Wellness Outreach at Work

Program developers or their agents provided the Model Program information below.

BRIEF DESCRIPTION

The Wellness Outreach at Work (WOW) program provides comprehensive risk reduction services to all employees at a workplace, utilizing health screening and follow-up programs of worksite-wide health promotion. The WOW program is based on five principles:

- Outreach to all employees
- Comprehensive care, including cardiovascular and cancer risk screening, and personalized health-coaching
- Followup through mailings, telephone calls, and personal contacts
- Making participation voluntary and friendly
- Long-term support for employees and long-term support in the corporate environment itself

WOW is designed so that external wellness professionals can come to the worksite to provide services, or company staff can be trained to perform program functions in 15- to 20- minute sessions. These include alcohol and substance abuse education in the context of other health-risk counseling (e.g., low-fat cafeteria options, alcohol-free public functions, peer encouragement of health promotion, etc.).

PROGRAM BACKGROUND

Six researchers and their associates developed the Wellness Outreach at Work program from research that began in 1973 through the Worker Health Program (WHP) at the University of Michigan's Institute of Labor and Industrial Relations, funded by Michigan and regional medical programs.

The original demonstration research in automobile plants, U.S. Post Office branches, departments of public works, and small businesses investigated the cardiovascular risks and substance abuse issues of employed populations, and was supported by the National

Institutes on Health's (NIH) Heart, Lung, and Blood Institute (NHLBI), part of the U.S. Department of Health and Human Services (DHHS); and the General Motors–United Automobile Workers Joint Fund.

In the early 1990s, the WHP broadened its program focus by blending its interests in cardiovascular risks and substance abuse into a comprehensive wellness approach, and also looked at the organization of health care delivery and the stated goal of disease prevention. In 1995, the WHP's two decades of research culminated in the publication of a step-by-step manual for worksite wellness. Published by the NIH's National Heart, Lung, and Blood Institute, the manual disseminated the WHP model nationally.

Grants from three research institutes within the NIH—the NHLBI, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse—and from the Center for Substance Abuse Prevention (CSAP) of the Substance Abuse and Mental Health Services Administration (SAMHSA), all DHHS entities, supported the program in its current form.

IOM CLASSIFICATION

UNIVERSAL, SELECTIVE, INDICATED

UNIVERSAL

The Wellness Outreach at Work program has been widely implemented in urban and suburban workplaces, to all employees (25–54). It has been equally effective with blue collar, white collar, professional, and management employees.

SELECTIVE

Among the worker populations where the program was implemented, 33 percent of the obese lose and maintain 10 or more pounds of weight loss 3 years later.

INDICATED

The program was tested in a large automobile manufacturing setting noted for a high drinking tradition among employees.

INTERVENTION TYPE

WORKPLACE

This wellness program is designed for delivery at the worksite, and includes employee followup and referrals that may occur outside of the workplace.

CONTENT FOCUS

ALCOHOL USE/ABUSE, ILLEGAL DRUGS, SOCIAL SKILLS TRAINING, TOBACCO, OTHER: HEALTH MANAGEMENT

Parent involvement as an adjunct strategy:

Parents are not a primary focus but are included in the program. However, concerns about children or other family members often surface during the individualized counseling sessions and provide opportunity for brief, collaborative problem solving.

INTERVENTIONS BY DOMAIN

INDIVIDUAL, PEER, FAMILY, WORKPLACE

INDIVIDUAL

Health risk screening and individualized followup health coach counseling

PEER

Encouragement of buddy systems and teams for health improvement

FAMILY

Encouragement of health-building family activities

WORKPLACE

Wellness Committee identifies health-relevant company policies and practices, encourages new approaches, and organizes activities that encourage health improvement for *all* employees.

KEY PROGRAM APPROACHES/COMPONENTS

BEHAVIOR MODIFICATION, OUTREACH, POLICY CHANGES, SKILL DEVELOPMENT, SUBSTANCE ABUSE PREVENTION EDUCATION, OTHER: SOCIAL ORGANIZATIONS FOR WORKSITE HEALTH PROMOTION

BEHAVIOR MODIFICATION

The program systematically eliminates maladaptive behaviors that increase health risks through counseling that motivates employees. It coaches them as they substitute health-enhancing alternatives that reinforce changes and develop an increased sense of well-being. It helps clients move through stages of readiness to make health behavior changes and provides social support as they do so.

