

# MANAGING HEALTH PROMOTION PROGRAMS

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This text is dedicated to

the memory of  
Gene A. Wilson  
and  
James and Lillian Glaros

and

the healthy futures of  
Ben, Steph, Alexa, and Nicholas

# Preface

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Sir David Steel, chairman of the British Petroleum Company from 1975 to 1981, once said, “Managers may be born, but they also have to be made.” Traditionally, health promotion professionals have come from a background of health education, physical education, exercise physiology, or community health. The profession attracts people who have adopted healthy lifestyles and want to share their philosophies and practices with others. They often possess more technical knowledge than their program participants will ever need.

In an effort to share their knowledge with others, health professionals have been creating forums in the workplace. In the course of their career growth, many are promoted into management and supervisory positions and find their business knowledge insufficient to sustain them in their new roles. Employees trained in a health profession are suddenly business people. Unless they have been fortunate enough to have obtained some business training along the way, they may feel like someone thrown into deep water without knowing how to swim.

*Managing Health Promotion Programs* attempts to offer some swimming lessons. It is not intended to substitute for tertiary business programs. The compilation of practical information derived from our experiences in moving from “missionary” to “mercenary” simply provides a framework on which students and health, fitness, and wellness professionals new to management can build their skills. It offers the essential elements managers need to function in that role. We hope it will help make managers.

We begin by presenting an overview of health promotion, making a case for the role of business knowledge and skills in our profession. Part I begins with business policy and ethics, and Part II focuses on management. Portions are theoretical in nature, which is necessary to building a foundation for the many practical applications that are offered, including how to use an organizational chart, develop a job description, and integrate health promotion operations into an organization.

From management we move to marketing in Part III. After introducing traditional marketing principles, we present a practical approach to the marketing process. To meet the needs of worksite health promotion programs and vendors of health promotion services, we consider marketing programs internal and external to the organization. Part IV addresses the financial operations of the organization, discussing the internal and external economic forces that influence the organization as well as budgeting and purchasing. In Part V we examine the complete planning process. We consider long-range plans, project plans, work plans, and progress reporting.

We have chosen to use the term *organization* because health promotion professionals work in many different settings, including corporations, hospitals, government agencies, educational institutions, and not-for-profit agencies. Many of the examples use the worksite as the point of program delivery. Whatever the setting, the business concepts presented apply.

We hope that you will find *Managing Health Promotion Programs* to be an outstanding guide to managing effective health promotion programs. Our goal is to be

practical, informative, and stimulating as we help you to understand and apply the business principles that will help make you a successful health promotion manager.

# Acknowledgments

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As is always true for a project like this, we could not have done all the work ourselves. We very much appreciate the input we have received and permission to use photos and documents as realistic and accurate examples. Special thanks in this regard are extended to our colleagues at Apple Computer, Ceridian (formerly Control Data), Dow Chemical, Fitness Systems, John Harris and Associates, and Tenneco. We also thank Linda Glaros for sharing her expertise in the written word by editing this text when it was in its rudimentary stage.

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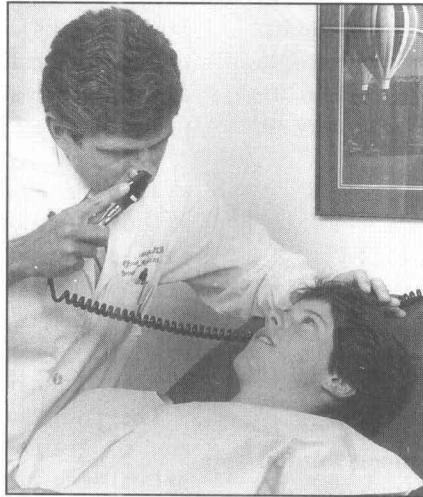
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# Chapter 1



## Introduction to Health Promotion

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The field of health promotion is relatively new; it does not yet have a well-established tradition. Although at times this makes it difficult to clearly show all of the benefits health promotion has to offer, it also makes the profession very exciting. The field changes rapidly, and there is freedom to try new ideas. Skillful, energetic, and resourceful health promotion professionals can easily find opportunities to be creative and influential and to move into leadership positions. Precisely because health promotion professionals can soon become managers, interact with upper management, and be more autonomous than professionals in the more traditional business fields, they need the preparation of business training as well as health training.

### HEALTH

Many definitions of health have been used in the last 50 years. The World Health Organization (WHO) developed a comprehensive definition in the 1940s, describing health as the “state of complete physical, emotional, and social well-being, not merely the absence of disease or infirmity” (Russell, 1975). More recently, the definition has been modified by others to accommodate the criticism that practically no one is completely healthy according to the WHO definition. The term *state* also implies that health is something that cannot be changed. These two problems resulted in a more comprehensive definition that is best shown in diagrammatic form (see

Figure 1.1). The wellness–illness continuum clearly shows that there are degrees of health and that it is possible to move from one level to another. The function of health promotion professionals is to keep people moving to the wellness side of the continuum, with the goal of seeing as many as possible at the far right.

