HEALTHY WORKFORCE 2010

An Essential Health Promotion Sourcebook for Employers, Large and Small

CREATING CHANGE WITH HEALTHY PEOPLE 2010

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Partnership for Prevention

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Partnerships for a healthy Workforce

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The Promise of Prevention: A Boon to Business

At every stage of life, preventive health services hold the promise of improving American lives; making them longer, healthier, and more productive.

The promise of prevention stems directly from evidence that many of the leading causes of disability and premature death in the United States are potentially avoidable or controllable, including most injuries, many serious acute and chronic conditions, and many forms of heart disease, and some cancers.

As shown in Table 1, most of the ten leading causes of premature death in the U.S. are in some way linked to personal behaviors; behaviors that may either contribute to disease development or exacerbate existing health problems.[1]

employees—and especially those with healthy families, as well—are likely to incur lower medical costs and be more productive.

Fortunately, several important risk factors are controllable, often simply by modifying health habits. In fact, behavior changes at any age can return rewards in health and productivity. In other cases, the early detection of illness can simplify treatment and increase chances for a complete recovery. And that's good news for businesses because they rely on people.

Many small employers think that only large corporations can afford to sponsor worksite health promotion activities or participate in community-wide health promotion campaigns that benefit both their

Table 1

Actual Causes of Deaths in the United States in 1990

Causes	Estimated No. of Deaths	Percentage of Total Deaths
Tobacco	400,000	19%
Diet/activity patterns	300,000	14%
Alcohol	100,000	5%
Microbial agents	90,000	4%
Toxic agents	60,000	3%
Firearms	35,000	2%
Sexual behavior	30,000	1%
Motor vehicles	25,000	1%
Illicit use of drugs	20,000	<1%
Total	1,060,000	50%

What does prevention offer employers? Plenty.

Adults with multiple risk factors for disease (e.g., high blood pressure, smoking, and sedentary habits) are more likely to be high-cost employees in terms of healthcare use, absenteeism, disability, and overall productivity.[2] On the other hand, healthy employees (past, present, and future) and their corporate image. But health promotion doesn't need to cost much. For about the cost of the holiday party at year's end, or the installation of new carpet, small businesses can offer low-cost employee benefits or support broader health promotion efforts that can pay big dividends to companies, employees, and

Healthy People 2010 is a set of national health objectives, with 10-year targets. The overall goals of **Healthy People 2010** are to:1) increase quality and years of healthy life and 2) eliminate health disparities. The document contains 467 objectives organized into 28 focus areas. In addition, 10 Leading Health Indicators have been identified—including physical activity, tobacco use, and overweight and obesity—to help motivate national action around major public health concerns. The Leading Health Indicators balance Healthy People 2010's comprehensive set of health objectives with a small set of specific health priorities.

the community-at-large—an all-around winning situation. Perhaps it is more appropriate to ask whether small employers can afford to *skimp* on health promotion programs.

Whatever the motivation, now is a particularly opportune time for employers to invest in health promotion at the worksite and beyond. America has embarked on a major initiative to achieve important national health objectives by 2010. Businesses large and small have a valuable opportunity to join with thousands of public and private sector companies to reap the benefits prevention offers while helping their communities meet these objectives. This ambitious effort is guided by *Healthy People 2010*— the prevention agenda for the United States. And it won't succeed without private and public sector employer participation.

Worksites, where most adults typically spend half or more of their waking hours, have a powerful impact on individuals' health. *Healthy People 2010* includes two major worksite-specific objectives. The first is for **most employers (75%), regardless of size, to offer a comprehensive employee health promotion program.** The second, and related, objective is to have **most employees (75%) participating in employer-sponsored health promotion activities.** The 1999 National Worksite Health Promotion Survey reveals that employee health promotion programs are becoming more prevalent and more comprehensive. Many employers are also finding it rewarding to take part in larger community-based health promotion coalitions that address priority health issues.

Read on to find out how your company, no matter what size, can be involved in health promotion—and why it **should be**.

SECTION 1

Why Invest in Health Promotion?

Reason #1: Improve productivity.

Health promotion is an investment in human capital. Employees are more likely to be on the job and performing well when they are in optimal physical and psychological health. They are also more likely to be attracted to, remain with, and value a company that obviously values them. In short, a company's productivity depends on employee health.

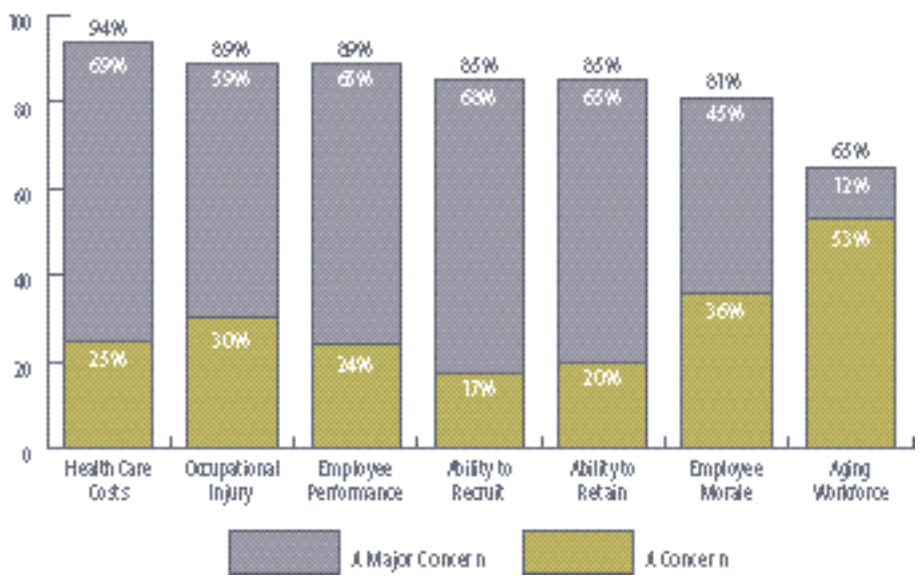
According to data from the 1999 National Worksite Health Promotion Survey (NWHPS), employers are worried about health care costs, but significant majorities are also concerned about employees' on-the-job performance, their recruitment and retention, worksite morale, and the aging of the American workforce, as shown in Table 2.[4] These concerns are an important part of the motivation for employers to consider worksite health promotion activities.

Michael P. O'Donnell, editor of the *American Journal of Health Promotion,* has noted that health promotion activities are likely to yield greater returns from increased employee productivity than from medical care cost-savings. Productivity-related benefits are also more likely to be closely aligned with an organization's short- and long-term priorities.[5] In fact, in addition to simply keeping employees healthy, the top reasons employers give for instituting health promotion programs are to improve employee morale (mentioned by 77% of (NWHPS) respondents), retain good workers (75%), attract good employees (67%), and improve productivity (64%).[4]

Worksite health promotion promotes all of these goals. After more than two decades of research with data from almost 2 million workers, the University of Michigan Health Management Research Center reports that,

Table 2

Employer Concerns Related to Employee Health*



** Data are based on responses from 1,544 public and private worksites with at least 50 employees.*
Source: 1999 National Worksite Health Promotion Survey[4]

"A healthier workforce is a happier and more productive workforce at work, at home, and in retirement. It's that simple."

—Bill Bunn, VP of Health, Safety and Productivity, International Truck and Engine Corporation

First Card (First Chicago NBD Corp.) conducted a study to directly correlate the productivity of its 1,039 telephone customer-service agents with health level/disease state. The company found that, as the number of agents' health risks increased, on-the-job performance declined. Individual health risks and disease states significantly related to low productivity were unhealthy weight, diabetes, digestive and mental health disorders, and general distress.[3]

"One of the best ways to attract and retain the best people in the world is to provide a set of benefits and rewards that are particularly appropriate for the people you are trying to attract."

—Glenn Gienko, Executive Vice President and Director of Human Resources, Motorola

"The University of Iowa wellness program and its commitment to developing a humane and healthy work environment have served as excellent recruiting and retention tools for the university in a highly competitive labor market. The wellness program has helped identify the University of Iowa as an employer of choice."

—Robert Foldesi, Associate Vice President and Director of Human Resources, UI

not surprisingly, individuals with multiple health risks (e.g., obesity, cigarette smoking, and high blood pressure) tend to be less productive than their peers with better health profiles.[2]

In fact, the explicit connection between health and productivity has spawned several relatively new health promotion concepts of particular relevance to business managers. "Health and Productivity Management" (HPM), for example, rests on the belief that an "at risk" workforce is a business liability with both direct and hidden costs that affect productivity. A growing body of scientific research makes the case that managing employee health is an essential, but often overlooked, component of productivity management. A selection of related terms is presented in Table 3.

Overall, worksite health promotion can improve a firm's productivity by

- attracting superlative workers in a competitive global marketplace;
- reducing absenteeism/lost time;
- improving on-the-job decision-making and time utilization (reduced "presenteeism");
- improving employee morale and fostering stronger organizational commitments;
- reducing organizational conflict by building a reservoir of good-will toward management; and
- reducing employee turnover.

Table 3

Quick Guide to Worksite Health Promotion Terms

The following terms are used to describe various types, facets, or components of worksite health promotion programs.

Demand Management: A management approach to control the demand for health services. Demand management includes a variety of interventions to reduce unnecessary and/or potentially preventable visits to healthcare providers by a) decreasing illness and injury in the first place; and/or b) helping people better discern when professional care is necessary. Two major activities of demand management are medical self-care and consumer health education.

Health and Productivity Management (HPM): A management approach to improve the health and productivity of a workforce. HPM uses a variety of interventions to help employees change unhealthy behaviors and create a work/corporate culture that promotes health and productivity. In its broadest sense, HPM can include disability management, workers' compensation, health benefits, occupational health services, and other health-related employee programs.

Health Risk Appraisal (HRA): A paper-and-pencil or computerized questionnaire used to assess self-reported risk factors (that is, risk factors that individuals report themselves). Often, HRA responses are analyzed to compile lists of modifiable risk factors, along with recommendations to change them. Also called a "health assessment questionnaire" or "health improvement questionnaire."

Medical Self-Care: Activities and interventions that help individuals identify common self-limiting medical problems, apply appropriate home treatments, and determine when professional medical advice and/or treatment is needed. Medical self-care often includes the use of a reference text, health advice line, or website with health information.

Population Health Management (PHM): A new approach to health promotion and disease prevention that uses an annual health risk appraisal to create a health management database that can be used to help plan appropriate health promotion activities for targeted populations (such as an employee group) and evaluate the effectiveness of those interventions over time. PHM typically focuses on changing modifiable risk factors and reducing the number of unnecessary visits to healthcare providers. It generally employs a "virtual" set of interventions that are not linked to the worksite directly, but reach individuals in their homes (via surface mail, telephone, or internet). It is specifically designed to lower healthcare costs for defined populations.

Risk Factors: Behaviors and conditions that place an individual at increased risk for illness or injury. For example, being female and having a family history of breast cancer are two uncontrollable risk factors for breast cancer. Smoking cigarettes and leading a sedentary lifestyle, on the other hand, are two modifiable risk factors for heart disease. Although it's confusing, risk factors are also called "disease risks" or "health risks" (as in health risk appraisal).

Virtual Wellness: A recently coined term that describes a style of health promotion programming that does not rely on worksite-based interventions. Information and support are generally provided to individuals in their homes. Virtual wellness typically includes: an annual health risk appraisal (HRA), wellness newsletter sent to the home, health advice line, ability to order self-help materials, a medical self-care text, access to a health management website, telephone follow-up with high risk individuals, and targeted mailings based on selected responses from the HRA. Virtual wellness interventions can be integrated with worksite-based interventions to strengthen their impact on behavior change.

Work Promotion: A term used to emphasize the work-enhancing effects of worksite health promotion interventions. These effects are usually associated with increased organizational profitability and worker productivity. Work promotion encompasses activities to "protect and enhance human capital" to achieve "meaningful employment and meaningful profits."[64]

Source: Larry Chapman, Summex Corporation snd George Pfeiffer, The WorkCare Group

On the flip side, worksite health promotion programs also benefit employees (including managers) by

- improving their physical strength, stamina, and general wellbeing;
- improving their focus at work;
- increasing job satisfaction and fostering a positive outlook on life; and
- bettering relations with co-workers and supervisors.[6, 7]

Even though much of the evidence supporting worksite health promotion comes from larger companies (i.e., those with the resources to conduct rigorous evaluations of their health promotion programs), benefits accrue to small employers, as well. While program outcomes are dependent on the nature of health promotion activities and the employee population, health promotion programs have achieved a number of productivity goals in a variety of settings.

The two outcomes that have been most extensively documented are the reduction of employee health risks and reduced absenteeism.[8]

Reduction of Employee Health Risks

- The Coors' 8-week "Lifecheck" program significantly reduced employees' risk for cardiovascular disease. The program, which cost $32 for each of the 692 participants, resulted in documented reductions in blood pressure, blood cholesterol, and weight. [8]
- Two years after the initiation of a worksite weight control/smoking cessation program, the Minneapolis/St. Paul Metropolitan Area saw workers' weight drop by an average of 4.8 pounds (among program participants), and 24 employees quit smoking (a 2% quit rate at a cost of $62.50 per successful quitter).[8]
- Steelcase Inc., a furniture maker considered one of the 100 best places to work by *Fortune* Magazine, experienced significant declines in on-the-job injury (as much as 50% in one department) after just three months after beginning a 20-minute stretching program to help employees warm up before starting repetitive work. Bob Page, manager of employee wellness, reported in *Business & Health* magazine that "workers told (management) their muscles ached less, they felt better physically and they were sleeping better at night" as a result of the program.[9]

Reduced Absenteeism

- Savings from small decreases in absenteeism alone can more than offset the cost of a health promotion program. For example, a 1998 analysis of five absenteeism studies determined an average program savings of almost $5.00 for every dollar spent. Days lost to illness or disability were reduced by 14% (after implementation of a health promotion program at DuPont) to 68% (as a result of a rehabilitation program for 180 post-coronary patients at Coors Brewing Company).[8]
- Control Data Corporation estimates that its Staywell program, evaluated over a six-year period with longitudinal data on 50,000 employees, has saved the company at least $1.8 million as a result of reduced absenteeism among employees with lowered health risk scores.[8]
- A multi-site intervention involving a police force, chemical company, and banking firm showed that weekly participation in supervised exercise reduced use of sick leave by an average of 4.8 days per person in the year following program implementation.[3]

Job Satisfaction and Employee Morale

Changes in attitude are more difficult to verify objectively than changes in health or individuals' use of medical leave. Nonetheless, a few studies have demonstrated an association between worksite health promotion and employee disposition.

"The data supporting the claim that health promotion programs can reduce medical care costs and reduce absenteeism is of higher quality than the data most businesses have to support other investments of similar cost."

—Michael O'Donnell, Editor in Chief & President, *American Journal of Health Promotion*[5]

Since the 1980s the Kent Intermediate School District (KISD) in Grand Rapids, Michigan, has been involved in worksite health promotion, with activities ranging from health risk assessments to a healthy heart program to group outings. Dr. George Woons, KISD Superintendent, thinks the health promotion activities have paid off in more ways than one. "Of all our staff development programs, the health improvement programs have done the most to improve employee morale," he asserts. Woons believes part of the reason is that health promotion programs are a great equalizer. "School district staff at all levels—cooks and custodians, and teachers and superintendents—often have the same health risks. And together we participate in activities to reduce those risks. We're all going through this together to improve health; the morale boost is an extra bonus."[12]

- A survey of employees at a northern state university with an established worksite health promotion program found that employees who exercised regularly had significantly greater job satisfaction. Researchers caution, however, that job design and the psychosocial aspects of the work environment may be most influential in improving work-related attitudes.[10]
- A two-year study to compare employee attitudes at companies participating in a comprehensive health promotion program with those of workers at nonparticipating companies found favorable changes attributable to worksite health promotion. Significant change was found in attitudes toward organizational commitment, supervision, working conditions, job competence, job security, and pay and fringe benefits.[11]

Reason #2: Lower healthcare costs.

Medical cost savings from health promotion programs may be less evident than productivity gains, especially for smaller firms and those whose health plans are not self-insured. Nevertheless, it is a fact that medically high-risk employees are medically high-cost employees. They both use more healthcare and generate higher claim costs than their low-risk peers.[2, 9, 13, 14]

For example, a collaborative study involving Chrysler Corporation, and the United Auto Workers Union showed that

- smokers generated 31% higher claim costs than non-smokers; and
- workers with unhealthy weights had 143% higher hospital inpatient utilization than those with healthy weights.[14]

Other studies demonstrate the lowest healthcare costs are associated with individuals with only one to two risk factors. As the number of risk factors increases, so too, do costs.[2]

If excess disease risks are associated with excess medical costs, can lowering risk help control the high price of healthcare? Dozens of mid- to large-size employers have found that the answer to this question is "yes." A 1998 analysis of eight rigorously evaluated health promotion programs determined an average reduction in healthcare expenses of $3.35 for every dollar spent on health promotion.[8]

Indeed, many studies demonstrate that health promotion programs can and do reduce medical expenditures, resulting in direct cost-savings.[8] While some companies have instituted very comprehensive, multi-component health programs, others have achieved savings with just one or a few simple activities to promote healthy behaviors and/or encourage more appropriate use of health services.