OUTREACH

Proactive outreach is the hallmark of this program. Prevention involves intervening at an earlier stage of the health-disease process, before people have the discomfort of illness. The majority of people at a worksite need to be proactively contacted to get them to initiate successful health behavior modification.

POLICY CHANGES

Wellness committees and health professionals help management identify policies and organizational practices that could discourage substance abuse and encourage health improvement among employees at that worksite (e.g., low-fat cafeteria options, alcohol-free functions, peer encouragement of health promotion, etc.). They educate about this, and help create a climate of change.

SKILL DEVELOPMENT

Many employees have tried and failed in previous attempts to change behaviors that they

know put their health at risk. Personalized coaching, adapted to each client's personal style and lifestyle preferences, helps clients discover new skills for behavior management as well as stress management techniques that build health.

SUBSTANCE ABUSE PREVENTION EDUCATION

This occurs as an integral part of personalized coaching on identified health risks and enhances one's personal health. When offered within this nonjudgmental context, most employees welcome the information and incorporate it into their daily practices.

OTHER—SOCIAL ORGANIZATIONS FOR WORKSITE HEALTH PROMOTION

In addition to policy advocacy, Wellness Committees organize health promotion activities at the worksite and build a climate of support for health improvement. Contests, common activities, buddy systems, etc., keep attention focused on health, making health improvement efforts enjoyable, and create a source of camaraderie among workers. Already health-conscious employees help motivate co-workers to join in health-building activities, which often produce a more productive work environment.

HOW IT WORKS

The first step of the program involves a worksite-wide health risk screening—typically 75 to 90 percent of the workforce participates—followed by a 15- to 20-minute health counseling session customized for each employee according to the screening results. The individual counseling or coaching continues for 1 to 3 years, with 20-minute sessions one to four times a year.

Simultaneously, a worksite Wellness Committee (composed of appropriate organizational representatives) examines company policies and practices that could improve employee health, and creates activities and peer support for health improvement. The committee typically meets about once a month to assess how well the program is working, to sponsor health improvement activities, give more generalized feedback to the health coaches, and to discuss health-relevant policies with company management.

The program's developers can provide personnel to implement all the steps of the program within a workplace, or they can train appropriate personnel within the organization to provide the services.

As employees lower their health risks, health counselors see them less frequently, and a supportive social environment at work helps them maintain their health gains. Periodic reports to company management and to the Wellness Committee track measurable changes in health risks for the employee population and gains in the work environment.

The WOW program addresses alcohol use and abuse, tobacco-use cessation and weight control, and provides social skills training for health management and health enhancement for the total workforce. Because alcohol- and tobacco-use education and counseling occurs in the context of personalized health coaching for cardiovascular health improvement (and this occurs among most of the workforce), participation is high and usually encompasses people at high risk for alcohol-related problems.

The screening takes about 20 minutes per employee, and includes immediate feedback on health risks and first steps that might improve health. It also secures voluntary permission from most employees to be contacted for individualized followup health counseling (or "health coaching"). Most employees enjoy these brief sessions with a health professional and begin to experience success in making improvements in their health behavior and their sense of well-being.

Employee health information is confidential, but computerized records allow individual employees to track their own health status and to access tools and information that help sustain their progress. Health screenings direct individual employees' attention to health and to their own health risks, as well as provide baseline information about health risks for the total workforce. This later can be compared as changes occur over time. Profiles of changing risk factors and health gains for the work force as a whole are made available periodically to employees and to management.

Meanwhile, a worksite Wellness Committee looks at company policies and practices that could improve employee health, and creates activities and peer support for health improvement. Volunteers from appropriate company organizational units and employees with an interest in health improvement serve on the Wellness Committee. The committee meets once a month to assess how well the program is working, to sponsor health improvement activities, to give more generalized feedback to the health coaches, and to discuss health-relevant policies with company management.

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IMPLEMENTATION ESSENTIALS

A comprehensive implementation guide provides step-by-step instructions for implementing Wellness Outreach at Work and is available through the developer's Web site. The following list includes elements critical for successful outcomes:

1. Management support.
2. Union involvement (where applicable).
3. Guaranteed confidentiality of employee records.
4. A Wellness Committee.
5. Staff of trained wellness professionals with appropriate supervisory oversight and support (ratio of counselors to employees = 1 FTE counselor per 500 employees).
6. Computerized data management system.
7. Cardiovascular Disease (CVD) Health Risk Screening meeting current NIH guidelines for health risk profiles and appropriate interventions. Equipment needs: blood pressure and body fat measuring equipment, immediate blood analyzers using finger-stick blood draws, and scales.
8. Space(s) at the worksite to counsel employees confidentially.
9. Use of program interaction protocol guidelines with clients, adapted to their personal lifestyles and preferences.
10. Program resources and materials concerning each cardiovascular disease risk factor, including alcohol consumption guidelines.

