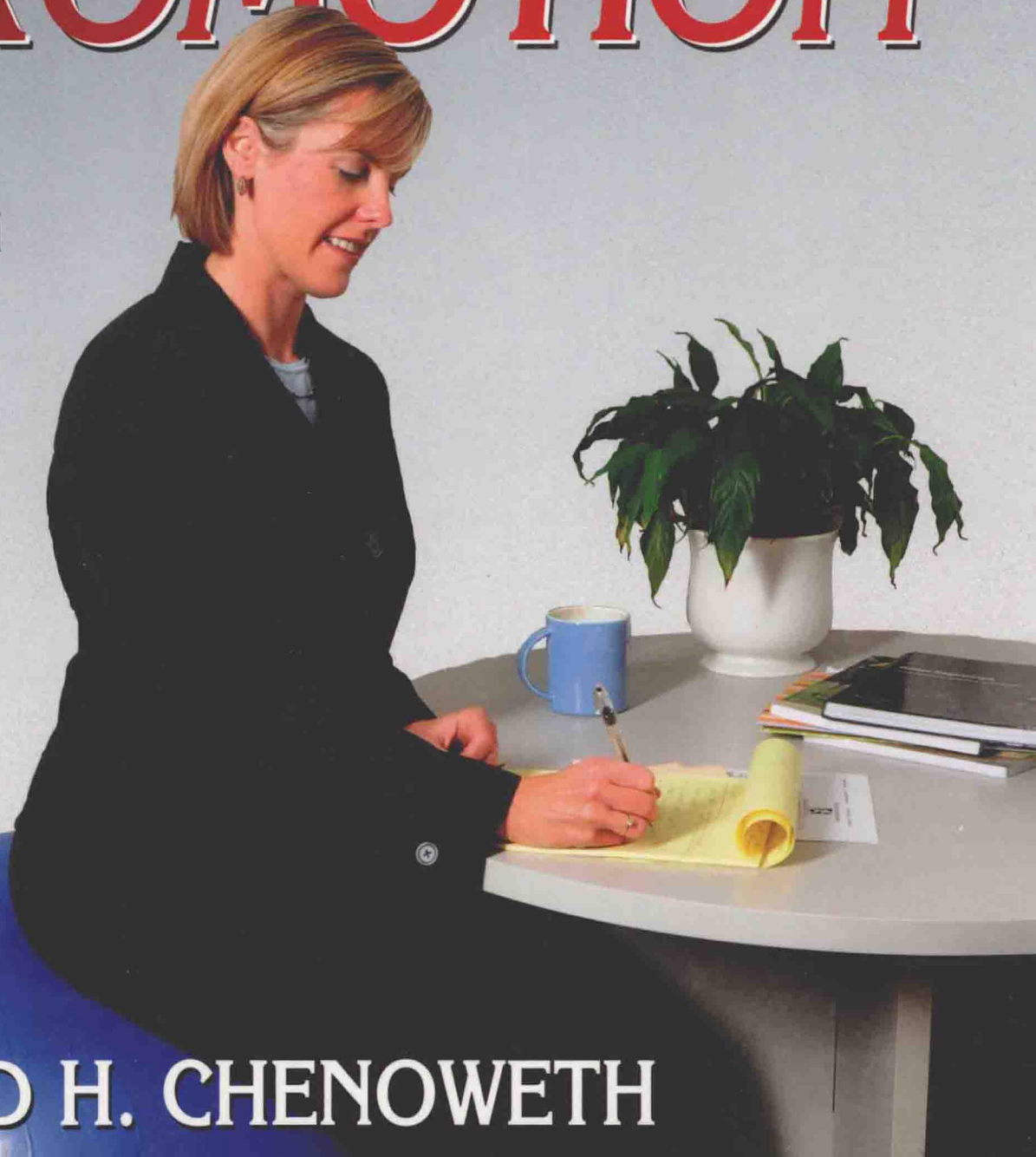


WORKSITE HEALTH PROMOTION

THIRD
EDITION



DAVID H. CHENOWETH

THIRD EDITION

WORKSITE HEALTH PROMOTION

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PREFACE

The third edition of this book reflects today's diverse marketplace and the ever-evolving field of worksite health promotion (WHP). It is written for students planning careers in the field of WHP as well as for practitioners who currently plan, implement, and direct WHP programs for their organizations.