- Sunbeam-Oster Co., a producer of small electrical appliances with a largely female workforce, attempted to control health costs by providing mandatory prenatal care classes for pregnant employees. (Classes were held on-site during work hours and women received full pay for attending.) The result? Four premature births occurred during the eight years after the program began, compared to five in the two years preceding the program. Sunbeam-Oster saw its maternal and newborn care costs decline by 86% in just two years (taking into account the cost of the prenatal classes). Overall, costs fell from an average of $27,243 per employee to $3,792.[4]
- The Citibank "Health Management Program" provided a health risk appraisal to 40 percent of Citibank's 42,000 employees, followed by risk-appropriate interventions to help employees manage chronic conditions and to reduce the demand for unnecessary health services. Over a 38-month period, Citibank spent nearly $2 million and accrued $12.6 million in program benefits, most of which came from the difference in medical expenditures between program participants and non-participants.[15]
- The Hanford Nuclear Reservation slashed the number of lost workdays by offering employees influenza immunizations at multiple worksites over a four-week period. The total number of lost

workdays attributed to influenza-like illness was 63 per 100 in the unvaccinated group and just 35 per 100 in the vaccinated group. Hanford's savings were estimated at $83.84 per person vaccinated, including productivity gains and reduced use of medical care and prescription drugs.[4]

- Duncan Aviation, with 450 employees in Battle Creek, Michigan, began its health awareness program more than 13 years ago solely to keep employees healthy. And it has. Duncan has eliminated 60% of identified employee health risks (high blood pressure, obesity, smoking, etc.). Of equal importance, while the health insurance costs of neighboring companies have been increasing by 18% to 40% over the past several years, Duncan's costs have increased only 7% to 14% even though its health plans are more comprehensive than those of neighboring firms. The health awareness program has received the prestigious C. Everett Koop National Health Award, and the company was recognized by *Fortune* magazine as one of the top 100 U.S. firms at which to be employed.[16]

These and numerous other studies provide evidence that well-designed worksite health promotion programs can promote health and yield a financial return-on-investment.

Reason #3: Enhance your corporate image and long-term interests by promoting health *beyond* the worksite.

Although there is little data to discern the impact of community-wide health promotion activities on business success, there is no disputing that the health of a community is related to the economic vitality of the businesses found there. If a community's physical and human infrastructure deteriorates, businesses eventually leave. Even with internet capabilities and overnight mail, location matters.

Consider the case of General Motors, Co., (GM). GM spends about $500 million annually on healthcare for employees in Flint, Michigan, which is home to the largest concentration of GM employees in the country. Even though the cost of healthcare in Flint is relatively low (for example, average hospital charges are 8% percent lower than the state average and as much as 45% lower than those in California), GM's costs are high because employees use *so much* healthcare. The community's health profile no doubt plays a role. The local population has high rates of cigarette smoking and alcohol use and low rates of exercise. The result? Flint residents use inpatient medical services about 62% more than benchmark communities, and are hospitalized about a third more often. The local death rate from heart disease and diabetes exceeds the national average.[17]

The Washington Business Group on Health (WBGH), a national health policy organization representing the business community, has queried its corporate members about their basic expectations from "a healthy community." Results from a survey of WBGH member companies, though not representative of all businesses, are suggestive. While these employers cited a need for a healthy environment, an attractive place to live, safety, and education, they most commonly wanted communities to provide

- a pool of healthy, potential new employees;
- productive current employees; and
- basic medical coverage for all local residents.

These employers understand the connection between community health and business success.[18]

"Home Depot feels that "doing well" and "doing good" are inextricably linked and therefore encourages its employees to volunteer for community projects (collectively, millions of volunteer hours), donates millions of dollars to community concerns, and invests millions to keep employees healthy."

—Suzanne Apple, Vice President of Community Affairs The Home Depot

"There are two reasons for using the **Healthy People 2010** worksite health objectives. The first is humanistic; knowing that providing a safe and healthy work environment is the right thing to do. The second is practical. Executives must manage the bottom line. And since approximately 50% of injury and illness costs are lifestyle-related—and thus controllable—health promotion provides significant opportunities to improve productivity and reduce cost."

—Steve Fleming, Director, HSE&R Engines & Systems, Honeywell

Health promotion offers communities and businesses an opportunity to move forward together. Business participation makes community-wide health promotion efforts—like health fairs and health-oriented media campaigns—more likely to succeed. On the other hand, public health agencies, hospitals, and other public partners can give businesses access to data and expert advice on pressing community health problems that probably affect their employees. Businesses also gain by

- demonstrating social responsibility;
- building public goodwill and a reputation as a good corporate citizen (a neighbor of choice);
- directly and indirectly promoting the health of company employees (since health insurance and worksite health promotion alone do not ensure individual protection from diseases, environmental factors, and risky behaviors that may lead to illness); and
- directly and indirectly promoting the health of retirees, employees' families, potential replacement workers, consumers, and/or service providers—all of whom can have an impact on a business's long-term success.
- influencing managed care organizations regarding practical benefits for smaller employers.

Here are two quick examples of business involvement in community health efforts.

- The Eastman Kodak Company is the largest employer in the city of Rochester, New York. As part of the Rochester County Health Commission, Kodak is part of an initiative to make Rochester the healthiest community in America by 2020.[18]
- Proctor and Gamble, based in Cincinnati, Ohio, is a member of the Health Improvement Collaborative of Greater Cincinnati. Its many activities include a regional health status report, a diabetes-focused healthcare study, and a flu shot campaign.[18]

Reason #4: Help the nation achieve its health objectives for the year 2010.

Employers occupy a prominent and influential position in the health environment, with unparalleled access to working Americans. They are in a unique position to contribute to the health of their employees and their communities. Consequently, they are in an essential position to help the nation achieve its health goals for the year 2010. In fact, without business support, the national *Healthy People 2010* initiative, described further below, will fall short.

Even well-meaning employers may unknowingly contribute to a cultural environment that does not promote health. For example, employers who do not restrict worksite smoking, by default, put non-smokers at increased risk for respiratory problems related to secondhand smoke exposure. Often, the choice is not between doing nothing or doing something, but between doing something health-promoting or continuing practices that may unintentionally support poor health habits.

Health experts agree that lifestyle changes can be encouraged by increasing awareness of health risks, helping people change problem behaviors, and creating environments that support good health practices. However, of the three, "supportive environments will probably have the greatest impact."[5] Since most adults spend the majority of their daytime hours at work, the impact of work environment on health can be significant.

Employers are also the primary source of health insurance for working Americans and their families. It matters whether or not employers choose or develop health plans that cover preventive services like cancer screening tests, immunizations, and smoking cessation counseling. Lack of insurance coverage is a major barrier to receipt of these important clinical services, as those without coverage are only half as likely to have received a variety of recommended preventive health services as

their insured peers.[19] Employers can also play an important role in holding health plans accountable for the delivery of covered services.

Finally, as mentioned above, businesses can make meaningful contributions to community health programs.

All of these efforts advance the national agenda to achieve a healthier population by the year 2010.

SECTION II

Healthy People 2010 Essentials for Business

"Building public-private partnerships is the foundation of Healthy People's success. We enter the new millennium as a team working together. Through prevention we can improve the health of all Americans."

—Dr. David Satcher, Surgeon General [20]

"At Motorola, our Wellness Initiatives team was able to demonstrate that Motorola health care dollars are being spent on the same diseases and disparities listed in the Healthy People objectives. We revamped and developed strategic, cutting-edge programs that reduce Motorola's healthcare costs and align with the objectives set forth by the U.S. Department of Health and Human Services."

—Betty-Jo Saenz, Manager of Global Wellness Initiatives, Motorola.

Healthy People 2010 is, in essence, the blueprint for a ten-year national initiative to improve the health of all Americans. The two overarching goals are to increase the life expectancy and quality of life for Americans of all ages and to eliminate health disparities among different segments of the population. It lists the most significant threats to health in the United States today—including risky behaviors, environmental factors, and inadequate access to healthcare—and establishes goals to reduce these threats.

Healthy People 2010 was developed through an exhaustive process involving many stakeholders, including businesses. It is based on the best scientific knowledge available and, as it is organized as a set of quantitative health objectives. *Healthy People 2010* serves as a scorecard to gauge our collective success toward improving health.

States and communities are using *Healthy People 2010* objectives as the basis of local health promotion plans. Congress has stipulated that *Healthy People 2010* objectives must be used to assess the impact of several federal health programs. Of greater relevance to business, *Healthy People 2010* objectives are also being used to measure the performance of health plans and health care organizations. For example, the National Committee on Quality Assurance (NCQA) has incorporated many *Healthy People 2010* targets into its Health Plan Employer Data and Information Set (HEDIS), a compilation of standardized measures to help health care purchasers assess the performance of managed care organizations.

Employers can use *Healthy People* objectives as well, in this case to focus business-sponsored health promotion/disease prevention efforts and measure worksite and community-wide outcomes against national benchmarks.

Dozens of objectives in *Healthy People 2010* specifically call on employers to help the nation meet its goals (discussed below).

Partnerships for a Healthy Workforce

Partnerships for a Healthy Workforce (PHW) is an alliance of employers—representing many industries of all sizes—committed to improving employee and community health. It encourages

Healthy People 2010 Resources

Healthy People 2010

For more information about *Healthy People 2010* or to access *Healthy People 2010* documents online, visit: www.health.gov/healthypeople or call 1-800-367-4725. Other *Healthy People 2010* resources include:

- **The Healthy People 2010 Toolkit:** A field guide to health planning at www.health.gov/healthypeople/state/toolkit
- **Healthy People Information Line:** Recorded information on upcoming events, ordering Health People publications, and the Healthy People Consortium. Call 1-800-367-4725
- **Fax-Back System:** Faxed copies of the complete list of available publications and updated Healthy People progress reviews, fact sheets, and recent issues of *Prevention Report*. Call (301) 468-3028

healthfinder®:

The federal consumer health website featuring special information for men, women, parents, kids, seniors, professionals and Spanish speakers. www.healthfinder.gov

action where little has existed by offering its members opportunities to network and benefit from organizations and on-going activities that support health promotion efforts. In short, PHW is a driving force for employer involvement and leadership in local, state, and national efforts to achieve *Healthy People 2010* objectives.

PHW

- develops and disseminates tools that employers can use to create a healthier workplace;
- provides a forum for business leaders, national organizations, and state and federal agencies to share best practices; and
- recognizes companies that show leadership in the health promotion arena.

Membership in PHW is free-of-charge and open to any business, business-related trade or professional organization, state or local government, or state or local business council that endorses PHW mission to support healthy employees in healthy communities.

Partnerships for a Healthy Workforce

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SECTION III

Healthy People 2010 Objectives At-A-Glance

Making sense of the 467 *Healthy People 2010* objectives

The 467 objectives contained in the two-volume *Healthy People 2010* report can be overwhelming to sort through. Fortunately, you don't have to. This section

- highlights the two *Healthy People 2010* objectives that focus specifically on the worksite;
- discusses Healthy Workforce objectives relevant to employers and strategies to achieve them; and
- catalogues about 50 additional objectives that could be adopted as part of a worksite health promotion program.

Two major worksite objectives

Healthy People 2010 includes two major worksite-specific objectives:

1.) At least three quarters of U.S. employers, regardless of size will offer a comprehensive employee health promotion program that includes the five elements listed in Table 4.

2.) At least three quarters of U.S. employees will be participating in employer-sponsored health promotion activities.

Table 5 shows where the nation now stands and how far it has to go to meet these objectives.

If you wish to browse the complete set of *Healthy People 2010* objectives, simply click on http://www.health.gov/healthypeople/Publications/

Table 4

Elements of a Comprehensive Worksite Health Promotion Program

A comprehensive worksite health promotion program, as defined by *Healthy People 2010,* contains five elements:

1. One aspect is ***health education***, which focuses on skill development and lifestyle behavior change along with information dissemination and awareness building, preferably tailored to employees' interests and needs.
2. Another is ***supportive social and physical environments.*** These include an organization's expectations regarding healthy behaviors, and implementation of policies that promote health and reduce risk of disease.
3. Another is ***integration of the worksite program*** into your organization's structure.
4. A fourth aspect is ***linkage to related programs*** like employee assistance programs (EAPs) and programs to help employees balance work and family.
5. The fifth component defined in *Healthy People 2010* is worksite ***screening programs***, ideally linked to medical care to ensure follow-up and appropriate treatment as necessary.[20]

Partnerships for a Healthy Workforce would add two additional components.

6. Some process for supporting individual behavior change with ***follow-up interventions***.
7. An ***evaluation and improvement process*** to help enhance the program's effectiveness and efficiency. [65]

Table 5

Healthy People 2010 Objectives for Worksites

No.†	Objective	1999 Baseline	2010 Target
7-5.	Increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees.		
	Worksites with fewer than 50 employees	(Developmental)	‡
	Worksites with 50+ employees	34	75
	Worksites with 50 to 99 employees	33	75
	Worksites with 100 to 249 employees	33	75
	Worksites with 250 to 749 employees	38	75
	Worksites with 750+ employees	50	75
7-6.	Increase the proportion of employees who participate in employer-sponsored health promotion activities. **Baseline:** 61 percent of employees aged 18 years and older participated in employer-sponsored health promotion activities in 1994. **Target:** 75 percent.		

† The number to the left of the objective is the reference number for the full-text version of *Healthy People*. The number before the dash corresponds to the chapter while the number after the dash matches the objective number. For example—objective 7-5 can be found in Chapter 7, objective #5 of the *Healthy People 2010*.

‡ Developmental objectives are those that currently do not have national baseline data. The purpose of developmental objectives is to identify areas that need to be placed on the national agenda for data collection. Developmental objectives address subjects of sufficient national importance to measure their change.

Establishing a Comprehensive Employee Health Promotion Program

Results from the *1999 National Worksite Health Promotion Survey* (NWHPS) indicate that a third (34%) of employers with 50 or more employees offer comprehensive health promotion programs that meet *Healthy People 2010* criteria. And fully half of the nation's largest employers (those with 750+ employees) do so.[4]

While it would be ideal if all businesses developed comprehensive health promotion programs immediately, this goal may not be realistic. Many employers, and especially small to mid-sized firms, may find it difficult—or impossible—to launch a *comprehensive* health promotion program all at once. That's okay. Employers can start with just one or two of the five components that comprise a comprehensive program. It is *most important* just to start. NWHPS data show that already over 90% of surveyed worksites offer at least one health promotion activity that can serve as a foundation for future efforts.[4] The challenge, and the opportunity, is to use that foundation to build a comprehensive worksite health promotion program eventually.

Overall, employers are encouraged to offer ongoing activities, rather than one-time events, such as a half-day smoking cessation clinic with no follow-up. A single, isolated health education activity does not constitute a health promotion program. But as more elements are included in a health promotion program, the program is more likely to achieve organizational goals, such as improving productivity or enhancing a firm's image.

Whether an employer decides to hire a health promotion manager, use current staff, or contract with vendors to design and implement a health promotion program, the planning process is the same. Section IV, beginning on page 25, provides an overview of this process, and Section V, beginning on page 31, lists many inexpensive resources to ease the process.

Increasing Participation in Employer-Sponsored Health Promotion Activities

Employee participation is essential if employers are to realize the health and financial rewards of health promotion activities. Thus, employers are encouraged to develop a system to track program participation. The NWHPS found that more than half (55%) of all worksites with at least 50 employees and more than two-thirds (68%) of America's largest employers already maintain accurate participation records.[4]

While participation rates vary widely depending on the size of the worksite and type of program offered, rates tend to be highest at smaller worksites and lowest at larger worksites. In addition, specific program components, such as awareness education, health screenings, and health risk assessment activities, typically have higher participation rates than lifestyle behavior change programs.[4]

Since 61% of U.S. employees aged 18 years and older now take part in employer-sponsored health promotion activities, the nation is most of the way toward achieving its goal: a 75% participation rate. [20] With a little help from the business community, this goal is eminently attainable.

Healthy Workforce Objectives

Partnership for Prevention thoroughly reviewed the 467 *Healthy People 2010* objectives to identify a small, manageable set of health objectives relevant to employers. This exhaustive review led to the identification of the Healthy Workforce Objectives listed in Table 6 and discussed below. These objectives are diverse: some aim to improve individual behaviors, while others focus on physical or social environmental factors or important health system issues. The conditions addressed in these eight objectives are relevant to employers because they are responsible for a large burden of illness and injury among U.S. working-age adults, they are associated with business costs, and employers can do something about them. Effective interventions are available and can be offered at the worksite or otherwise be supported by employers. Some are even low cost.

HEALTH BEHAVIORS

Four of the Healthy Workforce Objectives for employers target risky behaviors: **tobacco use, alcohol/drug use, physical inactivity, and overweight/obesity.**

As discussed in Section 1, employees with lifestyle risks, particularly multiple risks, are more likely to use medical services, be absent from work, and have lower productivity than their healthier colleagues. Employers primarily bear the cost of these outcomes. But employees pay a high price too, measured in out-of-pocket medical expenses, possibly reduced earnings, decreased quality of life, and a shortened lifespan.

Effective employer-sponsored activities will help employees make lifestyle changes. A supportive social and physical environment will help employees maintain healthy behaviors.