OUTCOMES

DECREASES IN SUBSTANCE USE, REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS, IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS, OTHER TYPES OF OUTCOMES

The program was equally effective with blue collar, white collar, professional, and management employees. Participation levels were similar for all racial and ethnic groups. Although women's participation rates were somewhat higher than men's, about 68 percent of all those screened participated in WOW followup activities. Participation and health outcomes using other interventions were considerably lower.

DECREASES IN SUBSTANCE USE

- Screening plus exit counseling reduces alcohol consumption for about 75% of persons whose drinking puts them at risk for later health problems
- Binge and high-risk drinkers need one-to-one follow-up counseling to bring their drinking into safe guidelines. After working on other cardiovascular risks with individualized health counseling, about 50% of high-risk drinkers do so, and these results persist when measured 3 years later, with reports checked against biometric measurements of blood pressure and other risk factors affected by alcohol consumption.
- Lower overall index of alcohol and drug use

REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS

- Reductions in tobacco use and improvements in weight management also occur, with 33% of obese workers losing and maintaining the loss of 10 or more pounds 3 years later
- Reduced use of disease care services

IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS

- Many employees report increased personal exercise, more successful stress management, improved relations with co-workers, and a heightened sense of well-being. Improvements in their biometric measurements collaborate their self-reports of risk-reduction.
- Blood pressure control improved by at least 50%
- Improved nutrition and exercise behaviors

OTHER TYPES OF OUTCOMES

- Many companies implement policies and procedures that help employees with their personal efforts at health improvement. Such policies also can lead to improved health among employees for whom this was not originally a high priority.
- Companies report decreased absenteeism, improved morale, and heightened productivity, along with decreased use of disease care services.
- Reduced use of disease care services
- 50% reduction in other cardiovascular disease risks
- More effective individual management of personal behaviors that put health at risk, such as alcohol abuse, obesity, smoking, poor nutrition, inadequate exercise, and poor handling of stress
- Creation of a climate of social support for healthful living, among worksite employees

- Development of company policies and practices that actively encourage health improvement and avoidance of substance abuse

EVALUATION DESIGN

Several research grants randomly assigned treatment populations to Wellness Outreach at Work program components or to alternative strategies for health promotion and risk reduction:

- NIH National Heart, Lung, and Blood Institute and General Motors–UAW Joint Fund, "A comparison of health outcomes and costs for four models of worksite wellness delivery," 1984–1989, NIH (NIDA)
- "Prevention of Substance Abuse through Worksite Wellness," 1995–1999, U.S. Public Health Service, SAMHSA (CSAP)
- "M-CARE's DrinkWise and Health Risk Appraisal Programs," 1997–2000

All study participants initially received identical health risk screenings with face-to-face interviews and biometric measurements of health risks, plus exit counseling. Screenings showed similar health risk profiles for its study groups.

After re-screening 3 years later, changes in reported health behaviors and in biometric measurements of health risks were compared for WOW participants and for those who had received other interventions. Outcome results were analyzed using a variety of state-of-the-art statistical measures: t-tests for bivariate tables, ANCOVA and ANOVA tests for co-variance, and logistic regression.

EVALUATION INSTRUMENTS

Screening and rescreening, and followup report forms can be found in our *Step-by-Step Guide Manual*, which can be downloaded from our Web site.

DELIVERY SPECIFICATIONS

1–3 YEARS

The health counseling and Wellness Committee continue for 1 to 3 years following the initial health screening.

At smaller worksites, a 50 percent reduction in health risks (including excessive alcohol use) can be obtained in a year's time.

At large or scattered worksites, where interaction dynamics are more difficult to organize quickly and effectively, more time will be required. At this type of workplace, comparable results occur within 2 to 3 years.

For sustained impact, the program should be ongoing. Note: It becomes less expensive each year to achieve the same level of impact, as a wellness culture develops, and fewer employees need to be seen frequently.