## ILLNESS AND HEALTH PROMOTION

At the extreme end of the illness side of the wellness–illness continuum is death. In the United States the leading cause of death is diseases of the heart and blood vessels (American Heart Association, 1992). Figure 1.2 shows that in 1993 nearly twice as many people died from cardiovascular diseases as from the second leading cause of death, cancer. Cardiovascular diseases are a major health problem in many other countries as well (see Figure 1.3).

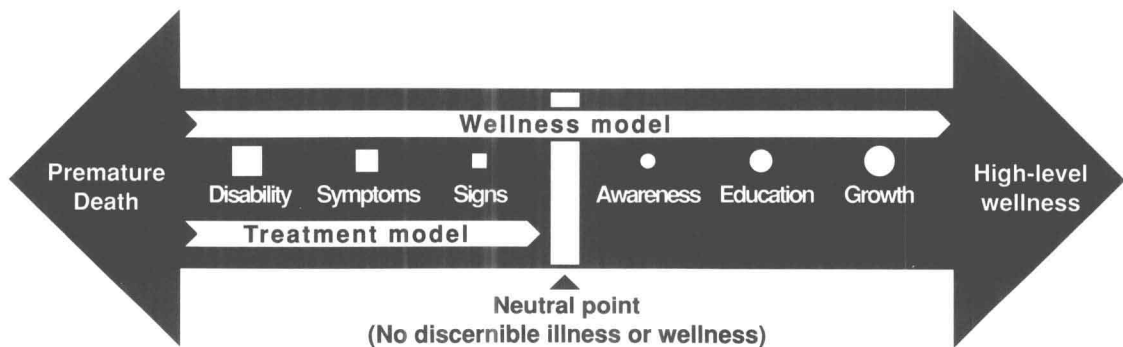
Other leading causes of death in the United States are accidents, pulmonary diseases, pneumonia, influenza, suicide, and AIDS. All of these health problems contribute to the increasing costs of health care, and all are problems that can be remedied.

For example, cardiovascular diseases are among those considered to be most influenced by lifestyle, and health promotion professionals can help people alter their lifestyles through such activities as exercise, weight loss, stress management, blood pressure control, and smoking cessation.

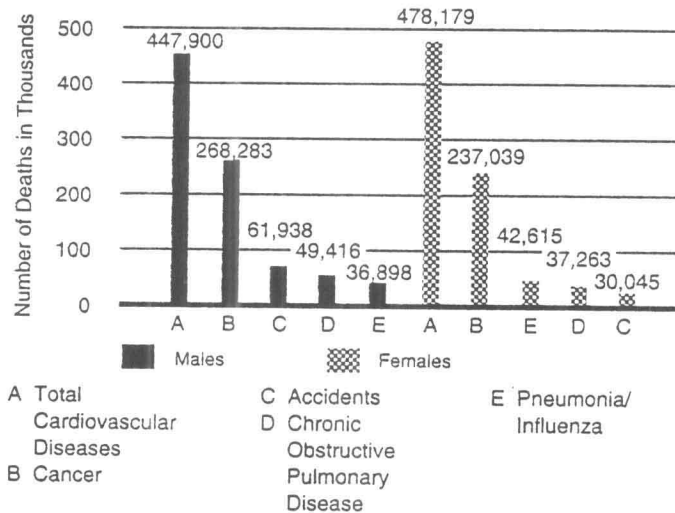
The need for health promotion services in the U.S. should continue to rise in light of the aging population and soaring health care costs. Because older individuals place heavy demands on the health care system and the cost of highly technical health care is spiraling upward, the use of health promotion must be given more consideration.

The potential benefits of health promotion programs go far beyond the reduction of health care costs to include decreased use of sick time and improved worker productivity, organizational image, and employee morale. Although these benefits are not easily measurable, many organizations, communities, and individuals are continuing to decide to use health promotion programs.

Health promotion services are offered in many settings, including worksite, community, commercial, educational, and clinical. All are important delivery points because they target different populations. Worksite programs reach employees and



**Figure 1.1** The health of a person is a point on the wellness-illness continuum.



**Figure 1.2** The leading causes of death for males and females in the United States. Reproduced with permission. *Heart and Stroke Facts: 1994 Statistical Supplement*, 1993 Copyright American Heart Association.

sometimes retirees and employees' families. Community programs reach the elderly, the unemployed, and others who do not have access to worksite programs. Commercial programs are available to individuals who are able to pay for them. Educational programs address students and young children. Clinical programs reach populations with specific needs. Together these delivery points can reach most people. However, in the future each individual delivery point must be expanded to meet everyone's needs.