The New Jersey Department of Health and Senior Services offers free cessation programs for smokers who want to quit. Three different programs are offered: (1) NJ Quitnet, an Internet resource; (2) NJ Quitline, a toll-free telephone counseling service; (3) and NJ QuitCenters, nine sites t hat offer one-on-one counseling. More than 19,000 physicians, dentists and health care professionals throughout New Jersey received special kits packed with information on the Quitnet and Quitline. Posters, fliers and pocket calendars to display and distribute to patients were mailed to doctor's offices, hospitals and clinics. This year the program will be expanded to businesses throughout New Jersey. The program's goals are linked to several Healthy New Jersey 2010 indicators.

Table 6

Healthy Workforce Objectives

Healthy Workforce Objective				Related Healthy People 2010 Objectives	
LIFESTYLE BEHAVIOR					
27-1.	**Reduce tobacco use by adults. †**			27-5.	Increase smoking cessation attempts by adult smokers.
		1997 Baseline	**2010 Target**	27-6.	Increase smoking cessation during pregnancy.
27-1a.	Cigarette smoking	24%	12%	27-12.	Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas.
27-1b.	Spit tobacco	2.6%	0.4%		
27-1c.	Cigars	2.5%	1.2%		
27-1d.	Other tobacco products		Developmental ‡		
26-8.	**Reduce the cost of lost productivity in the workplace due to alcohol and drug use. (Developmental) ‡**			26-10c.	Reduce the proportion of adults using any illicit drug during the past 30 days.
				26-11c.	Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month.
				26-12.	Reduce average annual alcohol consumption.
				26-13.	Reduce the proportion of adults who exceed guidelines for low-risk drinking.
22-2.	**Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.**			22-1.	Reduce the proportion of adults who engage in no leisure-time physical activity.
	Baseline: 15 percent of adults aged 18 years and older were active for at least 30 minutes 5 or more days per week in 1997.			22-3.	Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.
	Target: 30 percent.			22-4.	Increase the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance.
				22-5.	Increase the proportion of adults who perform physical activities that enhance and maintain flexibility.
				22-13.	Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs.
19-1.	Increase the proportion of adults who are at a healthy weight.			19-2.	Reduce the proportion of adults who are obese.
	Baseline: 42 percent of adults aged 20 years and older were at a healthy weight (defined as a body mass index (BMI) equal to or greater than 18.5 and less than 25) in 1988-94.			19-16	Increase the proportion of worksites that offer nutrition or weight management classes or counseling.
	Target: 60 percent.				
PHYSICAL ENVIRONMENT					
20-1.	**Reduce deaths from work-related injuries.**			20-5.	Reduce deaths from work-related homicides.
		1998 Baseline	**2010 Target**		
	Deaths per 100,000 Workers Aged 16 Years and Older				
20-1a.	All industry	4.5	3.2		
20-1b.	Mining	23.6	16.5		
20-1c.	Construction	14.6	10.2		
20-1d.	Transportation	11.8	8.3		
20-1e.	Agriculture, forestry, and fishing	24.1	16.9		

(Continued on next page.)

Table 6

Healthy Workforce Objectives, continued

Healthy Workforce Objective				Related Healthy People 2010 Objectives	
20-2.	**Reduce work-related injuries resulting in medical treatment, lost time from work, or restricted work activity.**			2-11.	Reduce activity limitation due to chronic back conditions.
		1998 Baseline	**2010 Target**	15-19.	Increase use of safety belts.
	Injuries per 100 Full-Time Workers Aged 16 Years and Older			20-3.	Reduce the rate of injury and illness cases involving days away from work due to overexertion or repetitive motion.
20-2a.	All industry	6.2	4.3	20-6.	Reduce work-related assault.
20-2b.	Construction	8.7	6.1	20-10.	Reduce occupational needlestick injuries among health care workers.
20-2c.	Health services	7.9 (1997)	5.5		
20-2d.	Agriculture, forestry, and fishing	7.6	5.3		
20-2e.	Transportation	7.9 (1997)	5.5		
20-2f.	Mining	4.7	3.3		
20-2g.	Manufacturing	8.5	6.0		
20-2h.	Adolescent workers	4.8 (1997)	3.4		
CHANGING THE LANDSCAPE FOR BETTER HEALTH					
1-1.	**Increase the proportion of persons with health insurance.** **Baseline:** 83 percent of the population (under age 65) was covered by health insurance in 1997 (age adjusted to the year 2000 standard population). **Target:** 100 percent.				
1-2.	**Increase the proportion of insured persons with coverage for clinical preventive services.** (Developmental) ‡				

† The number to the left of the objective is the reference number for the full-text version of *Healthy People*. The number before the dash corresponds to the chapter while the number after the dash matches the objective number. For example—objective 7-5 can be found in Chapter 7, objective #5 of the *Healthy People 2010*.

‡ Developmental objectives are those that currently do not have national baseline data. The purpose of developmental objectives is to identify areas that need to be placed on the national agenda for data collection. Developmental objectives address subjects of sufficient national to measure their change.

Healthy Workforce Objective #1: Reduce Tobacco Use by Adults

In 1998, 47 million adults or about a quarter of the U.S. population smoked cigarettes, about the same number as in 1990.[21] Among future workers, rates are even higher. On average, about 35% of high school students smoked cigarettes throughout the 1990s.[22]

These stubbornly high rates translate to real problems for individual smokers, health systems, employers, and society at large. Tobacco use is the single leading cause of preventable death in the United States and precipitates as many as 26 million illnesses every year.

For employers, health and other repercussions of tobacco use can be significant:

- higher health and life insurance premiums and claims;
- greater absenteeism;
- increased risk for accidents and fires (plus related insurance costs);[23]
- increased maintenance costs due to tobacco litter and tobacco smoke pollution (which dirties ventilation systems, computer equipment, furniture, carpets, and other office furnishings);
- property damage from cigarette/cigar burns;
- risk of legal liability if nonsmokers are exposed to environmental tobacco smoke; and
- reduced worker productivity.

The good news is that most smokers report that they would like to quit; just over two thirds (68%) in 1995. "Kicking the habit," though, is hard, since nicotine addiction is comparable to that for heroin, cocaine, and alcohol. Health experts consider nicotine addiction a chronic condition that requires ongoing treatment to prevent or shorten relapse.[24–25]

A 1997 survey by William M. Mercer (funded by Partnership for Prevention) found that about a quarter of very large firms (with 500 or more workers) provide tobacco cessation services for employees at the worksite. Yet, despite the proven success of medical interventions for tobacco use, only 22% of health plans offered by employers with 10 or more workers provide tobacco cessation benefits, and even fewer (12%) cover both counseling and pharmaceutical devices or drugs to help smokers quit.[26]

U.S. workers face other barriers to cessation services as well. First, while the nicotine patch and gum are available without a prescription, the cost ($390 to $650 for the recommended course of treatment) can be prohibitive for many Americans.[27] Second, because nearly a fifth of U.S. workers lack health insurance altogether, [28] they may not be able to afford expert health advice.

STRATEGIES

- ✔ Prohibit smoking at the workplace.
- ✔ Offer employees and their spouses smoking cessation classes to help them quit.
- ✔ Offer a health risk appraisal (HRA) to all employees, and follow-up with tobacco users.
- ✔ Work with your health plan to ensure coverage for all tobacco use cessation services recommended by the U.S. Public Health Service (USPHS)—including primary care visits for smoking cessation with no co-payment and all cessation pharmaceuticals approved by the U.S. Food and Drug Administration with usual pharmacy co-pays. (Guidelines entitled "Treating Tobacco Use and Dependence" can be found at http://www.surgeongeneral.gov/tobacco/default.htm)

Healthy Workforce Objective #2: Reduce The Cost of Lost Productivity Due to Alcohol and Drug Use

In 1995, alcohol and drug abuse cost the U.S. economy an estimated $276 billion. This sizable sum accounts for the costs of health care, motor vehicle crashes, crime, lost productivity, and other outcomes associated with substance abuse. However, most of this amount—nearly $200 billion—is attributed solely to lost productivity, reflecting foregone earnings due to poor job performance, limited career advancement, and unemployment and incarceration among drug and alcohol abusers. [29]

Several studies have shown that alcohol-related job performance problems—absenteeism, arriving late to work or leaving early, feeling sick at work or sleeping on the job, doing poor work, doing less work, and arguing with co-workers—are caused not only by worksite drinking, but also by heavy drinking outside of work. For example, one study, using flight simulators, found impairment 14 hours after pilots reached blood alcohol

- Health education
- Supportive social and physical environments
- Linkage to related program
- Screening programs
- Integration of the worksite program into the organization's administrative structure

(Icon indicates which element(s) of a comprehensive worksite health promotion the strategy addresses.

(See Table 4 on Page 12)

- Health education
- Supportive social and physical environments
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(See Table 4 on Page 12)

concentrations of between 0.10 to 0.12 %.[30, 31] Moreover, those who drink even relatively small amounts of alcoholic beverages may contribute to alcohol-related death and injury in occupational incidents, especially if they drink before operating a vehicle.[30-32] Because of these and other concerns, more than 90 % of worksites with 50 or more employees had adopted policies on alcohol and drugs by 1995, exceeding the *Healthy People 2000* target of 60%.[20]

Just how widespread is the problem of substance abuse? In 1994, more than 8% of full-time workers (over 6.5 million employees) engaged in heavy drinking, defined as five or more drinks on five or more days in the past 30 days. The heaviest drinkers were relatively young, between 18 and 25 years of age.[33]

Almost 15 million Americans (6.7% of the population aged 12 and over) use illicit drugs, and the majority of these users are employed in American businesses. As with alcohol, drug use is greatest among those entering the workforce most rapidly, men and women aged 16 to 25.[34] Although no occupation is immune from drug use, it is especially a problem among construction workers (15.6% of whom use illicit drugs), sales personnel (11.4%), food service workers (11.2%), laborers (10.6%,), and machine operators and inspectors (10.5%).[35]

Unfortunately, the stigma attached to substance abuse often increases the severity of the problem. For example, individuals may be reluctant to acknowledge that they suffer from alcohol or drug dependence and/or may be unwilling to seek treatment, even if it is available.

STRATEGIES

- ✔ Provide employees access to counseling and referrals to treat substance abuse.
- ✔ Participate in community efforts to prevent substance abuse.
- ✔ Offer a health risk appraisal (HRA) to all employees, and follow-up with those at risk.
- ✔ Establish an employee assistance program (EAP) and/or link EAP to health promotion initiatives.
- ✔ Provide drug and alcohol education to supervisors to counteract "enabling" behaviors.
- ✔ Provide drug and alcohol education to employees to counteract "enabling" behaviors.
- ✔ Establish worksite alcohol and drug policies.

Healthy Workforce Objective #3: Increase the proportion of adults who engage in regular, preferably daily, moderate physical activity for at least 30 minutes per day.

Hundreds of studies document the health benefits of physical activity. The report, *Physical Activity and Health: A Report of the Surgeon General,*[36] brings together the collective results of decades of research on this topic. Among the Surgeon General's findings:

- People who are usually inactive can improve their health and well-being by becoming even moderately active on a regular basis.
- Physical activity need not be strenuous to achieve measurable health benefits.
- Greater cardiorespiratory fitness can be achieved by increasing the duration, frequency, or intensity of physical activity.

Regular physical activity (such as a brisk, 30-minute walk each day) delivers many rewards:

- Reduces the risk of dying prematurely.
- Reduces the risk of dying from heart disease.
- Reduces the risk of developing diabetes.
- Reduces the risk of developing high blood pressure and helps reduce blood pressure in people who already have high blood pressure.
- Reduces the risk of developing colon cancer.
- Reduces feelings of depression and anxiety, and appears to improve mood.
- Helps control weight.
- Helps build and maintain healthy bones, muscles, and joints.
- Helps older adults become stronger and better able to move about without falling.
- Promotes worker productivity.

Yet, despite the benefits, only about 23% of U.S. adults report regular, vigorous activity that involves large muscle groups in dynamic movement for 20 minutes or longer 3 or more days per week. Only 15% of adults report moderate physical activity for 5 or more days per week for at least 30 minutes (Healthy Workforce Objective #3). And fully 40% enjoy no leisure-time physical activity whatsoever.[20]

Sedentary habits begin in childhood. Almost three quarters (73%) of high school students fail to engage in moderate physical activity for 30 minutes most days of the week.[37]

The major barriers most people face when trying to increase physical activity are 1) lack of time, 2) inadequate access to convenient and affordable fitness facilities, and 3) lack of safe environments in which to be active.[38]

STRATEGIES

- ✔ Sponsor company fitness challenges.
- ✔ Support lunchtime walking/running clubs or company sports team.
- ✔ Create accessible walking trails and/or bike routes.
- ✔ Provide periodic incentive programs to promote physical activity.
- ✔ Offer a health risk appraisal (HRA) to all employees and follow-up with sedentary employees.
- ✔ Contract with health plans that offer free or reduced-cost memberships to health clubs.
- ✔ Provide clean and safe stairwells and promote their use.
- ✔ Provide facilities for workers to keep bikes secure and provide worksite showers and lockers.
- ✔ Allow flexible work schedules so employees can exercise.
- ✔ Discount health insurance premiums and/or reduce copayments and deductibles in return for an employees participation in specified health promotion or disease prevention program.

Health education

Supportive social and physical environments

Linkage to related program

Screening programs

Integration of the worksite program into the organization's administrative structure

(Icon indicates which element(s) of a comprehensive worksite health promotion the strategy addresses.

(See Table 4 on Page 12)

- Health education
- Supportive social and physical environments
- Linkage to related program
- Screening programs
- Integration of the worksite program into the organization's administrative structure

(Icon indicates which element(s) of a comprehensive worksite health promotion the strategy addresses.

(See Table 4 on Page 12)

Healthy Workforce Objective #4: Increase the proportion of adults who are at a healthy weight

More than half the U.S. adult population is currently overweight or obese.[39] And the situation is worsening. The proportion of obese U.S. adults rose from an estimated 12% in 1991 to 18% in 1998, with actual figures likely higher.[40] In fact, the problem is so pervasive, the Centers for Disease Control and Prevention declared obesity a national epidemic in October 1999.

Although the causes of excess weight are complex and not fully understood, experts attribute much of the increase in U.S. obesity to the simple fact that adults and children consume more calories than they use.[40-42] In other words, overeating and insufficient physical activity underlie much of the epidemic. Between 1977 and 1996, Americans' average daily caloric intake increased significantly.[43, 44] Moreover, according to the U.S. Department of Agriculture's Healthy Eating Index, only 12% of the population aged 2 and older has a diet that can be called "good;" that is, a diet that meets national guidelines for fat intake and overall variety.[43] At the same time, as discussed above, sedentary habits are common among U.S. adults and children.

It is not surprising that obese employees tend to be absent from work due to illness substantially more than their normal-weight counterparts.[45] Almost 80% of obese adults have diabetes, hypertension, coronary artery disease, gallbladder disease, high cholesterol levels, and/or osteoarthritis.[46] The cost to the U.S. health system? At least $50 billion worth of medical treatment annually.[47] The cost to employers? More than 39 million days of work time each year.

Yet, the news is not all bad. Research indicates that a sustained reduction in body weight of just 10% yields significant health and economic benefits.[42, 48]

STRATEGIES

- ✔ Provide healthy snacks in vending machines, in break rooms, and at company events.
- ✔ Provide healthy meal choices in cafeterias and at company events.
- ✔ Disseminate nutrition information to employees. For example, work with a weight management vendor to provide information about the nutritional content of cafeteria foods.
- ✔ Subsidize healthy foods in the cafeteria or vending machines. (10¢ apples may be more appealing than $1.00 candy bars.)
- ✔ Choose health plans that cover programs to help enrollees with weight management.
- ✔ Institute flexible work schedules so employees can participate in weight-loss programs.
- ✔ Offer a health risk appraisal (HRA) to all employees, and follow-up with those at risk.
- ✔ Ask voluntary health associations, health care providers, and/or public health agencies to offer on-site nutrition education classes.
- ✔ If a group of employees are interested in losing weight, offer onsite fitness and weight-management programs. (Ask a dietician at your local health department or hospital about high quality vendors who offer worksite programs.)
- ✔ Locate dietetics professionals near your worksite as a resource for employees who want information on healthy eating/meal planning or weight control. (Use the "find a dietician" service on the American Dietetic Association website: http://www.eatright.org/finddiet.html.)

- ✔ Assign a fitness center "trainer" to each participant in weight management classes to help overweight employees meet health and fitness goals.
- ✔ Offer financial incentives for employee participation in weight management programs. For example, offer full or partial reimbursement for the cost of the program or discount health insurance premiuand/or reduce copayments and deductibles after successful program completion.
- ✔ Form a support group to help employees who are trying to lose weight.
- ✔ Offer individual and group counseling to those struggling with weight loss.

PHYSICAL ENVIRONMENT

Two health objectives for employers focus on the physical work environment:

Healthy Workforce Objective #5: Reducing deaths from work-related injuries; and

Healthy Workforce Objective #6: Reducing work-related injuries necessitating medical care or lost/restricted work activity.

