Journal of Health Promotion and review the articles on evaluation.

5. Planning and Design of Wellness Programs

- ✓ Contact Health Promotion Coordinators from large local employers.
- ✓ Check the Yellow Pages under:
  - Health & Fitness Consultants
  - Health Management Consultants
- ✓ Contact Summex Health Management at (206) 364-3448.
- ✓ Call the National Health Information Clearinghouse at (800) 336-4797.

6. Physical Fitness Program Issues

- ✓ Contact Wellness Coordinators from large local employers.
- ✓ Check the Yellow Pages under:
  - Health and Fitness Consultants
  - Exercise and Physical Fitness Programs
  - Gymnasiums
  - Health Clubs
  - Health Resorts
- ✓ Contact Local Community Colleges, State Colleges, and University Physical Education Departments.

7. Nutrition Program Issues

- ✓ Contact Health Promotion Coordinators from large local employers.
- ✓ Contact Local County Agricultural Extension Service Representatives and ask for the Nutrition Consultant.
- ✓ Contact State and Local Health Department Staff.
- ✓ Call the National Health Information Clearinghouse at (800) 336-4797.
- ✓ Check the Yellow Pages under:
  - Nutritionists

8. Weight Management Program Issues

- ✓ Contact Wellness Coordinators from large local employers.
- ✓ Contact your local hospital to determine if they offer a program.
- ✓ Check the Yellow Pages under:
  - Weight Control Services
  - Physicians – Bariatrics
- ✓ Call the National Health Information Clearinghouse at (800) 336-4797.

9. Stress Management Program Issues
- ✓ Contact Wellness Coordinators from large local employers.
- ✓ Check the Yellow Pages under:
  - Stress Management
  - Stress Relief Equipment and Service
  - Counselors
  - Marriage, Family, Child, and Individual Counselors
- ✓ Call the National Health Information Clearinghouse at (800) 336-4797.

10. Consumer Health Program Issues
- ✓ Contact Wellness Coordinators from large local employers.
- ✓ Contact Regional Food and Drug Administration Consumer Affairs Staff. (Look in the blue pages of your telephone directory.)

11. Smoking Cessation Issues
- ✓ Contact Wellness Coordinators from large local employers.
- ✓ Check the Yellow Pages under:
  - Smokers' Information and Treatment Centers
- ✓ Contact your local hospital to determine if they offer a smoking cessation program.
- ✓ Contact the state or local chapter of the American Cancer Society.
- ✓ Contact the state or local chapter of the American Lung Association.

12. Alcohol, Drug, and EAP Program Issues
- ✓ Contact Wellness Coordinators from large local employers.
- ✓ Contact the State Department of Mental Health, Bureau of Alcohol and Substance Abuse Staff in the state capitol.
- ✓ Check the Yellow Pages under:
  - Alcoholism Information and Treatment Centers
  - Drug Abuse and Addiction – Information and Treatment
  - Employee Assistance Programs
- ✓ Call the National Health Information Clearinghouse at (800) 336-4797.
- ✓ Call National Cocaine Hotline at (800) 262-2463.
- ✓ Call National Institute on Drug Abuse Prevention Line at (800) 638-2045.

13. Medical Self-Care Issues
- ✓ Contact Wellness Coordinators from large local employers.
- ✓ Contact Health Decisions International at (303) 278-1700.
- ✓ Contact the American Institute for Preventive Medicine at (810) 539-1800.
- ✓ Contact Summex Health Management at (206) 364-3448.
- ✓ Contact HealthTrac at (650) 631-5800.

14. Cancer Prevention/Detection Program Issues
- ✓ Contact the state chapter of the American Cancer Society.
- ✓ Contact Wellness Coordinators from large local employers.
- ✓ Contact your local hospital to determine if they offer a cancer detection or education program.
- ✓ Call ACS Cancer Information line at (800) 525-3777.
- ✓ Call Cancer Information Service at (800) 422-6237.
- ✓ Call the National Health Information Clearinghouse at (800) 336-4797.

15. Back Care Program Issues
- ✓ Contact Wellness Coordinators from large local employers.
- ✓ Contact your local hospital to determine if they offer a back injury prevention or back care program.
- ✓ Call the National Health Information Clearinghouse at (800) 336-4797.