FIDELITY

The following list includes elements critical for successful outcomes:

1. Management support
2. Union involvement (where applicable)
3. Guaranteed confidentiality of employee records
4. A Wellness Committee
5. Staff of trained wellness professionals, with appropriate supervisory oversight and support (ratio of counselors to employees = 1 FTE counselor per 500 employees)
6. Computerized data management system
7. CVD Health Risk Screening (see *Step-by-Step Guide Manual*) meeting current NIH guidelines for health risk profiles and appropriate interventions. Equipment needs: blood pressure and body fat measuring equipment, immediate blood analyzers using finger-stick blood draws, and scales.
8. Space(s) at the worksite to counsel employees confidentially.
9. Use of program interaction protocol guidelines with clients, adapted to their personal lifestyles and preferences.
10. Program resources and materials concerning each cardiovascular disease risk factor, including alcohol consumption guidelines.

Optional components or strategies, and how they were determined to be optional:

In some research grant study designs, Wellness Committees and worksite social organization were omitted. The result: Health behavior changes over a 3-year period were noticeably lower.

Where fidelity instruments and information can be obtained:

A comprehensive implementation guide is available on the Web site: http://www.ilir.umich.edu/

BARRIERS AND PROBLEMS

Barrier: Cost. Full implementation of WOW requires investment of about $200 per employee, per year.

Potential Solutions:

(1) Educate management about the relationship between prevention costs and return on investment (cost-savings benefit) where the model has been used as a part of an integrated benefits program.

(2) Phase in the program gradually, with health screening of the total workforce (approximate cost: $50 per employee) and followup services directed primarily to high-risk and high-cost users of health benefits. Gradually widen coverage as use of disease-care services declines among these employees who generate the highest costs/benefits.

(3) Implement those aspects of the program that provide social organization of the worksite; train peer advisers and add the professional wellness counseling later as understanding develops about the importance of prevention as a company cost-saving tool. (A wellness professional skilled at organizing and motivating a Wellness Committee and in consulting with management initially would be hired for a much lower fraction of time.)

TARGET SETTING

URBAN, SUBURBAN

Urban and suburban workplaces: The model originally was tested in manufacturing plants and in a university and a hospital setting. The model also has been tested in churches, school systems, gas stations, and an airplane servicing facility.

TARGET AGE

ADULT (25–54), OLDER ADULT (55+)

The Wellness Outreach at Work program targets working adults in the workplace and retired, older adults.

TARGET POPULATION

AFRICAN AMERICAN, HISPANIC/LATINO, WHITE

The Wellness Outreach at Work program was first designed and tested in large auto manufacturing plants noted for a high drinking tradition among employees. (80% blue collar; 5% Hispanic/Latino, 30% African Americans, 63% White Americans, 2% other) Then it was adapted for use in small worksites, among school systems, city employees, aircraft maintenance workers, and university and hospital employees. It has produced positive and comparable results in more than 100 worksites where it has been used.

PERSONNEL

FULL-TIME, PART-TIME, PAID, VOLUNTEER

If the employee population is large enough, some worksites hire a full-time wellness worker. Other companies contract for full- or part-time wellness counselors. For fidelity: ratio of counselors to employees = 1 FTE counselor per 500 employees.

One or more of the counselors needs to be able to work comfortably with management and with a Wellness Committee, in addition to doing one-to-one health coaching.

Typical personnel problems encountered by users when implementing this Model Program, and potential solutions:

Problem: Because this program changes the health delivery model, not all health care professionals can successfully implement it. The program requires personnel to reach out proactively to people at their work locations before they are sick, and to be comfortable

relating to people of all race and ethnic backgrounds and social class levels, motivating them to be concerned about their health, and relating to them in ways that engender mutual respect.

Solution: The developers may be able to refer company management to vendors who work effectively in these ways. If a company or vendor is identifying people to hire, it often works best to hire them to help with the initial screening and to observe how they relate to the workforce before inviting them to continue as a wellness counselor at that worksite.

Problem: In worksites with ethnically diverse populations, some workers relate more easily to a wellness counselor of their own race or ethnicity.

Solution: It can be helpful to have a wellness staff with diverse ethnic backgrounds who work together comfortably as a team. This may involve hiring a few part-time counselors or, alternatively, hiring someone with the type of personality that draws people of all backgrounds to interact comfortably with them.

EDUCATION

SPECIAL CERTIFICATION, SPECIAL SKILLS

Special certification is desirable. Wellness counselors should have certification in a health specialty; additional training as a "generalist," counseling ability over a wide range of health issues; and awareness of when and how to refer clients to someone with specialized knowledge they may not have themselves. The Department of Community Health of the State of Michigan has developed an effective training and certification program.