Although U.S. worksites are becoming safer, the toll of workplace injuries and illnesses is still significant. The U.S. Bureau of Labor Statistics reports that in 1999 about 6,000 individuals died from injuries incurred on-the-job. The same year, workers reported 5.7 million nonfatal occupational injuries or illnesses, of which about 2.7 million required recuperation away from work or restricted duties at work.[49]

The cost to employers from occupational deaths, injuries, and illnesses includes wage and productivity losses, medical costs, administrative expenses (such as the cost of time to write up injury reports), and damage to employer property (notably from fires and automobile accidents). The National Safety Council estimates that in 1998 the cost of occupational deaths and injuries alone totaled more than $125 billion.[50]

What are the major causes of workplace deaths? Highway crashes remain the #1 cause of on-the-job fatalities. The #2 workplace killer is unintentional falls, especially from a roof, ladder or scaffold. And the #3 cause of death, which has declined from previous years, is workplace homicides. (In 1999 there were 645 job-related homicides, down 10% from 1998 and 40% from 1994.)[51]

Prominent nonfatal occupational illnesses and injuries include sprains, fractures, noise-induced hearing loss, repetitive motion disorders (e.g., carpal tunnel syndrome), lower back problems, respiratory conditions resulting from exposure to toxins or dust, elevated blood lead levels, and hepatitis B.[49]

Many employers, and especially those in high-risk industries, already offer or mandate employee education on job hazards and injury prevention. The most common health and safety policies in mid-size to large businesses (those with 50+ employees) address substance use and occupant protection for vehicular drivers. In addition, about half of these firms (53%) offer back injury prevention programs, and 35% have instituted violence prevention programs.[4]

The Bureau of Labor Statistics reports that the 1999 rate of nonfatal occupational injuries and illnesses (6.3 cases per 100 equivalent full-time workers) was the lowest since the bureau began collecting this information in the early 1970s. Similarly, the number of fatal injuries was slightly down despite an increase in the number of employed Americans. Well-designed worksite safety programs will continue to reduce the burden of occupational health problems for both employers and employees.

"The goals of the Alcoa Life! program are to enhance the wellbeing and the quality of work-life of Alcoa people and their families and encourage and support personal development. We are asking people to do more than just come and make a living in the company. We are asking people to come and make a life in the company."

—Alain Belda, President, Alcoa

Every Day

- 900 workers sustain disabling injuries on the job
- 17 workers die from work-related injuries
- 137 workers die from work-related diseases[52]

Many state agencies provide on-site consultation services so that employers can find out about potential hazards at their worksites, improve their occupational safety and health management systems. The New Jersey Department of Labor, Division of Public Safety and Occupational Safety and Health deliver these services using well-trained safety and health professionals. Primarily targeted for smaller businesses of less than 250 employees, the New Jersey safety and health consultation program is completely separate from OSHA inspection efforts.

"By investing in the total well-being of our employees, as they take on the challenges of complex lives, the laboratory not only contributes to the success of individuals, but we make tremendous stride towards organizational excellence."

—John C Browne, Director, Los Alamos National Laboratory

STRATEGIES

- ✔ Ensure that all employees receive appropriate and regular safety training and information.
- ✔ Conduct ergonomic evaluations and consider recommended changes to the worksite.
- ✔ Develop procedures that encourage employees to report near accidents without fear of penalty so that corrective actions can be taken.
- ✔ Offer incentive awards to individual employees and work groups for achieving specified safety goals.
- ✔ Offer an incentive rebate program that places a projected amount of worker compensation dollars into an incentive pool and disburses to employees half the amount not expended.

CHANGING THE LANDSCAPE FOR BETTER HEALTH

Changing the landscape for better health means equipping people with the resources to tend to basic healthcare needs. Two objectives address this issue.

Healthy Workforce Objective #7: Increasing the proportion of people with health insurance

The U.S. Census Bureau reports that over 42 million Americans lacked health insurance in 1999. Since many children in low-income families and virtually all U.S. citizens aged 65 and older are covered by public health insurance programs, most of this coverage deficit falls on working Americans, and specifically on those working for small businesses. In fact, while only a tiny fraction of those employed at large firms lack health benefits, nearly a third of those working for firms with 25 or fewer employees do not have health coverage. Thus, small employers can play a critical role to reduce the gap between insured and uninsured.

The 2000 Small Employer Health Benefits Survey found that the high cost of insurance is the primary reason many small businesses (i.e., those with 2 to 50 employees) do not offer health benefits. However, the same survey identified several important misperceptions on the part of small employers that compound affordability problems.[53] For example, 57% of small employers were unaware that their contributions toward employee health coverage are tax deductible. Almost half (48%) did not realize that their employees cannot deduct health insurance premiums when they purchase coverage on their own. Similarly, many small employers are unaware of new rights granted to them through state and federal legislation. About two thirds (67%) of small employers, for example, are unaware that insurers cannot legally deny them group coverage even if their employees have pre-existing illnesses (although they may charge higher insurance premiums).[53]

Insurance coverage, while costly, is an investment with potential for significant payback. Small employers who provide health benefits offer sound business reasons for doing so. A majority of small employers who fund health insurance report that it:

- helps with employee recruitment;
- improves employee retention;
- increases productivity by keeping employees healthy;
- reduces absenteeism by keeping workers healthy; and
- improves employee attitude and performance.

Health coverage is important because it affects both Americans' access to necessary health care and their financial wellbeing. Uninsured children and adults are much more likely than those with health insurance to skip recommended medical tests or treatments. Consequently, they are also more likely to be hospitalized for conditions that might have been avoided in the first place and to be diagnosed at more advanced stages of diseases like cancer. In addition, almost 30% of uninsured adults say that medical bills have had a great impact on their families' lives.[54]

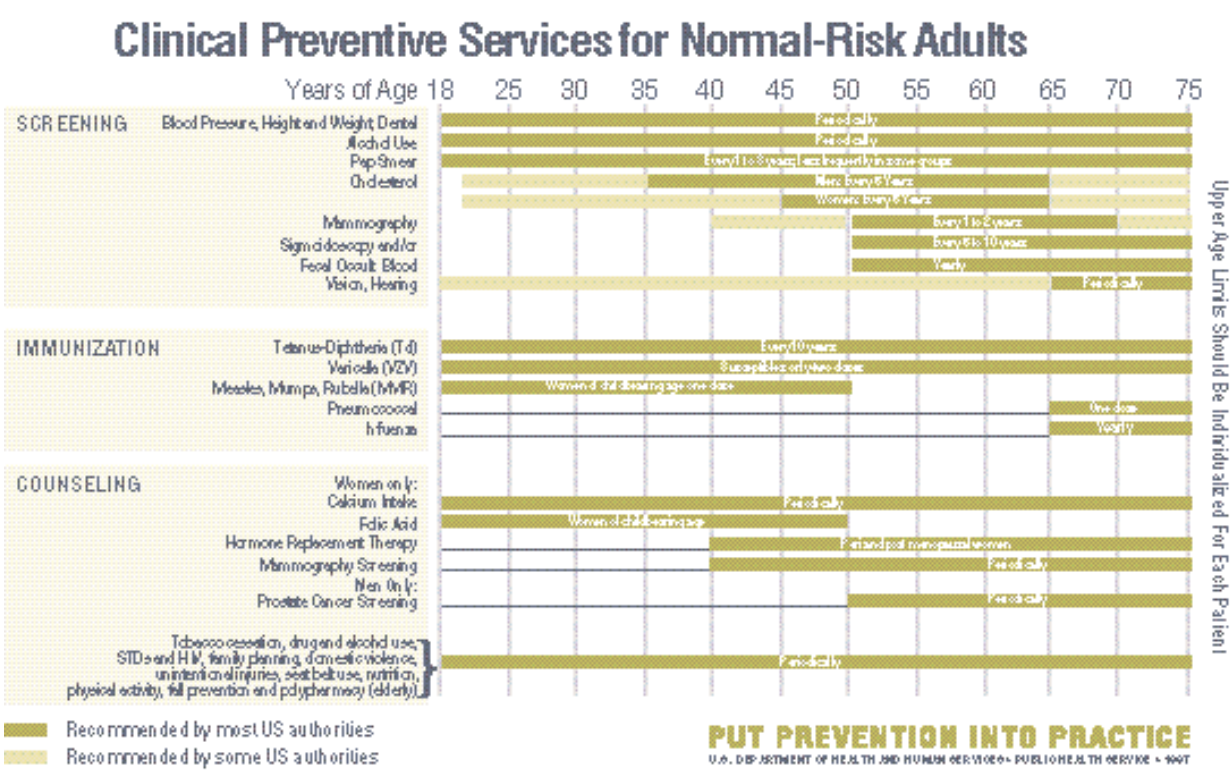
Healthy Workforce Objective #8: Increasing the proportion of insured persons with coverage for clinical preventive services

In addition to no coverage at all, a second insurance problem is inadequate coverage of clinical preventive services (i.e., services that prevent the onset of illness or detect it at the earliest possible moment when treatment is easiest). Currently, preventive health services are underused in the United States.[55] And it is well documented that individuals who lack coverage for specific preventive services are significantly less likely to receive them than their insured peers.[56, 57] As purchasers of most of the nation's private health insurance, employers are in a position to substantially expand Americans' access to these potentially life-saving services and improve employee health in the process.[58]

The U.S. Preventive Services Task Force (USPSTF), a non-federal expert panel convened by the U.S. Public Health Service, is tasked with identifying a core set of preventive services known to improve health. The USPSTF recommendations are so highly regarded that they have been called the "gold standard" to which employers and health plans should refer when designing benefit programs.[59]

Table 7 lists those services recommended for healthy adult men and women according to the most recent USPSTF guidelines.[60]

Table 7



- Health education
- Supportive social and physical environments
- Linkage to related program
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(See Table 4 on Page 12)

STRATEGIES

- ✔ Form or participate in purchasing cooperatives to bargain for affordable health insurance premiums and health plans that cover appropriate clinical preventive services.
- ✔ Fully administer COBRA provisions for those affected by a qualifying event.
- ✔ Offer group health plan coverage or a medical savings account (MSA) option that is fully employee paid (only as an alternative for small employers who cannot otherwise offer employees health benefits).

50 Optional Health Objectives For Employers

While the eight Healthy Workforce Objectives for employers (and related objectives listed in Table 6) may be of primary interest to most businesses, *Partnership for Prevention* has identified an additional 50 *Healthy People* objectives that specifically call on U.S. employers to take action. Any or all of these could be adopted as part of a comprehensive worksite health promotion program. These 50 objectives are listed in Appendix 1 where they are grouped according to the elements of a comprehensive worksite health promotion program, as defined by *Healthy People 2010* (See Table 4 on page 12 for list elements).

Getting Insurance Links

Small employers can find health insurance coverage for their workers, according to the Consumer Health Education Council (CHEC), which suggests the most well known insurance for small business is Blue Cross Blue Shield (BCBS) plans. Small employers can now also get instant quotes over the web. Insurance brokers can help. Purchasing cooperatives are sometimes an option, and public programs may be an option for employers whose workers qualify. The CHEC website provides links to various web pages to assist you in getting health benefits for your workers. (http://www.healthchec.org/employer/employer.html).[53]

SECTION IV:

Planning A Worksite Health Promotion Program

Planning a worksite health promotion program can be a rewarding experience for company leaders and other employees. Whether a firm decides to develop a comprehensive worksite health promotion program all at once or begin with a just a few ongoing health promotion activities, it will be helpful to use a planning process. This section presents a simple, 10-step process that can be used by employers of all sizes to increase the success of any health promotion program.

1. Establish a planning committee.
2. Assess the interests and needs of corporate leaders and other employees.
3. Develop mission statement, goals, and objectives and design the program.
4. Develop a timeline and budget.
5. Select incentives.
6. Acquire resources.
7. Market the program.
8. Implement the program.
9. Evaluate the program.
10. Modify the program (continuous quality assurance).

Although these steps are presented in sequential order, some worksites may modify the sequence to suit their unique planning environments. In some situations, individual steps may be completely omitted. For example, managers might allocate a health promotion budget before the planning committee is even established.

Each of the steps is discussed briefly below, and Section V lists sources of more detailed information, including several inexpensive planning workbooks and a free website.

1. Establish a Planning Committee.

Employee involvement is integral to the planning process. Therefore, a planning committee should be formed as early in the process as possible and include:

- cross-section of potential program participants;
- individuals who may have a role in program implementation or evaluation (e.g., middle managers who directly control employee schedules or who have great influence on upper management, someone familiar with budgeting, the person responsible for contracting with outside vendors, etc.); and
- someone to represent management (if not already included in one of the above groups).

The planning committee serves several functions. First, an employee-driven advisory board encourages "buy-in" from both management and potential program participants. The key to maximizing buy-in is to recruit employees who are enthusiastic about the proposed program, as well as those who are indifferent or perhaps even skeptical to serve on the planning committee.

Second, a representative planning committee will help assure that the program is responsive to the needs of all potential participants (possibly including employee dependents and/or retirees).

And third, the committee can be responsible for carrying out or overseeing all of the subsequent steps in the planning process. For example, the full committee or designated sub-committee will likely design and conduct an employee interest survey, select the program name and logo, select specific health promotion activities, and present periodic status reports to senior managers. Committee members can also brainstorm innovative ideas to market the program to co-workers. In general, a group of people is likely to generate more and better ideas than a single individual.

2. Assess the Interests and Needs of Corporate Leaders and Other Employees.

- What are the organizational issues facing the employer?
- What is the level of management support for a health promotion program?
- What are the most prevalent employee disease and injury risks?
- What health issues are employees interested in addressing?

The answers to these questions are important to assure that any health promotion program has a chance to succeed. One of the most important indicators of the success of a health promotion program is senior management support. Are managers willing to take part in the program and encourage others to do so? How much are they willing to budget for the program? What do they see as the benefits of the program for employees and the organization? And what kinds of activities are they willing to allow?

Benchmark data from competitors and descriptions of what other organizations are doing can help engender management support. Table 8 summarizes the health promotion policies, programs, priorities, and intentions of U.S. employers with 50 or more employees.[4] Informal surveys of key competitors and other similar organizations can provide additional information.

Of equal importance, the planning committee must consider the needs, interests, and expectations of program participants. This task is commonly accomplished through a brief survey, such as that included in Appendix 2. The questionnaire may ask about employee interest in various types of health promotion activities, the most convenient times and places to schedule activities, and/or suggested organizational changes to promote a more healthful work environment. It might also include a health risk appraisal (HRA) to determine current employee disease risks, ascertain the level

Table 8

1999 National Worksite Health Promotion Survey Summary[4]

Element	Percent Offering *
Health Education †	
Awareness Programs	
■ HIV/AIDS	42%
■ Prenatal care	63%
■ Nutrition/cholesterol	43%
■ Work/family balance	32%
Prevention Programs	
■ Back injuries	60%
■ Violence	41%
Lifestyle Behavior Change Programs	
■ Substance Abuse	65%
■ Stress Management	48%
■ Physical activity	46%
■ Smoking	40%
■ Weight control	38%
Demand Management Programs	
■ Nurse advice lines	45%
■ Self-care book and tools	34%
Disease Management Programs	
■ Back pain	44%
■ Depression	42%
■ Hypertension	35%
■ Diabetes	34%
■ Cancer	34%
■ Cardiovascular	32%
■ Asthma	28%
■ Obesity	25%
Screening Programs †	
■ Blood pressure	61%
■ Cholesterol	59%
■ Cancer	53%
■ Health risk assessment (HRA)	36%
Supportive Social and Physical Environment	
Formal Health and Safety Policies	
■ Illegal drugs	95%
■ Alcohol	94%
■ Tobacco	79%
■ Occupant protection	47%
On-site Fitness/Exercise Center	13%

** Information from 1,544 worksites with 50 or more employees in the continental US.*

† Offered either at worksite or through health plan

of interest in changing unhealthy behaviors, and collect baseline data that can later be used to help evaluate the program (for example, the percentage of employees who smoke or the percentage of employees who consider themselves in good health). Several excellent HRAs are available on the internet and are briefly described in Section V.

Finally, since the work environment is so influential, the planning committee may wish to periodically assess (or recommend that others assess) how well the organization is doing to support healthy behaviors on and off the job. An excerpt from one such survey is presented in Appendix 3. (Additional resources are listed in Section V.) Repeating the same survey over several years can help program planners evaluate the impact of specific organizational changes and help maintain management interest in ongoing health promotion activities.

3. Develop Mission Statement, Goals, and Objectives and Design the Program.

Once needs assessment data have been collected and reviewed, it is time to develop a mission statement for the program and to set specific goals and objectives.

A program **mission statement**, like an organizational mission statement, briefly lists the overarching values that drive the venture and the ultimate goals or accomplishments that the project will strive to achieve. It is often a good strategy to develop a mission statement for the health promotion program that closely supports the company mission statement. For example, if a company's mission is to be "the best" or "among the best" in a particular field, then the mission statement for the health promotion program might read, in part: "Recognizing that employees perform their best when they are healthy, and that optimal employee performance is necessary for the company to be a leader in its field, the health promotion program aims to improve employee health and wellbeing."

Goals are statements of broad, long-term accomplishments expected from the program. The most effective goals are realistic and reflect the needs of top managers, as well as lower-level employees. Ideally, goals should be unambiguous, time-limited, and stated in such a way that it is easily possible to determine whether or not they have been achieved. In fact, assessing the achievement of goals is an important part of program evaluation. Examples are:

- reduce the prevalence of employee smoking from 30% to 25% by the end of the next fiscal year;
- reduce the overall use of sick leave by at least 2% from the previous year, after the first full year of program operation; and
- improve employees' satisfaction with the company, as measured by employee satisfaction surveys conducted before and after the first full year of program operation. Increase the average score by at least 10%.