HOW THIS BOOK IS ORGANIZED

No single formula exists for planning successful health promotion programs. A program for a large company with multisite operations may look very different from a program at a small company. However, common denominators exist among successful programs. They can be affiliated with the following cornerstones: needs assessment and evaluation, healthy culture development, effective interventions, and relapse prevention.

Experts in the field have developed a framework to help program planners recognize employee needs and interests before planning and implementing appropriate WHP programs. The framework consists of five distinct yet interrelated phases (see figure 1):

1. Identification: Identifying health-related problems
2. Assessment: Assessing your employees' interests
3. Planning: Locating and applying necessary resources to establish a program
4. Implementation: Positioning, promoting, and implementing a program
5. Evaluation: Measuring the effect of a program

Based on the framework presented in figure 1, this book is divided into four parts. Each deals with an important area of WHP.

Part I, Initiating Worksite Health Promotion, presents an overview of the economic forces affecting worksites and explains how employers are responding to changing demographics, health risks for employees, rising health care costs, and health-related productivity challenges. Chapter 1 defines WHP and explains its long and rich history. Arguments for and against the concept are scrutinized. Chapter 2 covers the identification and assessment phases of the planning process.

Part II, Planning Worksite Health Promotion Programs, contains three chapters focused on front-end programming decisions. Chapter 3 explains how to establish appropriate goals, build evaluation into your program, and propose WHP plans to management. Chapter 4 describes factors to consider in establishing healthy lifestyle programs. Chapter 5 outlines various options for allocating resources and provides budgetary considerations.

Part III, Providing and Evaluating Worksite Health Promotion, contains three chapters that focus on building a healthy worksite environment, promoting and evaluating programs, and overcoming challenges of company size.

Chapter 6 describes key strategies for building a healthy worksite. It focuses on transforming an unhealthy workplace into a culture that can promote employee health and productivity. Chapter 7 discusses marketing issues and suggests ways to help programs catch on and become popular with the general workforce. Chapter 8 outlines the essentials of program evaluation and describes how to build evaluation protocols into a WHP program.

Part IV, Managing Essential WHP Considerations, consists of the final chapters of the book. They focus on building personal skills for success in different worksite settings. Chapter 9 presents an overview of various