16. Hypertension and Cholesterol Program Issues
- ✓ Contact Wellness Coordinators from large local employers.
- ✓ Contact your local hospital to determine if they offer a heart health, hypertension, or cholesterol screening program.
- ✓ Contact the state or local chapter of the American Heart Association.

Appendix I – Bibliography of Evaluation Studies of Worksite Wellness

From **Proof Positive: An Analysis of the Cost-Effectiveness of Wellness**, 2005, by Larry S. Chapman, MPH of Summex Health Management, Seattle, WA. Publication can be ordered by calling (206) 364-3448.

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Appendix J - Suggested Technical Specifications for HRAs

Technical Specification	Why Its Important
Do you provide a toll-free line for respondent questions?	It is particularly important to have a toll-free hotline for questions for individuals who are completing HRAs at home. If spouses receive an HRA, it is important that they have a number to call for questions. This is also important to reduce the number of surveys that require follow-up with respondents prior to processing because of incomplete responses or misunderstandings.
Can you process the HRA with or without biometrics or laboratory data?	As the advisability of mass screening for symptom-free or healthy adults continues to come under question, it is important that HRA sponsors have the option of not including biometric data on their population. This is even more critical with small, remote worksites where biometric screening is not possible. It is also important to have the ability to triage for screening or identify which respondents need to have biometric testing performed, and then to use their personal report to urge them to have testing done on their own or through your program.
Does your HRA use stage of change assessment? If so, for what behaviors?	The Transtheoretical Model (TTM), developed by Prochaska et.al., often called the "stages of readiness to change model", is an extremely useful model for behavior change as part of a health management program. It allows a much more effective tailored intervention process and produces much more successful programs. (Prochaska, 1994)
Does your HRA utilize character recognition technology?	OCR, or optical character recognition, is important because it prevents the errors and low survey response associated with "bubbling" approaches and other write-in methods and it enables a much faster processing cycle.
Does your HRA connect processing and responses to earlier completed surveys?	Serial feedback is important because it gives the individual comparison points from previous surveys and it provides a sentinel effect leading to higher response accuracy.
Does your HRA utilize digital and document imaging?	Digital and document imaging involves a process where the entire HRA is digitally entered into a computer database for permanent storage and the ability to be processed for comparison at any point in the future. This technology allows the confidential destruction of the originals, eliminating expensive archival costs, while assuring the permanent maintenance of the original data. This technology also allows the ability to provide originals to the interventionists talking with the at-risk individual or the individual that may have called the health advice line. This integrated data technology allows: greater accuracy, reproducibility, accessibility, speed of processing, capture of personal signatures on release forms, and form design flexibility.
Archival storage of survey results?	It is important to retain and have easy access to survey results from all previously completed survey instruments. This is important for reasons of program evaluation and individual counseling.
Verification of survey data before processing?	This is important in assuring accurate individual report processing and accurate aggregate reporting. Approximately 7% to 12% of submitted surveys on an industry-wide basis usually require human edit due to errors in completion, interpretation or survey damage.
Health behaviors?	These items are critical to the measurement of health risks and the identification of at-risk individuals as a prelude to proactive intervention.
Chronic conditions?	Ditto (Chronic disease risks)
Medications?	Ditto (Chronic disease risks)
Health status perceptions?	Ditto (Utilization prediction)
Social support?	Ditto (Special condition risks)
Safety?	Ditto (Special condition risks)
Preventive screening?	Ditto (Special condition risks)
Likelihood of health care use?	Ditto (Utilization prediction)
Days of sick leave?	Ditto (Economic savings projection)
Physician visits?	Ditto (Economic savings projection)
Hospital days?	Ditto (Economic savings projection)
Desired informational method?	Ditto (Intervention method)
Primary care physician's name?	Ditto (Transfer of survey results)
Family medical history?	Ditto (Chronic disease and screening risks)
Height and weight?	Ditto (Health risk identification)
Interest in additional information?	Ditto (Intervention method)
Interest in self-directed change materials?	Ditto (Intervention method)
Can you report on departmental sub-groups?	Ditto (Sub-group reporting)
Do you have the ability to use previous HRA data from other vendors?	Ditto (Continuity of data)
Does your HRA contain "sentinel " features to ensure honest and accurate self-report answers?	Sentinel features are essential for the reduction of self-report errors or bias. There are many possible sentient features that can be utilized.
Do you provide large print reports for seniors?	Large print is very helpful to seniors and is important in increasing compliance with recommendations.