Objectives are statements of expected short-term accomplishments related to one or more program goals. Like goals, they should be written in such a way that program planners can readily determine if they have been met. For example, objectives that might fall under the first goal statement listed above are:

- work with health plan to add smoking cessation benefits (including no-cost cessation counseling and pharmaceuticals) at plan renewal time;
- participate in the American Cancer Society's Great American Smoke-Out this November; and
- implement a smoke-free work policy by December 31.

For each objective, a list of more detailed action-steps must be developed. At this point, the planning committee may wish to obtain the commitment of specific individuals or departments to carry out certain tasks. Program options, including communications, screening and assessment, interventions (e.g., self-study, group classes, telephonic counseling and support groups) are all part of program design. Decisions about hiring program staff and/or selecting vendors often is considered during this planning phase.

4. Develop a Timeline and Budget.

Develop a **realistic** timeline to implement and evaluate the program. The timeline should incorporate any key target dates embedded in program objectives.

Health promotion programs are commonly kicked off or re-marketed at certain times of the year: the start of the year (when people are making new year's resolutions), the spring and the fall. As much as possible, try to avoid conflicts with established company events and seasonal busy times, such as heavy vacation or holiday periods. Also, allow sufficient lead time to schedule and adequately promote planned events.

The activities themselves should be scheduled at times that are convenient for potential participants. For example, it may be necessary to offer multiple sessions before and after work to meet the needs of shift workers. If family members are invited to participate, evening sessions may be necessary.

Of course, it takes resources to carry out the activities necessary to achieve program goals. Typically, an internal staff person—with input from the planning committee and management—develops a program **budget**. The budget can include salaries for staff who will implement the program and/or manage health promotion vendors, administrative resources, program materials, and vendor costs. An accurate and comprehensive budget will allow the planning committee to better compare program costs and outcomes during the program evaluation. The total program budget could also be translated into a per employee cost or (eventually) a per participant cost.

In the best of all possible worlds, the planning committee can negotiate a budget that is adequate to accomplish the agreed-upon program goals and objectives. Employee cost-sharing for specific activities is also an option. Keep in mind that programs with moderate costs—$30 to $100 per employee per year—are more likely to demonstrate cost-savings.[61]

5. Select Incentives.

Most people know what lifestyle changes they should make, but lack the motivation to do so. Incentive programs attempt to build that motivation by offering individuals external rewards for taking steps in the right direction.

Incentives range from recognition in the employee newsletter for participating in the company baseball team to a certificate of achievement from management for completing a medical self-care class to a small monetary bonus for quitting smoking. They can also include contributions to a "health promotion medical savings account," merchandise awards (e.g., cups, t-shirts, etc.), extra time off from work, or travel awards. A common incentive for important behavior changes is a risk-rated premium contribution providing a 33% to 50% discount off the employee's premium contribution for dependent health care. (Non-smoker status is one of the primary attributes used in this risk-rated approach.)[62] Above all, know your audience; an incentive that will appeal to a truck driver may not appeal to an office worker.

6. Acquire Programmatic and/or Human Resources Support.

Many high quality program materials are available free or at low cost from voluntary health organizations, local public health departments, and state or national government agencies. In addition, pharmaceutical companies market disease management programs for many conditions, including diabetes, high blood pressure, weight management, and depression. Small employers can often recruit free speakers for health awareness activities (such as a monthly brown bag lunch talk) from local hospitals, public health departments, universities, voluntary health associations, and private physician practices. It may also be practical to offer health promotion programs in cooperation with health plan providers.

A list of select program resources is included in Section V.

7. Market the Program.

Marketing a health promotion program is extremely important, both to make people aware that the program exists and to motivate them to take advantage of it. Obviously, company goals and objectives will not be met if few or no employees participate.

The planning process itself can be a powerful marketing tool. For example, broad employee involvement in planning fosters a sense of ownership of the program. Selection of a creative name or theme for the health promotion program often excites interest. A good needs assessment identifies health issues and program activities in which workers are already interested. Dedicated planning committee members are natural program spokespersons.

Beyond the planning process itself, specific marketing techniques will vary, depending on the size of the worksite, the channels of communication available, and the program budget. An endorsement of the program from the company president, executive director, and/or senior manager is an effective marketing technique and is cost-free. E-mail, bulletin board, and/or newsletter announcements are also free or inexpensive. Perhaps the best marketing tools of all, however, are pleased program participants who advertise for you via word-of-mouth.

These and other tips to increase participation are summarized in Table 9

8. Implement the Program.

Program implementation involves putting the plan into action. It may necessitate making arrangements with health promotion vendors, recruiting speakers, negotiating with health plans or health clubs, scheduling health promotion activities, and more. To some extent, implementation, marketing, acquiring resources, and evaluation can all occur simultaneously. A good rule of thumb is to begin the program slowly and to lead off with those activities most likely to succeed.

Table 9

Tips to Increase Participation

Involve people in planning. Ensuring good participation starts with the program planning process. Broad employee involvement stimulates interest and ownership of the program; it's contagious. Encourage advisory committee members talk up the program informally, even before a program starts. Word of mouth is often the best marketing device.

Ask people what they want and give it to them. A needs assessment survey builds a sense of anticipation and excitement that can help increase participation. Failure to understand the needs and interests of potential program participants will almost assure low program participation rates.

Make the program fun. People enjoy doing what is fun. Use balloons, flowers, and music to create a festive atmosphere for health fairs or health screening activities.

Provide incentives. Well-conceived incentives can be expected to increase program participation rates by 12% to 35%. Incentives can also encourage the completion or attendance at multiple program sessions and help participants adhere to long-term behavior change.[62]

Publicize the program all different ways. Use multiple upbeat methods to promote the program to potential participants including bulletin boards, pamphlets, payroll inserts, voicemail messages, electronic billboards, etc. A creative program name and logo will help to create a positive image that can help increase utilization.

Wow, the boss is doing it! Small business owners or top managers who participate in a program encourage others by their example. The general manager for a large refinery in Joliet, Illinois, frequently told employees that anyone can talk with him while he is working out on the treadmill where he works out virtually every morning. Cultivate support from all levels of management.

Remove barriers. Make health promotion and related activities easy to sign-up for and conveniently located.

Provide program choices. Don't just offer a group smoking cessation group program; also offer guided self-help programs like video or audiotapes and workbooks that employees with a long commute can use privately.

Ask how you're doing. Routinely measure program participants' satisfaction with the program content, instructors, logistical arrangements, and other program components. A simple evaluation can determine what participants liked best about the program what they liked least and also get suggestions for program improvement or new topics to address.

Why not? Ask some of the people who don't participate, why not? The answers to this simple question can help formulate strategies to help insure participation of non-participants.

For more ideas to increase participation search the online archive of Health Promotion Practitioner articles. Enter the term "participation" for many tips and ideas.http://www.hesonline.com/index.html [66]

9. Evaluate the Program.

A good program evaluation is not an afterthought, but is built into the planning process and into the budget. Ideally, it looks at information to examine both how well the program is working (*process measures*) and whether or not it is achieving expected results (*outcome measures*).

Process measures, such as participation counts and participant evaluations of individual activities, answer many questions about the basic operation of the program.

- Were all activities implemented as planned? If not, why not?
- Who is using the program?
- Which activities are most popular?
- Did the program meet the participants' needs?
- Are participants happy with class instructors, program materials, incentive choices, etc?

This information can be used to modify the program to enhance participation and participant satisfaction.

Outcome measures, on the other hand, gauge the extent to which specific program goals have been achieved. Did the prevalence of employee smoking decrease from 30% to 25% by the end of the fiscal year? Did it decrease at all? Did the number of employees who file disability claims because of lower back problems decline from an average of 3/month to an average of 1/month after health promotion activities were in place for 18 months?

Outcome data that demonstrate program success help to secure continued management support for the program. Outcome data that show program goals are not being achieved point to the need for changes.

Generally, if outcomes are not as expected, there are three possible causes.

1) The program was not implemented as planned (for example, no one participated).

2) The program was not well-designed to achieve the desired results (although it may have achieved other unintended positive results, such as improved employee morale).

3) Program goals were unrealistic given the resources available.

Whatever the reason(s), this information is valuable and can be used to ensure future program success.

Finally, program costs and outcomes can be compared. For example, if a firm spends $3,600 on a health promotion program that reduces the number of employee sick days from 48/year to 12/year, the company has spent $100 for each day of unused sick leave (not considering any other positive program outcomes).

(Self-insured firms, those that pay directly for employee healthcare, can also compare program costs to healthcare costs.)

Check Section V for a list of workbooks that discuss practical strategies to address evaluation challenges.

10. Modify the Program As Needed.

Health promotion programs are not static, but change along with the needs and interests of employees and employers. Both evaluation data and periodic needs assessment surveys provide crucial information to guide program changes. In addition, it is useful to ask people who are not participating in health promotion activities why they are not participating.

SECTION V:

Resources

This section lists many resources related to worksite health promotion program. Included are textbooks, workbooks, and manuals that provide detailed information to help plan, implement, and evaluate a comprehensive health promotion program. Contact information for several national non-profit health organizations and federal agencies that provide worksite health promotion materials and programs is also included. For the most part, resource listings include the URL for internet access to product or ordering information. Contact information is also provided for federal, state, and non-profit organizations that offer helpful information and/or materials. Most resources include a brief summary.

Inclusion in the resources section should not be construed as endorsement by Partnerships for a Healthy Workforce. This list is intended merely as a helpful sampling of known materials and organizations pertinent to worksite health promotion that can be used as a starting point for identifying and gathering other helpful resources. Organizations listed may discontinue or revise materials from time to time; all of the items listed may not be readily available, or offered in the price range cited. All additions or corrections should be brought to the attention of:

Healthy Workforce 2010
Partnerships for a Healthy Workforce
Partnership for Prevention
1233 20th St., NW, Suite 200
Washington, DC 20036

Partnerships for a Healthy Workforce staff are familiar with and have personally used many of the resources included in this section, but the listing is by no means complete. Readers are encouraged to use this section as a starting point to discover additional resources.

Health Promotion Program Planning Publications

Approximate price information is included as a convenience for readers. Please note, however, that approximate prices exclude shipping and handling and reflect the information available as of June 2001.

Comprehensive Wellness Program Manual

Hope Health

This free manual, posted on the corporate side of the Hope Health website, provides brief, but practical recommendations for wellness programming at the worksite.

350 E. Michigan Ave., Suite 301, Kalamazoo, MI 49007
(616) 343-0770
http://www.hopehealth.com/
Price Category: 0

Design of Workplace Health Promotion Programs, 5th Edition

By Michael P. O'Donnell

This workbook describes a comprehensive process for designing workplace health promotion programs. Many useful figures and tables are included: best programs for specific health and organizational problems, questions to pose in interviews with top management, sample employee questionnaires, etc. The fifth edition has been updated to reflect the characteristics of the best workplace health programs identified through a nationwide benchmarking study.

1660 Cass Lake Rd., Suite 104, Keego Harbor, MI 48320-1036
(248) 682-0707
http://healthpromotionjournal.com/publications/index.htm
Price Category: 1

Price Scale:

0 = Free

1 = $50 or less

2 = $51 to $100

3 = More than $100

Guidelines for Employee Health Promotion Programs

Association for Worksite Health Promotion

A guide for corporate health promotion professionals that describes four phases of an employee health promotion initiative: initial planning, conceptual definition, implementation, and evaluation. Also discusses 10 quality standards for a successful program, with an emphasis on programs that include fitness facilities.

Human Kinetics Publishers
P.O. Box 5076, Champaign, IL 61825-5076
(800) 747-4457
http://humankinetics.com/products/books/index.cfm
Price Category: 1

Health Promotion in the Workplace, 3rd Edition

Edited by Michael P. O'Donnell

This textbook is a top professional health promotion reference. It will be most valuable to professionals working in business settings to develop, manage, or supervise health promotion programs. The book is also used as a college text.

American Journal of Health Promotion
(248) 682-0707
http://healthpromotionjournal.com/publications/index.htm
Price Category: 2

Health Promotion Sourcebook for Small Businesses

This 200+ page manual contains practical advice and many resources to build a wellness program in a small business setting.

Wellness Councils of American (WELCOA)
(402) 527-3590
http://welcoa.org/
Price Category: 1

Human Kinetics

Publishes a wide variety of resources about all aspects of physical activity primarily for health professionals. Human Kinetics is the official publisher for the YMCA resources on various fitness topics.

P.O. Box 5076, Champaign, IL 61825-5076
(800) 747-4457
http://humankinetics.com/

Planning Wellness: Getting off to a Good Start

By Larry S. Chapman

Practical and time-tested advice on virtually every important aspect of worksite wellness programming is included in this workbook. Much of the content comes from more than 400 employee wellness programs in a wide variety of public and private employer settings.

Summex Corporation
P.O. Box 55056, Seattle, WA 98155
(206) 368-9719
www.summex.com/guides.html
Price Category: 1

Small Employers: Options for Implementing Wellness

By Larry S. Chapman

While this workbook is geared primarily to small businesses, the information is relevant to employers of any size who are interested in low-cost program options.

Summex Corporation
P.O. Box 55056, Seattle, WA 98155
(206) 368-9719
www.summex.com/guides.html
Price Category: 1

Worksite Health Promotion

By David H. Chenoweth

This textbook presents an integrated, step-by-step approach to plan, implement, and evaluate worksite health programs in a variety of settings. Four sections include an overview of the historical development of health promotion, a planning framework to set up and manage a successful program, ideas addressing specific health needs (mental health, smoking cessation, etc.), and information specifically for small and multi-site companies.

Human Kinetics Publishers
P.O. Box 5076, Champaign, IL 61825-5076
(800) 747-4457
Price Category: 1

Price Scale:

0 = Free

1 = $50 or less

2 = $51 to $100

3 = More than $100

Other Worksite Health Promotion-Related Publications

Critical Issues in Worksite Health Promotion

By David M. Dejoy, Mark G. Wilson

This textbook focuses on several critical issues associated with worksite health promotion programming: integrating health promotion into an organization's total health care strategy, addressing specific programming challenges, and dealing with the ongoing and unforeseen changes in American workplace health benefits.

Available at www.amazon.com
Price Category: 1

Economic Impact of Worksite Health Promotion

By Joseph P. Opatz

An excellent reference for professionals in the workplace responsible for worksite wellness. This book was developed through the expertise of the Association for Worksite Health Promotion (AWHP) and is also used as a college text.

Human Kinetics Publishers
P.O. Box 5076, Champaign, IL 61825-5076
(800) 747-4457
http://humankinetics.com/products/books/index.cfm
Price Category: 1

Health Promotion for All: Strategies for Reaching Diverse Populations at the Workplace

By Stephen Ramirez

Discusses how health promotion and diversity are linked and what can be done to remove the barriers that prevent racial and ethnic employee groups from participating in your worksite wellness program.

Wellness Councils of American (WELCOA)
(402) 527-3590
http://welcoa.org/
Price Category: 1

Health Promotion Ideas That Work

By Timothy Glaros

Discusses 84 inexpensive and easy-to-implement ideas to boost program participation. Each idea in the book is presented in an easy-to-reference layout. Also includes ideas that are great for various holidays and seasons.

Human Kinetics Publishers
P.O. Box 5076, Champaign, IL 61825-5076
(800) 747-4457
http://humankinetics.com/products/books/index.cfm
Price Category: 1

How to Beg, Borrow and Barter for Low-Cost Wellness Programs

By Julie A. Friedman

Looks beyond ordinary ways of supporting health promotion programs and focuses on low-cost ideas for employers.

Growing Health Publications.
(310) 456-9722
jfriedman@kagon.net
Price Category: 1

Key Documents: Useful Forms for Your Wellness Program

By Larry S. Chapman

Provides ready-to-use program documents that help reduce program development time.

Summex Corporation
P.O. Box 55056, Seattle, WA 98155
(206) 368-9719
www.summex.com/guides.html
Price Category: 1

Mental Wellness: Addressing Mental and Spiritual Health at Work

By Larry S. Chapman

Presents practical tips for adding a mental or spiritual component to wellness programs.

Summex Corporation
P.O. Box 55056, Seattle, WA 98155
(206) 368-9719
www.summex.com/guides.html
Price Category: 1

Price Scale:

0 = Free

1 = $50 or less

2 = $51 to $100

3 = More than $100

Other Worksite Health Promotion-Related Publications, continued

Population Health Management: Optimal Approaches for Managing the Health of Defined Populations

By Larry S. Chapman

Provides a framework and detailed description of the new technology and associated methods available to proactively manage the health of any group, including employees, family members, and members of health plans.

Summex Corporation
P.O. Box 55056, Seattle, WA 98155
(206) 368-9719
www.summex.com/guides.html
Price Category: 1

Program Evaluation: A Key to Wellness Program Survival

By Larry S. Chapman

Reviews the fundamentals of program evaluation and explores practical strategies to evaluate worksite wellness programs.

Summex Corporation
P.O. Box 55056, Seattle, WA 98155
(206) 368-9719
www.summex.com/guides.html
Price Category: 1

Using Wellness Incentives: Positive Tools for Healthy Lifestyles

By Larry S. Chapman

Over 250 creative ideas to effectively use incentives as part of a wellness program, including an in-depth discussion of options for linking wellness with employee benefits.