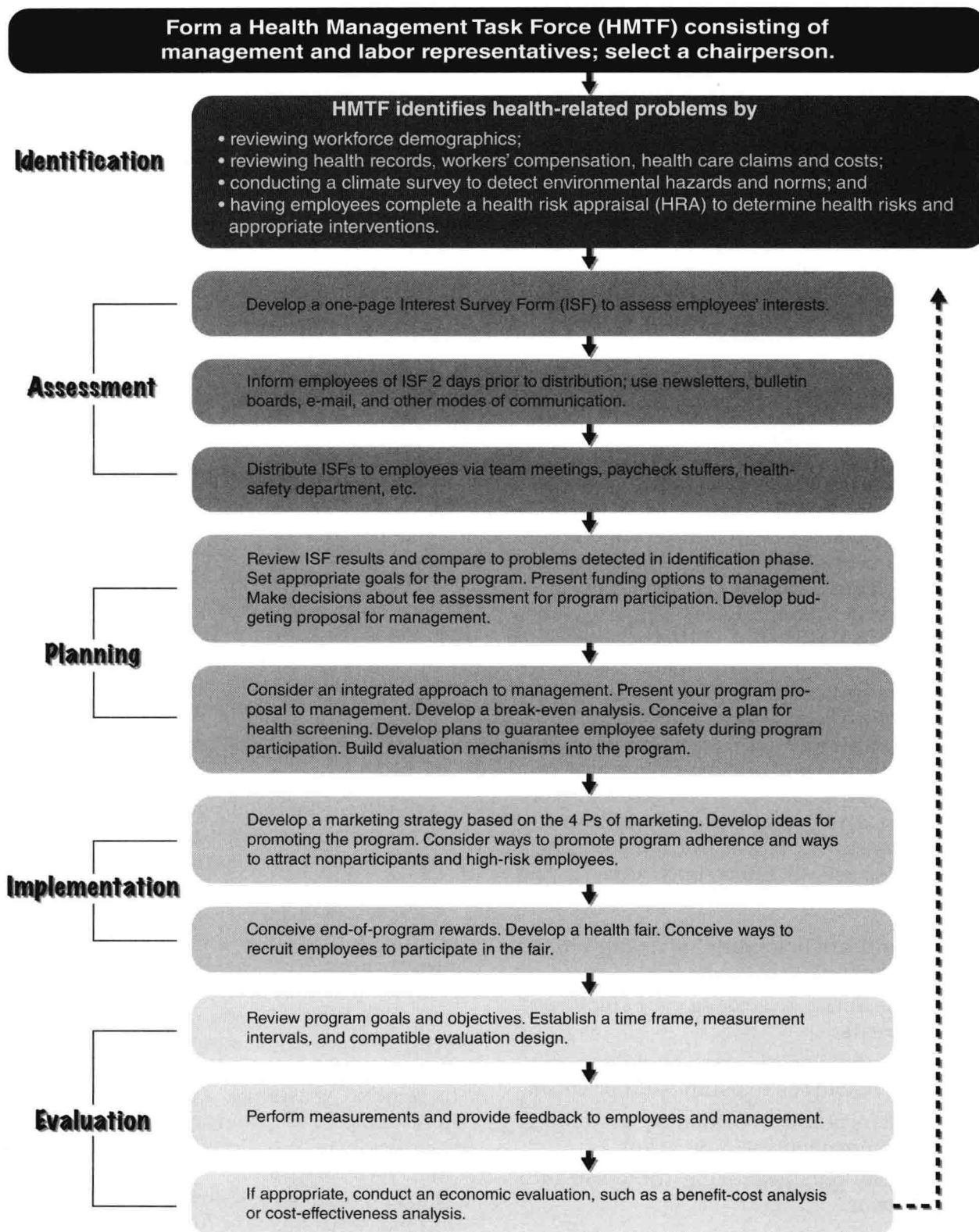


Figure 1 The WHP program planning framework.

factors confronting small and multisite businesses when incorporating WHP. Chapter 10, written mainly for students, presents practical information on academically and professionally preparing for a career in the broad field of WHP. It offers tips on selecting a strong academic curriculum as well as preparing for an internship and honing skills for a job interview.

SPECIAL CHAPTER ELEMENTS

A number of special features are contained within the text. Each chapter begins with a list of learning objectives that the reader will be able to answer after finishing the chapter. These will help students focus on specific concepts and issues to enhance their learning and application skills. Highlight boxes provide snapshots of typical WHP situations to consider as readers formulate and plan a course of action.

At the end of each chapter is a wrap-up section, which includes an element on looking ahead, key points, a glossary, and a bibliography. The key terms from the glossary are listed in bold in the text, where they are applied in realistic situations of worksite health promotion.

WHAT'S NEW IN THIS EDITION

Key features added to this edition of *Worksite Health Promotion* include the following:

- Key terms with highlighted definitions at the end of each chapter
- Updated implications of ADA, HIPAA, and GINA standards relevant to WHP
- Considerations for health coaching
- Expanded section on integrated systems for health-data management
- Options for budget development

- Competencies for intermediate-level WHP practitioners
- Expanded illustrations of evaluation designs
- Culture audit tool
- Disease management
- Present-value adjustment
- Expanded illustrations of various econometric-based evaluations
- Updated and expanded certification options
- Updated websites for interns and job searches
- Key points at the end of each chapter

These features have been added for use in readers' WHP programming efforts. The following text will enhance their personal and professional efforts in this dynamic, ever-changing field.