Is a version of the information sent to the individual's primary care physician? Case manager?	It is also critical to establish a follow-up information link to the individual's primary care physician so that there can be a greater opportunity for support and cooperation with the physician involved in the individual's care.
Is written information sent automatically where appropriate?	When individuals indicate an interest in information about a particular behavior, written materials appropriate to the stage of readiness should be sent to the individual involved. With the inclusion of a release statement and the agreement of the individual, lists of individuals interested in smoking cessation, weight management, stress reduction, and additional selected areas should be available to internal health promotion staff for program marketing and recruitment purposes.
Are other language versions available?	It is important that a variety of language versions be available including appropriate cultural sensitivities to selected health issues for various major language sub-groups.
A useful group report?	It is crucial to have an aggregate or group report from HRA data that serves a useful set of functions. These should include: average values for all questions, graphic display of information for planning purposes, prospective recommendations on program priorities, changes from previous survey cycles for cohort groups, likely prevention issues, and comparisons with national or normative data.
Does your HRA have an error report capability?	It is important to monitor the kind of data errors or incomplete items over time. This is a critical process to assure accuracy and refine the design of survey instruments.
A high degree of personalization?	It is extremely important that personal reports be as individualized as possible. The degree of individualization and custom text blocks will determine much of the persuasiveness of the instrument in motivating or reinforcing desired health behaviors. The way in which customization potential can be measured is to examine the percent of responses contained in an HRA that produce changes in the personal report generated by the HRA.
A large number of potential at-risk categories?	It is critical that the HRA used can provide both a present and future basis for identification of individuals whose responses indicate that they are "at-risk" for some health issue and would potentially benefit from intervention.
Can your HRA be administered in a variety of ways?	The ability to administer the HRA in other methods than the traditional paper and pencil form is important given the variety of literacy levels in most populations. The HRA should be available via telephone, intranet and internet.
Is the HRA data able to be accessed or used by interventionists?	If the HRA data is to have full usefulness, it needs to be part of a system that provides on-line access by interventionists that may be working with the individual. HRA data has limited usefulness unless it is used in follow-up interventions.
Are mailroom fulfillment services available? Any minimum quantity requirements?	The ability to prepare and fulfill joint mailings, combination mailings, and special inserts is important in bringing integrated programming to your population. Also, some vendors may have minimum quantity requirements before they provide any mailroom fulfillment services.
Can the HRA be customized into an enrollment form?	It is important to link the collection of information about health management from each individual to an organized population health management approach. The use of HRAs as part of annual enrollment or re-enrollment processes for health plans is an important strategy for reaching as high a percentage of the population involved as possible.
Does your HRA integrate data from serial surveys?	It is also important that each HRA processed be linked to "short form" surveys that can be used to capture more selected data from the individual. This allows integration with disease and case management programs.
Does your HRA integrate with incentive programs?	Due to the importance of incentives in assuring high levels of participation, it is important that HRAs link with incentive programs.
What are the various costs of your HRA?	The cost components usually include: survey document charge, processing charge, special report charges, charges for lack of eligibility file, color variations on reports, postage, special charges, etc.

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Absolute ADVANTAGE
THE WORKPLACE WELLNESS MAGAZINE
VOLUME 5, NUMBER 6

Planning Wellness

Getting Off To A Good Start

In this issue of *Absolute Advantage*, long-time contributor Larry Chapman, shares more information on the art and science of planning wellness programs. In this second part of a two-part series, Larry provides important information on evaluating your wellness plan, and how to overcome many of the tough problems associated with this exercise.

Be sure to refer to part one of Planning Wellness that was featured in Volume 5, Number 4. Together, both of these editions of *Absolute Advantage* provide a tremendous resource for developing and delivering results-oriented wellness programs.

As always, we are indebted to Larry Chapman for his contributions to the field of workplace wellness. Because of his tireless efforts over the course of the last decade, many wellness programs have evolved into sustainable and legitimate business operations.

We hope that you enjoy this issue of *Absolute Advantage*.

Yours in Good Health,

Dr. David Hunnicutt
President, Wellness Councils of America