Summex Corporation
P.O. Box 55056, Seattle, WA 98155
(206) 368-9719
www.summex.com/guides.html
Price Category: 1

Worksite Wellness: Presenting the Business Case

By Larry S. Chapman

Provides ideas for presentation visuals and suggests comments to be made in presentations to senior managers or administrators making the business case for worksite health promotion. The materials are applicable to both private and public employers.

Summex Corporation
P.O. Box 55056, Seattle, WA 98155
(206) 368-9719
www.summex.com/guides.html
Price Category: 1

Journals/Newsletters/Magazines

AWHP's Worksite Health

This is the first magazine written for practicing worksite health promotion professionals. Published by the Association for Worksite Health Promotion (AWHP), it includes how-to articles, case studies, business analyses, industry news, and product/service information, plus a special section for peer-reviewed research articles. A free subscription is provided with AWHP membership.

60 Revere Drive, Suite 500, Northbrook, IL 60062
Telephone: (847) 480-9574
http://www.awhp.org/
Price Category: 2

Business & Health

Published 10 times a year, Business & Health analyzes and advises on the design and delivery of health benefits and the creation and maintenance of healthy and productive workplaces. Typical topics are quality-of-care measures, workplace safety, cost-effectiveness, disease management, health plan design and administration, and the impact of laws and regulations affecting employee benefits.

Five Paragon Drive, Montvale, NJ 07645-1742
www.businessandhealth.com
Price Category: 2

Price Scale:

0 = Free

1 = $50 or less

2 = $51 to $100

3 = More than $100

Journals/Newsletters/Magazines, continued

The American Journal of Health Promotion

This peer-reviewed journal is devoted exclusively to health promotion. Published bimonthly, it presents original research, literature reviews, editorials, and case studies on the full spectrum of health promotion topics: fitness, nutrition, weight control, stress management, smoking cessation, medical self-care, demand management, mind/body health, health policy, employee assistance programs, underserved populations, and much more.

1660 Cass Lake Road, Suite 104, Keego Harbor, MI 48320
(248) 682-0707
www.healthpromotionjournal.com
Price Category: 2

The Art of Health Promotion

A quarterly newsletter that bridges the gap between health promotion research and practice. Includes information that is both scientifically sound and applicable to real world situations. Sure to be helpful to health promotion program managers.

1660 Cass Lake Road, Suite 104, Keego Harbor, MI 48320
(202) 682-0707
www.healthpromotionjournal.com
Price Category: 2

Organizations and Helpful Websites

AARP

Offers many articles, tips and resources on a variety of health promotion topics for midlife adults, including Activating Ideas: Promoting Physical Activity Among Older Adults and Fitness After 50. Website includes many useful links.

601 E St., NW, Washington, DC 20049
(800) 424-3410
http://www.aarp.org/healthguide/

American Association for Active Lifestyles and Fitness (AAALF)

AAALF's mission is to promote active lifestyles and fitness for all individuals by facilitating the application of diverse professional interests through knowledge expansion, information dissemination, and collaborative efforts.

1900 Association Drive, Reston, VA 201291-1599
(800) 213-7193
http://www.aahperd.org/aaalf/aaalf_main.html

American College of Sports Medicine (ACSM)

Many resources geared to employees and family members and health promotion professionals. Single copies of many brochures are available free of charge by sending a self-addressed, stamped, business-sized envelope. Titles include Eating Smart, Even When You're Pressed for Time, Exercise Your Way to Lower Blood Pressure, Fitting Fitness in, Even When You're pressed for Time and many others. Professional resources such as Health/Fitness Facility Standards and Guidelines provide guidelines and criteria for establishing and maintaining a safe and proper fitness facility.

401 W. Michigan St., Indianapolis, IN 46202-3233
(317) 637-9200
http://www.acsm.org/

Association for Worksite Health Promotion (AWHP)

A not-for-profit organization that links worksite health promotion professionals willing to share the methods and technologies necessary to initiate a successful health promotion program.

60 Revere Drive, Suite 500, Northbrook, IL 60062
Telephone: (847) 480-9574
http://www.awhp.org/

Price Scale:

0 = Free

1 = $50 or less

2 = $51 to $100

3 = More than $100

Cooper Institute

Founded in 1970 by Kenneth H. Cooper, M.D., M.P.H, the Cooper Institute is involved in preventive medicine research and education. It offers training and certification programs for fitness leaders and health professionals. Also designs and delivers worksite health promotion programs to corporations, school systems, and public safety organizations The Walking Handbook, covers seven steps for planning and implementing a personal walking program

12330 Preston Road, Dallas Texas 75230
(972) 341-3200
http://www.cooperinst.org/default.asp

Health Enhancement Research Organization (HERO)

A national coalition of employers interested in employee health enhancement and disease management research and the association between employee health and productivity.

3500 Blue Lake Drive, Suite 270, Birmingham, AL 35243
www.the-hero.org

National Business Coalition on Health

Provides expertise, resources, and a voice to nearly 100 member coalitions across the country, collectively representing more than 8,000 employers. "Value-based health care," that is, obtaining the highest quality health care at the most reasonable cost, is a primary focus.

1015 18th Street, NW, Suite 450, Washington, D.C. 20036
(202) 775-9300
www.nbch.org

National Wellness Institute (NWI)

Formerly called the National Wellness Association, NWI's mission is to serve the professionals and organizations that promote optimal individual and community wellness. NWI offers many worksite wellness materials and sponsors the national wellness conference held annually in Stevens Point, WI.

P.O. Box 827, Stevens Point, WI 54481-0827
(800) 244-8922
www.nationalwellness.org

Shape Up America!

Involving a broad-based coalition of industry, medical/health, nutrition, physical fitness, and related groups, Shape Up America! is a national initiative to promote healthy weight and increased physical activity. The website offers handy tools to assess individuals' activity and fitness levels, as well as information about the benefits of exercise, and tips to overcome common barriers to increased physical activity.

http://www.shapeup.org/

Society for Prospective Medicine (SPM)

SPM members come from corporate medical and health promotion departments, health maintenance organizations, health departments, labor groups, colleges, and other settings. Members share an interest in health assessment and risk reduction program. Publishes the Handbook of Assessment Tools, which, according to the SPM website, is an objective comparison of commercially available health assessment tools.

http://www.spm.org/default.htm

Price Scale:

0 = Free

1 = $50 or less

2 = $51 to $100

3 = More than $100

Organizations and Helpful Websites, continued

Washington Business Group on Health (WBGH)

A non-profit membership organization of 160 large national and multinational employers. WBGH works to foster corporate leadership to promote performance-driven health care systems and competitive markets that really improve the health and productivity of companies and communities.

50 F Street, NW, Suite 600, Washington, DC 20001
(202) 628-9320
www.wbgh.org

Wellness Councils of America (WELCOA)

WELCOA offers a step-by-step blueprint to help employers design and implement worksite wellness programs, and also recognizes excellence in worksite health promotion via its prestigious awards program.

9802 Nicholas Street, Suite 315, Omaha, NE 68114
(402) 827-3590
www.welcoa.org

Health Risk Appraisals

Society for Prospective Medicine (SPM)

Sponsors and publishes the Handbook of Assessment Tools, which according the SPM website is an objective presentation and comparison of commercially available health assessment tools

http://www.spm.org/default.htm

Self-Care Handbooks

Self-care books provide information to help with most basic decisions about prevention, self-care, and when to call a doctor. Books commonly cover common health problems with easy to use charts that show you how to treat problems at home as well as when you should see a doctor. Most books cover emergencies, common injuries, and problems with ears, nose, throat, eyes, and mouth. Information on skin problems and childhood diseases, bones, muscles and joints, chest and abdominal symptoms, generalized problems like fever, stress and addictions, women's health and sexual problems and questions are also addressed in many self-care texts. Ask publisher for special prices for bulk quantities for distribution to employees.

Health at Home: Your Complete Guide to Symptoms, Solutions & Self-Care

By Don R. Powell and the American Institute for Preventive Medicine

American Institute for Preventive Medicine Press
30445 Northwestern Hwy., Suite 350, Farmington Hills, MI 48334-3102
(248) 539-1800
e-mail: aipm@healthy.net
Price Category: 1

Healthwise Handbook: A Self-Care Guide for You

By Donald W. Kemper

Healthwise, Incorporated
2601 North Bogus Basin Road, Boise, Idaho 83702
(800) 706-9646
http://www.healthwise.org/p_self-care.html
Price Category: 1

Price Scale:

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1 = $50 or less

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3 = More than $100

Self-Care Handbooks

Informed AdvantAge: A Resource Guide for Healthy Aging

By George J. Pfeiffer

WorkCare Press
P.O. Box 2053, Charlottesville, VA 22902
(804) 977-7525
Price Category: 1

Take Care of Yourself: The Complete Illustrated Guide to Medical Self-Care

By Donald M. Vickery and James F. Fries

http://www.amazon.com
Price Category: 1

Wise Health Consumers: Resources and Tools for Employers

By Larry S. Chapman

Includes practical insights and identifies resources to help plan and implement a cost-effective, wise consumer component to a worksite health promotion program.

Summex Corporation
P.O. Box 55056, Seattle, WA 98155
(206) 364-3448
www.summex.com/guides.html
Price Category: 1

Workcare: A Resource Guide for the Working Person

By George J. Pfeiffer and Judith A. Webster

This manual is intended to increase awareness of occupational-related issues that effect employees today.

WorkCare Press
P.O. Box 2053, Charlottesville, VA 22902
(804) 977-7525
Price Category: 1

Health Promotion Websites

There are hundreds and hundreds of health promotion websites that provide information and resources for employers and employees interested in virtually any area of health. This is both a boon and a bane, as it can be difficult to separate out the quality sites with credible, scientific information. A good place to start is with official governmental agencies and nationally-known organizations, such as those listed below.

Governmental Websites

Centers for Disease Control and Prevention (CDC)

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition and Physical Activity

National Center for Chronic Disease Prevention and Health Promotion

Offers many physical activity and health-related electronic or printed publications that can be obtained on the website, including: Physical Activity and Health: A Report of the Surgeon General, that specifically addresses physical activity and health. Employees and family members can benefit from The Personal Energy Plan or PEP, a 12-week self-directed, worksite program to promote healthy eating and moderate physical activity. The program materials include workbooks for healthy eating and physical activity targeting employees based on their readiness to change. A coordinator's kit, promotional brochures, and posters are also included in the program.

4770 Buford Highway, NE, MS/K-24, Atlanta GA 30341-3717
(770) 488-5820
http://www.cdc.gov/nccdphp/dnpa/index.htm

Combined Health Information Database (CHID)

Disease Prevention File

CHID is a bibliographic database produced by health-related agencies of the federal government that provides titles, abstracts, and availability information for health information and health education

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resources. A wealth of health promotion and education materials and program descriptions can be found on this site. New records added quarterly and current listings are checked regularly to help ensure that entries are up to date and still available from their original sources.

http://chid.nih.gov/welcome/welcome.html

Federal Trade Commission (FTC)

The FTC Consumer Response Center has several publications, including Setting Goals for Weight Loss, that contain information on proven weight loss strategies and programs.

Consumer Response Center, 600 Pennsylvania Avenue, NW, Washington, DC 20580
(202) FTC-HELP
http://www.ftc.gov/bcp/menu-health.htm

Healthfinder®

A free guide to reliable health information provided by the U.S. Department of Health and Human Services with links to many health-related websites.

http://www.healthfinder.gov

MEDLINEplus

This site is a gold mine of up-to-date, quality health care information from the world's largest medical library, the National Library of Medicine at the National Institutes of Health. MEDLINEplus is for anyone with a medical question. Both health professionals and consumers can depend on it for accurate, current, medical information. Access extensive information about specific diseases and conditions; links to consumer health information from the National Institutes of Health, dictionaries, lists of hospitals and physicians, health information in Spanish and other languages, and clinical trials. There is no advertising on this site, nor does MEDLINEplus endorse any company or product.

http://medlineplus.gov

National Heart, Lung, and Blood Institute (NHLBI)

Offers publications for patients and the public on a variety of health topics, including, asthma, cholesterol, heart disease, high blood pressure, obesity and physical activity, smoking and many resources on women's health issues. Check out NHLBI's publication list at:

http://www.nhlbi.nih.gov/health/pubs/pub_gen.htm

National High Blood Pressure Education Program (NHBPEP)

The NHBPEP's redesigned website has several new resources to help consumers control their blood pressure, including interactive quizzes, healthy eating tips, and information on other behaviors that contribute to high blood pressure. The NHBPEP is coordinated by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health.

http://www.nhlbi.nih.gov/hbp

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

Access the NIDDK website for health education programs related to diabetes and weight control.

31 Center Drive, Bethesda, MD 20892
http://www.niddk.nih.gov/

National Center for Chronic Disease Prevention and Health Promotion

Tobacco Information and Prevention Source (TIPS)

Get Surgeon General reports, information on how to quit smoking, and other educational materials. Find out about stop-smoking campaigns and events, and search the smoking and health database. Many useful related links.

http://www.cdc.gov/tobacco/index.htm

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Health Promotion Websites, continued

Office on Women's Health (OWH)

In the Department of Health and Human Services, OWH is the champion and focal point for women's health issues and supports culturally sensitive educational programs that encourage women to take personal responsibility for their own health and wellness. Publishes fact sheets, resource papers and articles for the scientific and popular press on a variety of issues concerning women's health.

200 Independence Avenue, SW Room 730B,
Washington, DC 20201
(202) 690-7650
http://www.4woman.gov/owh/index.htm

U.S. Department of Agriculture – Center for Nutrition Policy and Promotion

One click of your mouse will download the official Dietary Guidelines for Americans. This is a public domain document, which means that you can print out copies for employees as part of a nutrition education activity. The website also includes the "Interactive Healthy Eating Index," a dietary assessment tool, and the food guide pyramid, which visually illustrates healthy food choices.

http://www.usda.gov/cnpp/

Other Health Websites

More than 22 million adults in the United States used the Internet to search for health and medical information as of December 1998. Twenty-nine percent of all Americans use the Internet for medical information, with about 70 percent of this group doing so prior to visiting the doctor. Most of these users search for information about diseases. While the internet provides a powerful tool for finding health information, the Federal Trade Commission (FTC) warns that hundreds make deceptive, unproven and fraudulent claims. The FTC suggests consumers use the following tips for evaluating any health claim. If it sounds too good to be true, it probably is. Be on the lookout for the typical phrases and marketing techniques fraudulent promoters use to deceive consumers.

- The product is advertised as a quick and effective cure-all for a wide range of ailments.
- The promoters use words like *scientific breakthrough, miraculous cure, exclusive product, secret ingredient or ancient remedy.*
- The text is written in "medicalese" — impressive-sounding terminology to disguise a lack of good science.
- The promoter claims the government; the medical profession or research scientists have conspired to suppress the product.
- The advertisement includes undocumented case histories claiming amazing results.
- The product is advertised as available from only one source.[63]

Consumer education information is available from the FTC's website http://www.ftc.gov

Check out medical products or services offered on the internet with physicians, pharmacists and other health care professionals, or use sites that are associated with known credible medical organizations. Most health plans have websites that offer health promotion and other resources such as self-care and nurse lines.

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Other Health Websites

The Benfield Group. LLC

Allows one-stop-shopping for information about online health management. A comprehensive vendor and product inventory can be downloaded free.

www.thebenfieldgroup.com

Take Action!

Take Action! is a 10-week worksite health program free to businesses compliments of the California Health Promotion Collaborative, a group of local and regional health promotion organizations throughout California. Visit the website to review the program and download one of three program packets. The coordinator packet covers procedures to launch and evaluate the program. All of the Take Action! materials available on this site are formatted for easy and attractive printing in color or black & white from your office printer. The pages are 8.5 x 11 in size, and each packet contains approximately 15 pages, including introductory materials, goal-setting worksheets, ideas, reporting forms, and evaluation forms. The site includes other useful links such to review abstracts of current research on the strong relationship between health and productivity.

www.ca-takeaction.com

Nonprofit Voluntary Health Organizations

Non-profit voluntary health organizations offer high quality, credible information, and resources addressing virtually all of the Healthy Workforce Objectives for employers. Resources range from educational materials that can be distributed to employees, to packaged worksite health promotion programs, to guest speakers. And best of all for small employers, the materials are often free or inexpensive.

For example, the American Heart Association offers a state-of-the-art, web-based product called "One of a Kind." The program helps people identify factors that place them at risk for future illness and then provides individually-tailored information to address those factors.

Non-profit health organizations usually have both a national office and local chapters or affiliates. Employers can contact either one for more information.

American Cancer Society

Prevention and awareness materials available to the general public on early detection, tobacco and other topics.

1599 Clifton Road NE, Atlanta, GA 30329
(800) ACS-2345
http://www.cancer.org/

American Dietetic Association

Produces nutrition fact sheets and other publications, such as Dieting for Dummies.