NOTES FOR INSTRUCTORS

Incorporate the end-of-chapter review and key points from the end of each chapter into your classroom instruction and activities. Challenge your students to describe their significance and implications for specific WHP programming issues. The "What Would You Do?" scenario can be used as a culminating in-class discussion for students or teams to develop and present their responses to the group.

The instructor guide contains a sample syllabus, a weekly in-class instructional guide, and a sample listing of guidelines for team presentations (www.humankinetics.com/WorksiteHealthPromotion). An image bank that includes art and tables will help you fine-tune your presentations, allowing you to use graphics in PowerPoint and link information in your presentations to the text that the students have read.

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ACKNOWLEDGMENTS

While I was writing and updating the three editions of this textbook during the past 12 years, many of America's finest WHP program directors and managers generously shared information with me in the hope that others could benefit from their expertise. Their ideas and strategies on screening, programming, marketing, and evaluation have given me a good perspective of the daily challenges confronting these hard-working visionaries. In particular, I

owe many thanks to all the WHP professionals who provide internship and other learning opportunities to today's majors in worksite health and fitness. I have had the privilege and joy of working with many of you. In doing so, I learned a lot about the technical, political, and operational applications of your successful programs. Your inspiration and commitment to WHP is, indisputably, the impetus for even greater things to come!



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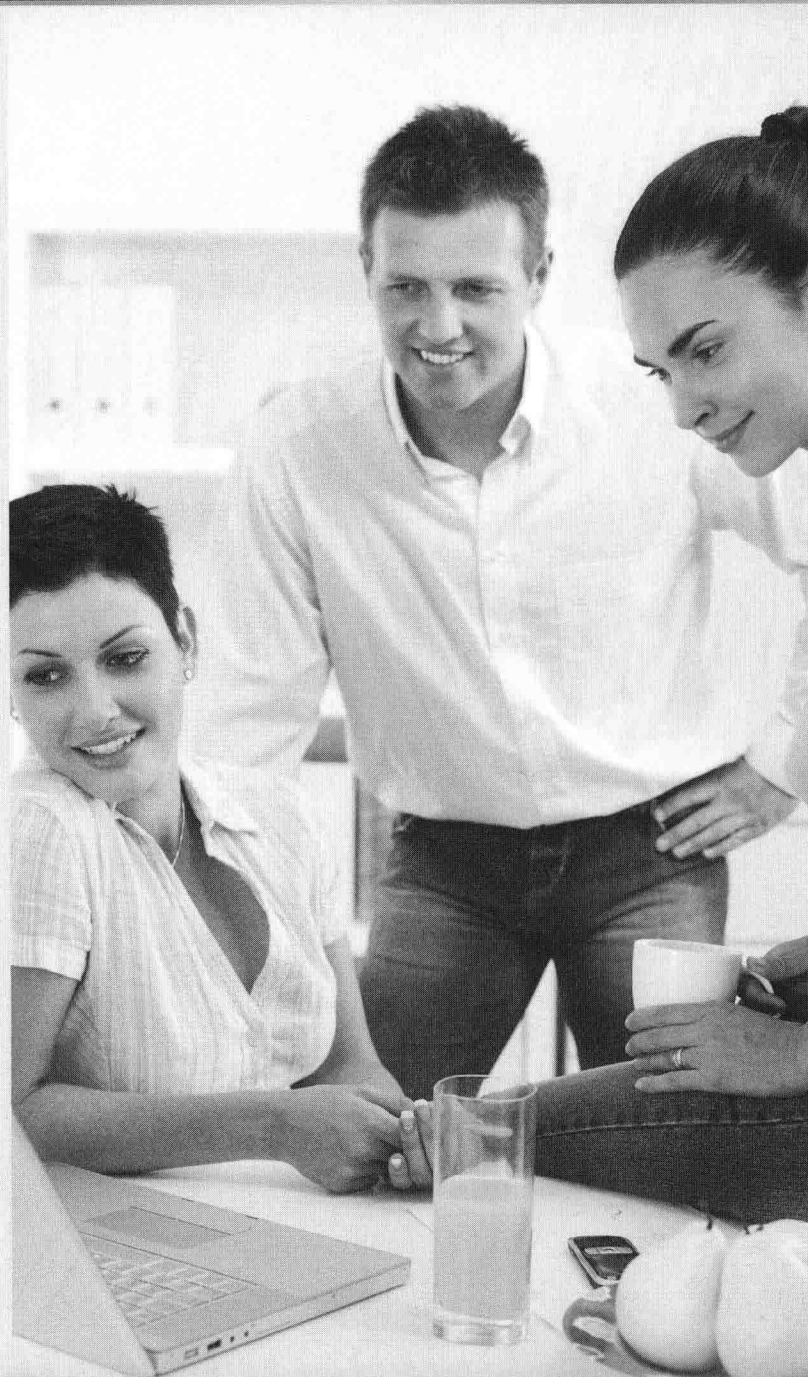
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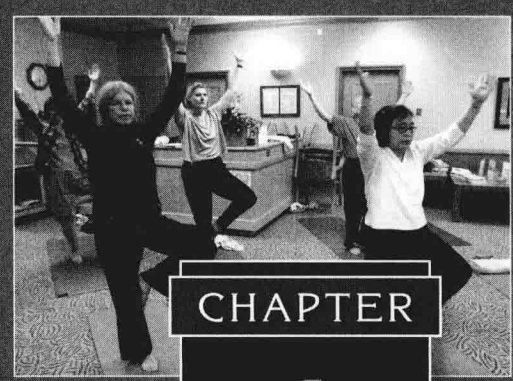
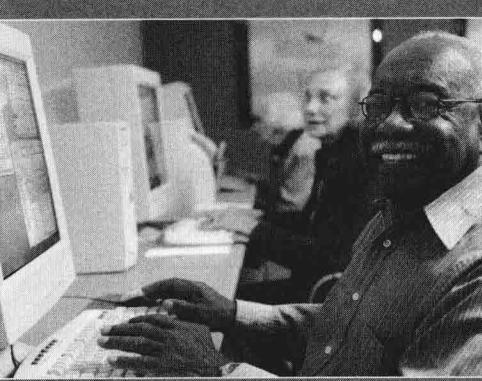
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Initiating Worksite Health Promotion