The developer can also arrange for training.

PERSONNEL TRAINING

TYPE: WORKSHOPS, CLASSROOM, WORKBOOK, LOCATION: ONSITE (OF USER), OFFSITE (AT DEVELOPER'S OR TRAINER'S LOCATION), LENGTH: BASIC, REFRESHER REQUIRED

The *Step-by-Step Guide* manual and CVD risk-counseling protocols should be read and absorbed before hands-on training begins. Nurses or other allied health professionals can develop the necessary competence to do worksite health *screenings* with about 3 days of training. This allows them to refresh themselves on current NIH guidelines for health screening and to demonstrate their ability to take blood pressures to NIH standards, to draw blood and perform limited analysis, and to counsel about health risks that a client may have.

Outreach wellness counselors need additional training, including:

- Information about cardiovascular health risks
- Experience using the Wellness Outreach at Work counseling protocols
- How to assess a worker's readiness to attempt health behavior changes, then adapting the protocols to client styles so that coaching "dances with the client" rather than forces everyone to walk lock-step through a protocol

Additional training also is needed in data management, and in filling out screening questionnaires and followup reports after each client visit. Asking questions about alcohol usage in a comfortable, nonjudgmental manner, and learning to integrate alcohol education

into other counseling about health risks also takes guided practice. Learning how to relate to management and union personnel, and how to organize and work with wellness committees involves a different set of skills. The length of time needed to train an allied health professional to do this kind of outreach counseling and data management will vary, depending on the previous background and experience of the allied health professional.

Training programs can be adapted to the backgrounds of the trainees. They can be delivered onsite or offsite, as needed. It often is helpful for a new counselor to "shadow" an experienced counselor for a day or two, to get the feel of the work. The developers and experienced trainers often can refer inquirers to competent local vendors or wellness counselors, or to other training programs.

COST (ESTIMATED IN U.S. DOLLARS)

$10,000+

BUDGET COSTS

$200–$300 per employee, per year, depending on risk profiles for the employee population and the size of high-risk triage groups (employees who need to be counseled more frequently than other employees).

TRAINING COSTS

For vendors who wish to develop these skills or for companies who wish to add their own wellness staff:

Onsite developer training . . . . . .$1,800 per day
(For each of two trainers, plus travel and per diem costs.)

The number of training days required will vary, depending on previous backgrounds of the trainees:

- Screening training—3 days
- Wellness counselors training—up to 5 days (individuals with previous experience as screeners or doing other health promotion work, depending upon current level of competence)
- Refresher training—available as needed (costs vary depending on who and how many people are being trained)

Note: Training costs do not apply for worksites that budget to hire program vendors at $200–$300 per employee, per year.

MATERIALS COSTS

Materials are available on developers' Web site, www.ilir.umich.edu.

GENDER FOCUS

BOTH GENDERS

Both genders participate in and receive the same benefits from the Wellness Outreach at Work program.

REPLICATIONS

1. BRIEF DESCRIPTION

The WOW program has been implemented in more than 100 worksites.

2. REPLICATION SETTINGS

Rural and urban

3. REPLICATION SITES

Kalamazoo Valley Community College
Miller-Canfield Law Offices (eight law offices)
Schupan & Sons (a small manufacturing plant)

4. CONTACT INFORMATION

Contact: Ken Holtyn
Holtyn and Associates
719 Turwill Lane
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Web site: holtynhpc.com

ADAPTATIONS

1. NATURE OF THE ADAPTATION

Triage employed during worksite health screenings.

2. SUMMARY DESCRIPTION

Employees were triaged (screened, classified, and "treated," with those exhibiting the most need—health risk factors—receiving priority attention). Those with multiple CVD or CVD and alcohol risks are seen four times in first year, others seen one to two times a year, depending on risk status. The triage and selective followup allowed a 50 percent reduction in risks to occur within 1 year.

CONTACT INFORMATION

For program information and training, contact:

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(At home page, click on Worker Health Program, then on Worker Health Web site.)

Co-founders John C. Erfurt and Andrea Foote established the Worker Health Program (WHP) at the University of Michigan's Institute of Labor and Industrial Relations in 1973. Together with Max Heirich, director of the WHP, other developers of the Wellness Outreach at Work program include Bruce Brock, Ken Holtyn, Cynthia Sieck, and their associates.