## FUTURE TRENDS

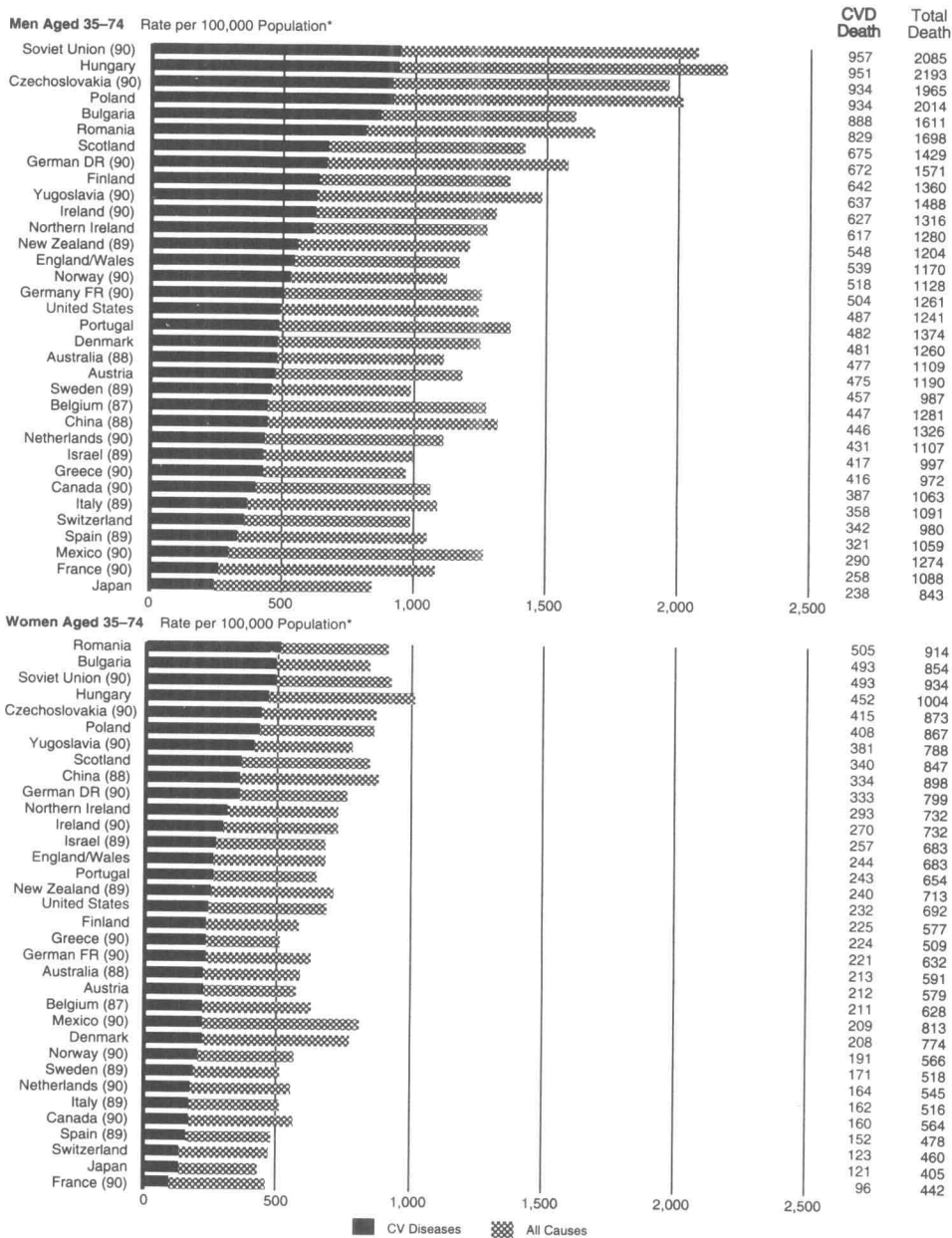
The health promotion field has changed dramatically in the last 10 years. More programs are being offered in more and different settings. Programs now address such topics as AIDS education, time management, and prenatal care. Health promotion professionals must monitor medical and social trends so

they can provide appropriate programming to meet future needs.

Although it is impossible to predict the future accurately, we can consider history and trends in developing projections. Shifts in demographics can be predicted with some accuracy, although the implications of these changes are more difficult to predict. Nevertheless, demographic information is useful for long-range planning.