Chapter 1 presents an overview of the importance of worksite health promotion (WHP) programs in today's ever-changing economy, a brief history of WHP, and the ways that well-established programs enhance employees' health status and productivity. Chapter 2 provides information and tools for identifying employees' health needs and assessing their interests and motivation for participation. Collectively, these chapters present a foundation for planning appropriate WHP programs.





CHAPTER

1

The Case for Worksite Health Promotion

LEARNING OBJECTIVES

After reading this chapter, you will be able to do the following:

- ✓ Describe the major factors responsible for the inflation of medical care and how rising health care costs directly affect employers and employees.
- ✓ Describe how major demographic, technological, and economic trends influence work performance today.
- ✓ Describe several significant events that characterize the history of worksite health promotion.
- ✓ List various factors that motivate organizations to establish worksite health promotion programs.
- ✓ Describe the relationship between health-risk status and health care costs.
- ✓ Describe the components of an integrated health-management system.

What role should worksite health promotion play in today's global economy? To answer that question, perhaps we should consider some major trends in demographics, technology, and economy over the past 50 years:

- A substantial portion of the manufacturing (industrial) sector of the economy has been replaced by the service sector.
- A substantial number of women have entered the workforce, especially in health care and education.
- The median age of many workforces has increased by as much as 10 years.
- Most worksites rely on computerized technologies rather than on physical labor.
- Commuting time to and from work has increased as much as 20%.
- The percentage of obese adults has more than doubled in some worksites.
- The percentage of working adults with chronic health conditions is at an all-time high.
- The average cost of an employer-sponsored health insurance premium for a family of four is around \$16,000 per year. In the 1960s, the average cost was less than \$1,500.