Consumer Education Team
216 West Jackson Boulevard, Chicago, IL 60606
(800) 877-1600, ext. 5000 for other publications or
(800) 366-1655 for recorded food/nutrition messages
http://www.eatright.org/

Price Scale:

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American Heart Association (AHA)

Get accurate information on heart disease and stroke, America's leading killers. A family health section includes information on nutrition and exercise, programs and books. The risk awareness section helps determine personal risk. The "One Of A Kind" personalized health management program can help employees' lower risk of heart attack and stroke. The program is free and is tailored to individual needs.

http://www.americanheart.org/

American Institute for Cancer Research (AICR)

AICR's Educational Services program provides reliable, accurate and current information on a variety of subjects related to diet, nutrition, and the prevention and treatment of cancer.

1759 R Street NW, Washington, DC 20009
(800) 843-8114 (202) 328-7744 in DC)
email: aicrweb@aicr.org
http://www.aicr.org/aicr.htm

American Lung Association (ALA)

Click on "Occupational Health" for tobacco control information for employers, including a fact sheet on workplace smoking policies and resources to help employees quit smoking. Hotlinks to other helpful sites are also included.

1740 Broadway, New York, NY 10019
(212) 315-8700
http://www.lungusa.org/

National Council on Alcoholism and Drug Dependence (NCADD)

Founded in 1944 by Marty Mann, the first woman to find long-term sobriety in Alcoholics Anonymous, NCADD provides education, information, help and hope to the public. It advocates prevention, intervention and treatment through offices in New York and Washington, and a nationwide network of Affiliates.

20 Exchange Place, Suite 2902, New York, NY 10005
(212) 269-7797
HOPE LINE: 800/NCA-CALL (24-hour Affiliate referral)
national@ncadd.org
http://www.ncadd.org

State Healthy People Contacts

Every U.S. jurisdiction (including states, territories, and the District of Columbia) has a health official designated as a "Healthy People" contact. This person is generally a health promotion expert, responsible for encouraging health promotion activities within the jurisdiction and for tracking progress toward achieving the Healthy People objectives (both the national objectives discussed in this sourcebook, as well as specially adapted state objectives).

How can state *Healthy People* contacts help businesses? In three ways:

1. Offer expert advice and/or materials related to specific health promotion challenges (or refer you to an appropriate health expert who can).

2. Direct employers to local health promotion resources, such as worksite health promotion providers.

3. Identify opportunities for involvement in community-wide health promotion activities.

Think of your *Healthy People* contact as a health promotion ally. They want to help you.

The following list of *Healthy People* contacts is listed alphabetically by state and include website if available.

Alaska

Alice Rarig
Chief of the Data Evaluation Unit
Division of Public Health
Alaska Department of Health and Social Services
Alaska Office Building
Post Office Box 110618
Juneau, AK 99811-0618
araig@health.state.ak.us
Voice: 907-465-1285
Fax: 907-465-8637
http://www.hss.state.ak.us/dph/deu/projects/healthy/healthy.html

Alabama

Jim McVay
Director of Health Promotion and Chronic Disease
Alabama Department of Public Health
Post Office Box 303017
Montgomery, AL 36130-3017
jmcvay@adph.state.al.us
Voice: 334-206-5600
Fax: 334-206-5609
Voice: 334-271-6996
Fax: 334-317-9792
http://www.alapubhealth.org/

Arkansas

Christine Patterson
Director
Office of Minority Health
Arkansas Department of Health
4815 West Markham, Slot 22
Little Rock, AR 72205
cbpatterson@healthyarkansas.com
Voice: 501-661-2193
Fax: 501-661-2414

Healthy Arizona 2010 has an online partnership registration for businesses, community groups and others to register their local projects for affiliation with the state initiative. Projects must state how they related to the goals and objectives of the Healthy Arizona 2010 plan and agree to share their evaluation data. See http://www.hs.state.az.us/phs/healthyaz2010/submit.htm

State Healthy People Contacts, continued

American Samoa

Joseph Tufa
Director
Department of Public Health
Government of American Samoa
Pago Pago, AS 96799
jtufa@hotmail.com
Voice: 011-684-633-4606
Fax: 011-684-633-5379

Arizona

Geri Tebo
Healthy Communities Coordinator
Arizona Department of Health Services
2927 North 35th Avenue, Suite 100
Phoenix, AZ 85017
gtebo@hs.state.az.us
Voice: 602-542-1918
Fax: 602-542-1265
http://www.hs.state.az.us/phs/healthyaz2010/

California

Fred Richards
Research Analyst
Center for Health Statistics
Department of Health Services
304 S Street, 3rd Floor
Sacramento, CA 95814
frichard@dhs.ca.gov
Voice: 916-445-6338
Fax: 916-324-5599

Colorado

Chuck Bayard
Advisor, Executive Director
Colorado Department of Public Health and Environment
Office of Health
4300 Cherry Creek Drive South, OH-05 EDO
Denver, CO 80246-1530
chuck.bayard@state.co.us
Voice: 303-692-2015
Fax: 303-691-7702

Connecticut

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Director, Research and Planning
Office of Health Policy, Planning and Evaluation
Connecticut Department of Public Health
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Post Office Box 340308
Hartford, CT 06134-0308
michael.hofmann@po.state.ct.us
Voice: 860-509-7120
Fax: 860-509-7160

District of Columbia

Patricia Theiss
Public Health Advisor
District of Columbia Department of Health
825 North Capitol Street, N.E., Suite 2100
Washington, DC 20002
ptheiss@dchealth.com
Voice: 202-442-9039
Fax: 202-442-4833
http://www.phf.org/HPtools/state/DC/DC-HP2010-Plan.pdf

Delaware

Terrence Zimmerman, Ph.D.
Chief of Administration
Delaware Division of Public Health
Delaware Department of Health and Social Services
Jesse Cooper Building
Post Office Box 637
Dover, DE 19903-0637
tzimmerman@state.de.us
Voice: 302-739-3034
Fax: 302-739-3008
http://www.healthydelaware.com/hp20101.htm

Florida

William Alfred
Operations Management and Consultant Manager
Florida Department of Health
4052 Bald Cypress Way, Bin #A05
Tallahassee, FL 32399-1706
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Fax: 850-921-1898

State Healthy People Contacts, continued

Federated States of Micronesia

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Government of the Federated States of Micronesia
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Pohnpei, FM 96941
fsm.health@amail.fm
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Fax: 011-690-320-5263

Georgia

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Georgia Division of Public Health
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mbmindlin@dhr.state.ga.us
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Fax: 404-657-2715

Jack Kirby
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Georgia Department of Human Resources
2 Peachtree Street, N.W., Suite 15-470
Atlanta, GA 30303
jkirby@dhr.state.ga.us
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Fax: 404-657-2715

Guam

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Guam Department of Public Health and Social Services
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Hagatna, GU 96932
dennisr@mail.gov.gu
Voice: 011-671-735-7102
Fax: 011-671-734-5910

Hawaii

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Hawaii Department of Health
1250 Punchbowl Street, Room 227
Post Office Box 3378
Honolulu, HI 96801
phhsbg01@health.state.hi.us
Voice: 808-586-4438

Iowa

Louise Lex, Ph.D.
Program Coordinator, for Healthy Iowans
Division of Substance Abuse and Health Promotion
Iowa Department of Health
Lucas State Office Building, 3rd Floor
Des Moines, IA 50319-0075
llex@idph.state.ia.us
Voice: 515-281-4348
Fax: 515-281-4535
http://www.idph.state.ia.us/sa/h_ia2010/contents.htm

Idaho

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Administrator, Division of Health
Idaho Department of Health and Welfare
450 West State Street, Box 83720
Boise, ID 83702-0036
schultzr@idhw.state.id.us
Voice: 208-334-5945
Fax: 208-334-6581

Illinois

Patti Kimmel
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Illinois Department of Public Health
525 West Jefferson Street
Springfield, IL 62761
pkimmel@idph.state.il.us
Voice: 217-782-6235
Fax: 217-785-4308

Indiana

Hazel Katter, R.N., H.S.D., B.S.N., M.S.N.
Director, Local Liaison Office
Indiana State Department of Health
2 North Meridian Street, Section 8B
Indianapolis, IN 46204
hkatter@isdh.state.in.us
Voice: 317-233-7679
Fax: 317-233-7761

State Healthy People Contacts, continued

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Landon State Office Building, Room 901N
900 Southwest Jackson Street
Topeka, KS 66612-1290
dwilliam@kdhe.state.ks.us
Voice: 785-291-3743
Fax: 785-296-8059

Kentucky

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275 East Main Street, HS 1EB
Frankfort, KY 40621-0001
charles.kendell@mail.state.ky.us
Voice: 502-564-9592
Fax: 502-564-9205
http://chs.state.ky.us/publichealth/healthy%5Fky%5F2010.htm

Louisiana

Darlene W. Smith
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Health Policy Branch
Division of Epidemiology
Louisiana Office of Public Health
325 Loyola Avenue, Room 515
New Orleans, LA 70112
Voice: 504-568-5004
Fax: 504-568-8744
http://www.legis.state.la.us/leg_docs/99rs/CVT9/OUT/0000FRQ3.pdf

Massachusetts

Julia Bonavita
Director
Division of Prevention
Bureau of Family and Community Health
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Boston, MA 02108
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Fax: 617-624-6062

Maryland

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jenkinsj@dhmh.state.md.us
Voice: 410-767-5045
Fax: 410-333-7703
http://mdpublichealth.org/ohp/html/proj2010.html

Maine

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Bureau of Health, Programs Office
Maine Department of Human Services
157 Capitol Street, State House Station #11
Augusta, ME 04333-0011
dora.a.mills@state.me.us
Voice: 207-287-3201, Fax: 207-287-4631
http://janus.state.me.us/dhs/boh/healthyme2k/pdf/Introduction%20.Pages.pdf

Michigan

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http://www.mdch.state.mi.us/dch/chi/index.htm

State Healthy People Contacts, continued

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Fax: 651-296-9362
http://www.health.state.mn.us/divs/chs/phg/intro.html

Missouri

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Fax: 573-751-6041

Mississippi

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dbuchanan@msdh.state.ms.us
Voice: 601-576-7428
Fax: 601-576-7208

Montana

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Montana Department of Public Health and Human Services
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Post Office Box 202951
Helena, MT 59620
tharwell@state.mt.us
Voice: 406-444-1437
Fax: 406-444-7465
http://www.dphhs.state.mt.us/hpsd/pubheal/healplan/pdf/hadraft4.pdf

North Carolina

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Director, Office of Healthy Carolinians
Division of Public Health
North Carolina Department of Health and Human Services
1330 St. Mary's Street, Suite G1-103
1915 Mail Service Center
Raleigh, NC 22629-1915
mary.bobbitt-cooke@ncmail.net
Voice: 919-715-0416
Fax: 919-715-3144
http://www.healthycarolinians.org/GTF2010/hlthgoals.htm

North Dakota

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Nebraska

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New Hampshire

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New Hampshire Health and Human Services Department
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pbaum@dhhs.state.nh.us
Voice: 603-271-4828
Fax: 603-271-4160
http://www.healthynh2010.org/

State Healthy People Contacts, continued

New Hampshire, continued

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6 Hazen Drive
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mwells@dhhs.state.nh.us
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Fax: 603-271-4160

New Jersey

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APPENDIX 1

Healthy People 2010 Objectives Applicable to Worksites

Component 1: Health Education

Focuses on skill development and lifestyle behavior change in addition to information dissemination and awareness building, preferably tailored to employees interests and needs.

NO. †	PHYSICAL ACTIVITY AND/OR FITNESS PROGRAMS OR ACTIVITIES
22-1.	Reduce the proportion of adults who engage in no leisure-time physical activity. **Target:** 20 percent. **Baseline:** 40 percent of adults aged 18 years and older engaged in no leisure-time physical activity in 1997.
22-2.	Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. **Target:** 30 percent. **Baseline:** 15 percent of adults aged 18 years and older were active for at least 30 minutes 5 or more days per week in 1997 ‡
22-3.	Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion. **Target:** 30 percent. **Baseline:** 23 percent of adults aged 18 years and older engaged in vigorous physical activity 3 or more days per week for 20 or more minutes per occasion in 1997 ‡
22-4.	Increase the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance. **Target:** 30 percent. **Baseline:** 18 percent of adults aged 18 years and older performed physical activities that enhance and maintain strength and endurance 2 or more days per week in 1997 ‡
22-5.	Increase the proportion of adults who perform physical activities that enhance and maintain flexibility. **Target:** 43 percent. **Baseline:** 30 percent of adults aged 18 years and older did stretching exercises in the past 2 weeks in 1995 ‡
NO. †	**NUTRITION OR CHOLESTEROL EDUCATION**
12-13.	Reduce the mean total blood cholesterol levels among adults. **Target:** 199 mg/dL. **Baseline:** 206 mg/dL was the mean total blood cholesterol level for adults aged 20 years and older in 1988-94 ‡
12-14.	Reduce the proportion of adults with high total blood cholesterol levels. **Target:** 17 percent. **Baseline:** 21 percent of adults aged 20 years and older had total blood cholesterol levels of 240 mg/dL or greater in 1988-94 ‡
19-5.	Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit. **Target:** 75 percent. **Baseline:** 28 percent of persons aged 2 years and older consumed at least two daily servings of fruit in 1994-96 ‡
19-6.	Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or deep yellow vegetables. **Target:** 50 percent. **Baseline:** 3 percent of persons aged 2 years and older consumed at least three daily servings of vegetables, with at least one-third of these servings being dark green or deep yellow vegetables in 1994-96 ‡

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‡ (Age adjusted to the year 2000 standard population).

Component 1: Health Education, continued

NO. †	NUTRITION OR CHOLESTEROL EDUCATION
19-7.	Increase the proportion of persons aged 2 years and older who consume at least six daily servings of grain products, with at least three being whole grains. **Target:** 50 percent. **Baseline:** 7 percent of persons aged 2 years and older consumed at least six daily servings of grain products, with at least three being whole grains in 1994-96 ‡
19-8.	Increase the proportion of persons aged 2 years and older who consume less than 10 percent of calories from saturated fat. **Target:** 75 percent. **Baseline:** 36 percent of persons aged 2 years and older consumed less than 10 percent of daily calories from saturated fat in 1994-96 ‡
19-9.	Increase the proportion of persons aged 2 years and older who consume no more than 30 percent of calories from fat. **Target:** 75 percent. **Baseline:** 33 percent of persons aged 2 years and older consumed no more than 30 percent of daily calories from fat in 1994-96 ‡
19-10.	Increase the proportion of persons aged 2 years and older who consume 2,400 mg or less of sodium daily. **Target:** 65 percent. **Baseline:** 21 percent of persons aged 2 years and older consumed 2,400 mg of sodium or less daily (from foods, dietary supplements, tap water, and salt use at the table) in 1988-94 ‡
19-11.	Increase the proportion of persons aged 2 years and older who meet dietary recommendations for calcium. **Target** 75 percent. **Baseline:** 46 percent of persons aged 2 years and older were at or above approximated mean calcium requirements (based on consideration of calcium from foods, dietary supplements, and antacids) in 1988-94 ‡
NO. †	**WEIGHT MANAGEMENT OR COUNSELING**
19-1.	Increase the proportion of adults who are at a healthy weight. **Target:** 60 percent. **Baseline:** 42 percent of adults aged 20 years and older were at a healthy weight (defined as a body mass index (BMI) equal to or greater than 18.5 and less than 25) in 1988-94 ‡
19-2.	Reduce the proportion of adults who are obese. **Target:** 15 percent. **Baseline:** 23 percent of adults aged 20 years and older were identified as obese (defined as a BMI of 30 or more) in 1988-94 ‡
19-16.	Increase the proportion of worksites that offer nutrition or weight management classes or counseling. **Target:** 85 percent. **Baseline:** 55 percent of worksites with 50 or more employees offered nutrition or weight management classes or counseling at the worksite or through their health plans in 1998-99
NO. †	**SMOKING CESSATION CLASSES OR COUNSELING**
27-1.	Reduce tobacco use by adults. **Target and baseline:** Cigarette smoking — **1997 Baseline** 24% — **2010 Target** 12%
27-5.	Increase smoking cessation attempts by adult smokers. **Target:** 75 percent. **Baseline:** 41 percent of adult smokers aged 18 years and older stopped smoking for a day or longer because they were trying to quit in 1997 ‡
27-6.	Increase smoking cessation during pregnancy. **Target:** 30 percent. **Baseline:** 14 percent smoking cessation during the first trimester of pregnancy in 1991 ‡
NO. †	**BLOOD PRESSURE CLASSES OR COUNSELING**
12-10.	Increase the proportion of adults with high blood pressure whose blood pressure is under control. **Target:** 50 percent **Baseline:** 18 percent of adults aged 18 years and older with high blood pressure were taking action to control it in 1998 (preliminary data; age adjusted to the year 2000 standard population)

Component 1: Health Education, continued

NO. † BLOOD PRESSURE CLASSES OR COUNSELING, CONTINUED

12-11. Increase the proportion of adults with high blood pressure who are taking action (for example, losing weight, increasing physical activity, and reducing sodium intake) to help control their blood pressure.
Target: 95 percent.
Baseline: 82 percent of adults aged 18 years and older with high blood pressure were taking action to control it in 1998 (preliminary data; age adjusted to the year 2000 standard population)

NO. † STRESS MANAGEMENT CLASSES OR COUNSELING

20-9. Increase the proportion of worksites employing 50 or more persons that provide programs to prevent or reduce employee stress.
Target: 50 percent.
Baseline: 37 percent of worksites with 50 or more employees provided worksite stress reduction programs in 1992

NO. † ALCOHOL OR DRUG ABUSE SUPPORT PROGRAMS

26-8. Reduce the cost of lost productivity in the workplace due to alcohol and drug use. (Developmental)
Potential data source: Periodic estimates of economic costs of alcohol and drug use, NIH, NIAAA and NIDA.