## Trends in Demographics

Significant changes in U.S. demographics are expected by the year 2000. For example, the population is expected to rise 7% to 270 million people (Spencer, 1989). During this time the proportion of non-Hispanic whites is expected to drop from 76% to 72% (Spencer, 1989). The Hispanic-American population will increase to 31 million, or more than 11% of the population (Spencer, 1986). The African-American population will increase to 35 million, or more than 13% of the population (Spencer, 1989). Other ethnic groups,



\* ICD/9 390-459 for cardiovascular disease. Rates adjusted to the European Standard population.

**Figure 1.3** Death Rates for Cardiovascular Diseases and All Other Causes in Selected Countries, 1991 (or most recent year available).

Reproduced with permission. *Heart and Stroke Facts: 1994 Statistical Supplement*, 1993 Copyright American Heart Association.

including Native Americans and Asian-Americans, will continue to grow (Spencer, 1989), and health programs must be developed that address the specific needs of these expanding segments of the population.

Important changes also are expected with respect to age. By the year 2000 the median age in the United States will pass 36 years (Spencer, 1989). The number of children under the age of 5 will drop while the number of people over age 65 will increase to 35 million, representing 13% of the total population. The number of people over age 85 will also increase, reaching 4.6 million. The aging population will present new problems that the health promotion field will need to address.

### **Trends in Health Care**

By the year 2000, the biggest problem related to health care in the United States will be cost. Although health care technology has improved dramatically over the last 30 years, the cost of care has increased to the point where many people cannot afford it.

Fortunately, many of the health problems that contribute to rising costs are largely preventable, such as heart disease, stroke, some types of cancer, many injuries, some cases of AIDS, alcohol and drug abuse, and inadequate immunizations. This has led the U.S. Department of Health and Human Services to conclude that "mobilizing the considerable energies and creativity of the Nation in the interest of disease prevention and health promotion is an economic imperative" (Public Health Service, 1990). The Healthy People 2,000 worksite goals appear on page 6.

### **Trends in Business**

Some of the projected changes in U.S. business in the year 2000 will be related to demographic changes. The total work force

will be larger (Bezold, Carlson, & Peck, 1986); however, there will likely be a worker shortage for entry-level jobs because of the low birth rates in the 1960s and 1970s (Taylor, 1991). Also, because of the changes noted previously in the population's ethnic makeup, the level of diversity in the work force will increase.

Technology will change the way business is conducted in the future (Taylor, 1991). Robotics, computer-aided design and manufacturing, and computer information systems will accelerate the pace of technological development. The ability to manage information and keep abreast of new technologies will be essential for success in the business world.

## **CHANGES IN HEALTH PROMOTION**

Changes in demographics and business will result in changes in the health promotion field. A study by Miller and Tricker (1991) evaluated the expectations of 76 health and fitness professionals. Those surveyed anticipate many changes in health promotion. Respondents see an increased need to develop programs for the elderly, retirees, children, women, and hourly workers. Decreases are expected in health promotion services targeted to heart/lung disease patients, athletes, and individuals who are obese or have eating disorders. The importance of targeting employees of large organizations will change little (but will still be considered important) while the importance of targeting employees of small organizations will increase.

Miller and Tricker (1991) also evaluated predicted increases in staff sizes in different program settings, with the largest increase predicted for business and industry. Increases are also expected for medically oriented private clinics, community programs,



## Healthy People 2000 Worksite Goals

Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs as follows:

- 20% of worksites with 50-99 employees
- 35% of worksites with 100-249 employees
- 50% of worksites with 250-749 employees
- 80% of worksites with greater than 750 employees

Increase to at least 50% the proportion of worksites with 50 or more employees that offer nutrition education and/or weight management programs for employees.

Increase to at least 75% the proportion of worksites with a formal smoking policy that prohibits or severely restricts smoking at the workplace.

Extend the adoption of alcohol and drug policies for the work environment to at least 60% of the worksites with 50 or more employees.

Increase to at least 40% the proportion of worksites employing 50 or more people that provide programs to reduce employee stress.

Increase to at least 85% the proportion of the workplaces with 50 or more employees that offer health promotion activities to their employees, preferably as part of a comprehensive employee health promotion program.

Increase to at least 20% the proportion of hourly workers who participate regularly in employer-sponsored health promotion activities.

Increase to at least 70% the proportion of worksites with 50 or more employees that have implemented programs on worker health and safety.

Increase to at least 50% the proportion of worksites with 50 or more employees that offer back injury prevention and rehabilitation programs.

Increase to at least 50% the proportion of worksites with 50 or more employees that offer high blood pressure and/or cholesterol education and control activities to their employees.

(From *Healthy People 2000*, 1990)

health or fitness clubs, insurance companies, universities and other education facilities, and hospitals.

Although staff size is predicted to increase in most settings, increases will not

take place without reason. Therefore, managers must continually evaluate the effectiveness and benefits of health promotion to justify their programs to upper management and clients.