Collectively, the preceding trends reflect the ubiquitous influence that at-work technologies continue to have on the way in which work is done. Although new technologies certainly generate higher worker productivity in many types of jobs, technology-driven workplaces are often blamed for much of today's physically inactive, obese adult population. After all, millions of workers make their living laboring in front of computerized keyboards in predominantly sedentary jobs. And, considering today's sluggish economic landscape, even a casual observer can see that a day rarely passes without news of an employee layoff, labor strike, corporate takeover, bankruptcy, or plant closing. Although these actions can be traced to a myriad of marketplace factors, one of the most pervasive underlying forces is the relentless and rising cost of health care. Moreover, these troubling costs permeate all sectors of an economy, ranging from individual households to a nation's productivity (**gross domestic product, or GDP**). For example, health care costs consume approximately 5% of the GDP in China, Russia, and India; about 9% in Japan, Italy, and the United Kingdom; between 10% and 11% in Germany and France; and more than 16% in the United States.

Yet, in some of these nations, employers often pay much higher percentages of their revenues on health care. In the United States, for example, the business portion of the nation's total health care bill has increased from 18% in 1965 to nearly 35% today. Moreover, many companies report that the annual cost of providing employee health benefits is nearly 50% of their business profits (Pronk 2009; Loeppke et al. 1999). One of the most glaring examples of the current problem with health care costs is reflected in a study conducted jointly by the Lewin Group and Families USA. It showed these results over a four-year period:

1. Average individual wages increased 12.4%, while employees' health care insurance premiums increased nearly 36%.

2. In 26 states, health care insurance premiums for employees rose more than 40%.
3. Employer-paid premiums increased an average of 32%.
4. The number of Americans with personal health care costs exceeding 25% of their earnings rose from 11.6 million to 14.3 million (approximately 1 of every 10 working adults).

When viewed retrospectively, the preceding trends actually began in the mid-1990s (see figure 1.1). Worldwide, inflation of health care costs continues to rise at least twice as fast as general inflation (consumer price index) because many forces—demographic, economic, philosophical, cultural, political, social, and administrative—exert tremendous influence in the global economy. Collectively, these forces have driven annual increases in health care costs above the annual growth of the gross domestic product (GDP). To better understand the economic realities of this phenomenon, consider both the significant percentage growth of America's health care tab as a percentage of its GDP over the past three decades and the projected increase in the next decade (see figure 1.2). Note that the percentage of the GDP tied to health care costs has risen from less than 10% in the 1970s to nearly 17% in 2010. Furthermore, it is expected to exceed 18% by 2015. Many countries throughout the world also spend a sizable portion of their financial assets on health care (see figure 1.3). Yet, nations that spend the highest percentage of their GDP on health care do not necessarily have the longest *disability-free life spans* (see table 1.1). Specifically, this is defined as the average level of population health in terms of **disability-adjusted life expectancy (DALE)**. DALE is most easily understood as the expectation of life lived in equivalent full health.

In the past, health care economists blamed about 85% of spiraling costs on medical inflation, new technological advances, more regulatory compliance, and **cost shifting** (when health care providers shift a portion