26-10c. Reduce the proportion of adults using any illicit drug during the past 30 days.
Target: 2.0 percent.
Baseline: 5.8 percent of adults aged 18 years and older used any illicit drug during the past 30 days in 1997

26-11c. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.

Target and Baseline:	1997 Baseline	2010 Target
Adults aged 18 years and older	16	6

26-12. Reduce average annual alcohol consumption.
Target: 2 gallons.
Baseline: 2.18 gallons of ethanol per person aged 14 years and older were consumed in 1996

26-13. Reduce the proportion of adults who exceed guidelines for low-risk drinking.

	1992 Baseline	2010 Target
Females	72	50
Males	74	50

NO. † WORKPLACE INJURY PREVENTION PROGRAMS

2-11. Reduce activity limitation due to chronic back conditions.
Target: 25 adults per 1,000 population aged 18 years and older.
Baseline: 32 adults per 1,000 population aged 18 years and older experienced activity limitations due to chronic back conditions in 1997. ‡

15-19. Increase use of safety belts.
Target: 92 percent.
Baseline: 69 percent of the total population used safety belts in 1998.

20-2. Reduce work-related injuries resulting in medical treatment, lost time from work, or restricted work activity.

		1992 Baseline	2010 Target
		Injuries per 100 Full-Time Workers Aged 16 Years and Older	
20-2a.	All industry	6.2	4.3
20-2b.	Construction	8.7	6.1
20-2c.	Health services	7.9 (1997)	5.5
20-2d.	Agriculture, forestry, and fishing	7.6	5.3
20-2e.	Transportation	7.9 (1997)	5.5
20-2f.	Mining	4.7	3.3
20-2g.	Manufacturing	8.5	6.0
20-2h.	Adolescent workers	4.8 (1997)	3.4

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Component 1: Health Education, continued

NO. †	WORKPLACE INJURY PREVENTION PROGRAMS, CONTINUED
20-3.	Reduce the rate of injury and illness cases involving days away from work due to overexertion or repetitive motion. **Target:** 338 injuries per 100,000 workers. **Baseline:** 675 injuries per 100,000 full-time workers due to overexertion or repetitive motion in 1997.
20-10.	Reduce occupational needlestick injuries among health care workers. **Target:** 420,000 annual needle-stick exposures. **Baseline:** 600,000 occupational needle-stick exposures to blood among health care workers in 1996.

NO. †	WORKPLACE VIOLENCE PREVENTION PROGRAMS
20-5.	Reduce deaths from work-related homicides. **Target:** 0.4 deaths per 100,000 workers. **Baseline:** 0.5 deaths per 100,000 workers aged 16 years and older were from work-related homicides in 1998.
20-6.	Reduce work-related assault. **Target:** 0.60 assaults per 100 workers. **Baseline:** 0.85 assaults per 100 workers aged 16 years and older were work-related during 1987-92.

NO. †	MATERNAL OR PRENATAL PROGRAMS
16-6.	Increase the proportion of pregnant women who receive early and adequate prenatal care. **Target:** 90 percent. **Baseline:** 83 percent receive adequate prenatal care in first trimester of pregnancy and 74 percent receive early and adequate care.
16-17.	Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women

Target and Baseline:		**1996–97 Baseline**	**2010 Target**
16-17a.	Alcohol	86	94
16-17b.	Binge Drinking	99	100
16-17c.	Cigarette smoking	87 (1998)	99
16-17d.	Illicit drugs	98	100

NO. †	HIV OR AIDS EDUCATION
13-5.	Reduce the number of cases of HIV infection among adolescents and adults. **Potential data source:** HIV/AIDS Surveillance System, CDC, NCHSTP **(developmental)**
13-6.	Increase the proportion of sexually active persons who use condoms. **Target:** 50 percent. **Baseline:** 23 percent of unmarried females aged 18 to 44 years reported condoms used by partners in 1995. Data on males aged 18 to 49 years will be collected and reported by 2003.

NO. †	CANCER PREVENTION
3-9b.	Increase the proportion of adults aged 18 years and older who follow protective measures that may reduce the risk of skin cancer. **Target:** 75 percent of adults aged 18 years and older use at least one of the identified protective measures. **Baseline:** 47 percent of adults aged 18 years and older regularly used at least one protective measure in 1998 (preliminary data). ‡
3-11.	Increase the proportion of women who receive a Pap test. **Target:** 97% of women 18 years and older who have ever received a Pap test and 90% of women aged 18 years and older who received a Pap test within the preceding 3 years **Baseline:** 92 percent have ever received a Pap test and 79 percent received a Pap test within the preceding 3 years.

NO. †	OTHER POSSIBLE HEALTH EDUCATION PROGRAMS
5-2.	Prevent diabetes. **Target:** 2.5 new cases per 1,000 persons per year. **Baseline:** 3.5 new cases of diabetes per 1,000 persons (3-year average) in 1994-96.
12-2.	Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 911. (Developmental)
12-8.	Increase the proportion of adults who are aware of the early warning symptoms and signs of a stroke. (Developmental)

Component 2: Supportive Social and Physical Work Environment

Established norms for healthy behavior and policies that promote health and reduce risk of disease, such as worksite smoking policies, healthy nutrition alternatives in the cafeteria and vending machines, and opportunities for obtaining regular physical activity.

NO. † FORMAL POLICY FOR TOBACCO

27-12. Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas.
Target: 100 percent.
Baseline: 79 percent of worksites with 50 or more employees had formal smoking policies that prohibited or limited it to separately ventilated areas in 1998-99.

NO. † FORMAL POLICY FOR ALCOHOL

26-8. Reduce the cost of lost productivity in the workplace due to alcohol and drug use. (Developmental)
Potential data source: Periodic estimates of economic costs of alcohol and drug use, NIH, NIAAA and NIDA.

NO. † EMPLOYER-SPONSORED NUTRITION/WEIGHT-MANAGEMENT

19-16. Increase the proportion of worksites that offer nutrition or weight management classes or counseling.
Target: 85 percent.
Baseline: 55 percent of worksites with 50 or more employees offered nutrition or weight management classes or counseling at the worksite or through their health plans in 1998-99.

NO. † EMPLOYER-SPONSORED PHYSICAL ACTIVITY AND FITNESS

22-13. Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs.
Target: 75 percent.
Baseline: 46 percent in 1988-99:

	Worksite	Health Plan	Worksite or Health Plan
Worksites with fewer than 50 employees		(Developmental)	
Worksites with 50+ employees	36	22	46
Worksites with 50 to 99 employees	24	21	38
Worksites with 100 to 249 employees	31	20	42
Worksites with 250 to 749 employees	44	56	56
Worksites with 750+ employees	61	27	68

NO. † CHANGING THE LANDSCAPE FOR BETTER HEALTH

1-1. Increase the proportion of persons with health insurance.
Target: 100 percent.
Baseline: 83 percent of the population was covered by health insurance in 1997 ‡

Component 3: Integration of worksite program Into the organization's structure

The longevity of workplace health promotion programs in part is related to the degree that health promotion is integrated into the organization's structure. Successful worksite health promotion programs are designed to help achieve organizational goals and have the support of top management or the owner(s) of a small business. At a minimum, having dedicated staff, an office and budget are part of being integrated into the company structure. Worksite health promotion must also have well designed programs that attract and retain participants.

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‡ (Age adjusted to the year 2000 standard population).

Component 4: Related Programs

There are no *Healthy People 2010* objectives that directly address the fourth component of a comprehensive health promotion program. However, over the years worksite health promotion has evolved from, or may be integrated with, other workplace programs. Some common linkages include:

- Employee Assistance Program (EAP)
- Work/Family Programs
- Occupational Health and Safety (safety meetings, bloodborne pathogens
- Occupational Medicine or Medical Services (medical surveillance programs, executive fitness, etc.)
- Human Resources Programs (training, productivity improvement programs, performance planning and development, etc.)
- Benefits (growing out of employers concern for rising cost of medical benefits)
- Workers Compensation/Disability Management Programs

Component 5: Screening Programs

Preferably linked to medical care delivery to assure follow-up and appropriate treatment as necessary and encourage adherence.

NO. †	SCREENING PROGRAMS
12-12.	Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high. **Target:** 95 percent. **Baseline:** 90 percent of adults aged 18 years and older had their blood pressure measured in the past 2 years and could state whether it was high or low in 1998 (preliminary data; age adjusted to the year 2000 standard population).
12-15.	Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years. **Target:** 80 percent. **Baseline:** 67 percent of adults aged 18 years and older had their blood cholesterol checked within the preceding 5 years in 1998 (preliminary data; age adjusted to the year 2000 standard population).

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‡ (Age adjusted to the year 2000 standard population).

APPENDIX 2

Sample Worksite Health Promotion Interest Survey

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

First 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/Work Unit: _____

_____

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.	❑	❑	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 last 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 five of the health topics listed below, which five would you select? **(Check only five!)**

- ❑ Tips for reducing cholesterol
- ❑ Information on HIV/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
- ❑ Parenting tips
- ❑ Controlling high blood pressure
- ❑ Headache prevention
- ❑ Preventive dentistry
- ❑ Auto safety
- ❑ Back care
- ❑ Foot care
- ❑ Video Display Terminal 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 tips
- ❑ Health issues for shift workers

14. Would you personally participate in a health promotion 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
- ❑ Pot-luck of nutritional foods
- ❑ 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 If yes, what kind of incentives would motivate you? _____

_____

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 twelve months, how many days have you been absent from work due to personal illnesses or injuries? _____

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

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

22. Would you be interested in completing a confidential health survey that would give you a set of personal health recommendations? ❑ Yes ❑ No

23. Any additional comments or suggestions for a health promotion/wellness program for employees?

Thanks for completing this survey!

Source: Larry S. Chapman, Summex Corporation, Seattle, WA 2001

APPENDIX 3

Worksite Wellness Questionnaire

2105486196 **Worksite Wellness Questionnaire**

STATE OF NEW YORK
DEPARTMENT OF HEALTH

GENERAL WELLNESS/HEALTH PROMOTION

1. Does your worksite have a wellness committee?
   - _ yes ☛ If yes, does it have a budget?
     - _ yes
     - _ no
   - _ no
2. Does your worksite have a person responsible for providing, supervising or coordinating health promotion or wellness program delivery?
   - _ yes
   - _ no
3. Please check (✓) any or all of the following that were provided to support health promotion to[o] at your worksite in the l[ast] months.
   - _ An annual message from the CEO supporting health promotion
   - _ Organizational objectives established for employee wellness or health
   - _ Improving or maintaining [the] health practiced in your workplace
4. Did your worksite offer health messages to the employees through pamphlets, brochures, posters, lectures or videos during the past 12 months?
   - _ yes ☛ If yes, Please check (✓) any or all that apply.
     - _ Nutrition and/or weight management
     - _ Physical fitness and/or exercise
     - _ Anti-smoking educational messages
     - _ Stress management
     - _ Any other, please specify:
   - _ no
5. Does your worksite offer health insurance coverage to the employees?
   - _ yes
   - _ no

HEALTHY EATING

6. Not including the food brought to work, is food available to employees during working hours?
   - _ yes ☛ If yes, Please check (✓) what type of food service it is.
     - _ Cafeteria
     - _ Vending machines
     - _ Coffee shop
     - _ Any other, please specify:
   - _ no ☛ If no, Please go to question 9.
7. Please check (✓) the food options available at your worksite.

Vending Machines	Cafeteria	Food Options
_	_	Skim 1% or 1% chocolate milk
_	_	Water/flavored water
_	_	100% Fruit juice
_	_	Low fat snacks (e.g. pretzels, low fat granola bars)
_	_	Fruit (fresh)

8. Does your worksite provide labels to identify the healthier food choices available at the worksite?
   An example would be labels that are added to food choices by the cafeteria staff or the health director. It would NOT include information given on a product's own label, such as statements like "lite", "low fat", or "sugar free"
   - _ yes
   - _ no
9. Does your worksite have a policy to make healthy food options available to the employees?
   Please check any or all that apply
   - _ in the vending machines?
   - _ at the cafeteria?
   - _ in the coffee shop?
   - _ during employee meetings?
   - _ any other, please specify:
10. During the last 12 months did your worksite offer classes, workshops or lectures on nutrition or weight management?
    - _ yes
    - _ no

PHYSICAL ACTIVITY

11. Does your worksite have a written policy to support exercise or physical activity of employees during work time (e.g. flexible work schedules, breaks, lunch period to engage in physical activities)?
    - _ yes
    - _ no
12. Is there any exercise fitness facility available to the employees at the worksite?
    - _ yes
    - _ no ☛ If no, go to question 15.
13. Please check (✓) any or all of the following facilities available to the employees at the worksite. For each, please indicate if the facility accommodates employee use during the busiest time of the day (such as at the lunch-hour).

Facility available at the worksite			Accommodates employee use during busiest time		
Showers	_ Yes	_ No	If yes, ☛	_ Yes	_ No
Changing areas	_ Yes	_ No	If yes, ☛	_ Yes	_ No
Indoor gym	_ Yes	_ No	If yes, ☛	_ Yes	_ No
Lockers	_ Yes	_ No	If yes, ☛	_ Yes	_ No
Indoor courts	_ Yes	_ No	If yes, ☛	_ Yes	_ No
Outdoor courts	_ Yes	_ No	If yes, ☛	_ Yes	_ No

_ None of these facilities available at worksite

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Worksite Wellness Questionnaire

14. Does your worksite have a corporate agreement with health clubs or gyms to offer the employees discounted or subsidized memberships?
_ yes
_ no

15. Did your worksite offer physical activity-oriented programs (yoga, walking club, stretching or aerobics) to the employees during the past 12 months?
_ yes ☛ If yes, was it funded by a grant?
_ yes
_ no
_ no

16. Does your worksite promote or encourage the use of stairs at your worksite?
_ yes ☛ If yes, does your worksite have an elevator or escalator?
_ yes
_ no
_ no

17. Do the employees[illegible] place for recreat[illegible] walking at the worksite?
_ yes
_ no

TOBACCO USE PRA[illegible]ES

18. Does your worksite h[illegible] written policy about sm[illegible] or tobacco use at the wo[illegible]e?
_ yes ☛ If yes, Do[illegible]our workplace have written policy about disciplinary measures (warnings, fines etc.) for policy violation?
_ yes
_ no
_ no

19. Please check (✓) the rules about smoking at your workplace.
_ There is a partial ban on smoking (designated areas for smoking in the building)
_ Smoking is allowed on the premises (grounds) but not in the building
_ There is a total ban on smoking throughout the premises (including the grounds)

20. Did your workplace offer any smoking cessation programs during the past 12 months?
_ yes
_ no

21. Do the employees have opportunity to purchase tobacco products at the worksite from vending machines, on-site venders, vendors who come to the worksite or any other sources?
_ yes
_ no

PREVENTIVE HEALTH SCREENING

22. Did your worksite provide health risk appraisal (a general assessment of health) for the employees during the past 12 months? *Health risk appraisal assessments are usually writ[illegible]uterized) questions vs blood [illegible]awing screenings*
_ yes
_ no

[illegible]id yo[illegible]rksite offer any health [illegible]enings to the employees [illegible]uring [illegible]past 12 months?
yes [illegible]If yes, Please check (✓) [illegible]y or all of the following [illegible]reenings that were o[illegible]d.
_ Blood pressure
_ [illegible]holesterol
_ Physical fitness tests
_ Body fat or body weight screening
_ Periodic health or physical exam
_ Diet or nutrition evaluation
_ Blood sugar measurement
_ Any other, please specify
_ no

STRESS MANAGEMENT

24. Please check (✓) all or any of the following policies or practices your worksite has to reduce stress at the worksite.
_ None
_ An employees assistance program (EAP)
_ A formal employee grievance procedure
_ Management training on stress related issues (performance review, communication)
_ Organized social events open to all employees
_ A break room or lounge for the employees, not including the cafeteria or lunchroom
_ Any other, please specify: _____

BACKGROUND QUESTIONS ABOUT YOUR WORKSITE

25. About what percentage of your employees are... (Please check ✓ one for each category)

	None	Very few	About Half	More than Half	All	Don't Know
Women?	_	_	_	_	_	_
White?	_	_	_	_	_	_
African-American or Black?	_	_	_	_	_	_
Native American/American Indian?	_	_	_	_	_	_
Asian?	_	_	_	_	_	_
Hispanic?	_	_	_	_	_	_
Full time (35+ hours/week)?	_	_	_	_	_	_
Paid by the hour?	_	_	_	_	_	_
Under the age of 40?	_	_	_	_	_	_
Work 2nd or 3rd shift?	_	_	_	_	_	_
Work at least half of their hours away from the worksite (delivery, sales etc.)?	_	_	_	_	_	_
Blue Collar?	_	_	_	_	_	_
Union members?	_	_	_	_	_	_
Eligible for employer-paid health benefit?	_	_	_	_	_	_

27. How long has your worksite been in operation?____ years

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Notes

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