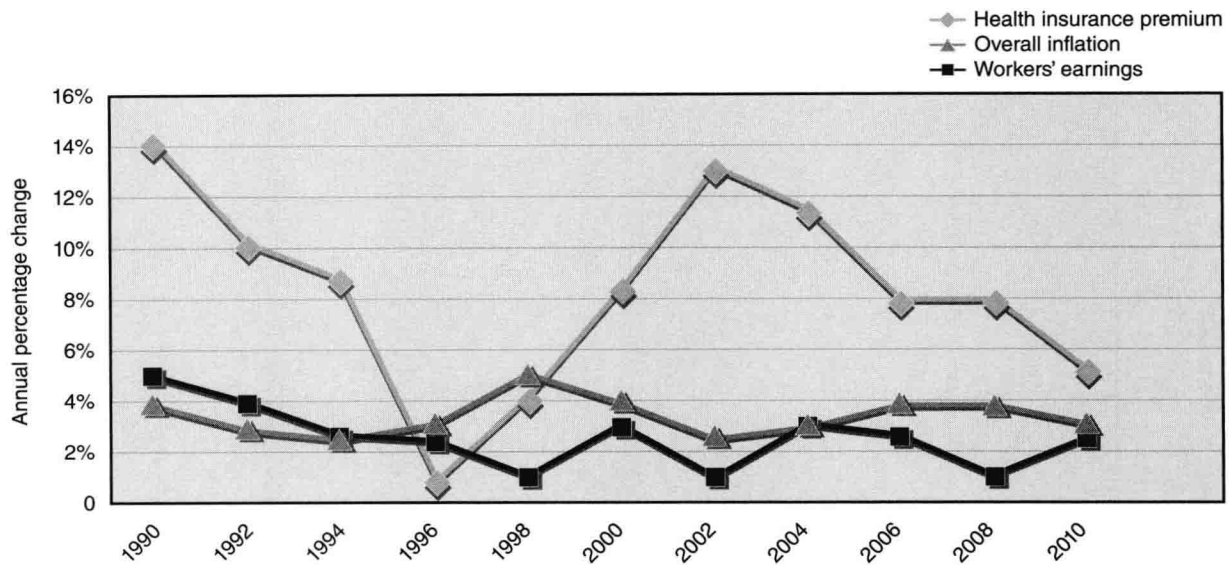


Figure 1.1 Annual percentage changes in health insurance premium, overall inflation (consumer price index), and workers' earnings.

Data from Kaiser Foundation 2009 and Families USA/Lewin Group 2004.

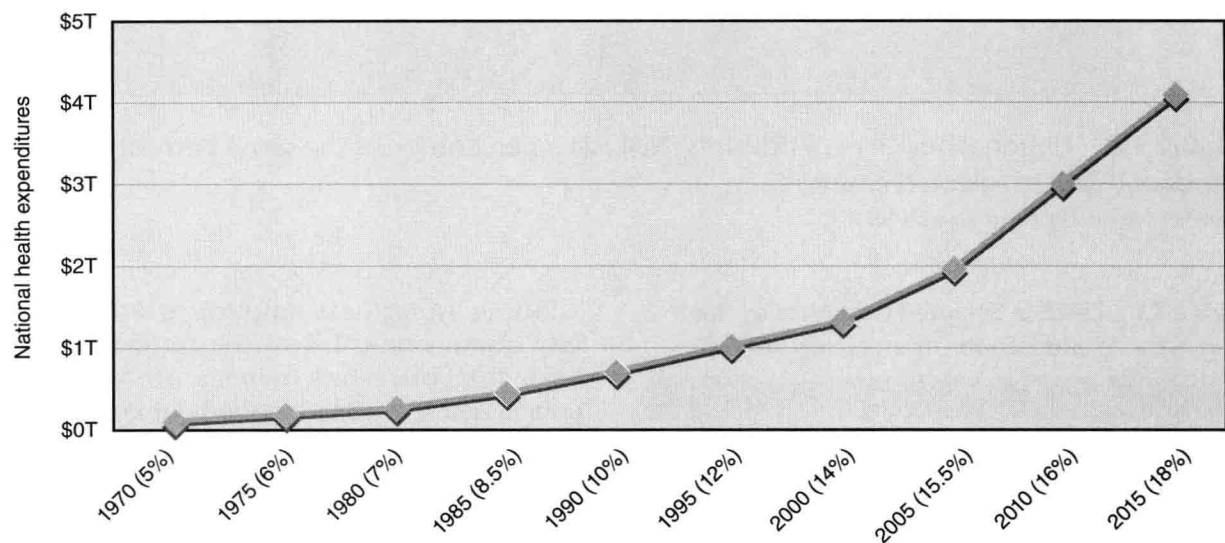


Figure 1.2 National health expenditures, actual and projected, from 1970 to 2015 in the United States. Figures listed in parentheses reflect annual national health expenditures as a percentage of the gross domestic product.

Centers for Medicare and Medicaid Services, Health and Human Services 2009.

of unpaid bills to insured employers and employees). The remaining 15% of the cost spiral was attributed to rising demand, or utilization. However, because life expectancy has increased in the past decade, utilization

factors have approached the direct effect of economic factors on today's rising health care tab. This is particularly true in developing nations because greater life-expectancy rates correspond with rising health care costs.