



International Association of Worksite Health Promotion Worksite Health Promotion Training Workshop

White Paper Implementing Worksite Health Promotion Teams and Champions

Purpose

The intent here is to examine the interpersonal and team structures that influence the workplace environment related to a culture of health. The social-ecological model of health promotion outlines multiple aspects of influence for employee health (Green & Kreuter, 1999). Developing the social support within an employer workforce is a key component of sustainable success for employee health promotion. An employer's health promotion profile includes the dynamic influences of employees and corporate factors as well as the interaction between these organizational factors and individual behaviors (DeJoy & Wilson, 2003). Establishing capacity in the employee population through an operating infrastructure of teams and champions is the focus of this paper. A review of pertinent research, current best practices and observation through experience informs our approach to this effort and guides the following discussion.

Why Worksite Health Promotion

The health risk profile of U.S. adults poses multiple threats to a high quality of life. Tobacco use in young adults age 18-24 exceeds one in four (25.3%). Almost two out of five (38.0%) adults report virtually zero physical activity in an average week. Approximately one in four adults (23.4%) is obese and almost two-thirds are either overweight or obese (CDC, 2005). Adherence to recommended self-care and preventive health services runs at about 50% (U.S. Department of Health and Human Services). These lifestyle issues drive degraded functionality, productivity and impact a host of financial factors for U.S. employers.

Health care costs in many employers run at an 8-10% rate of annual inflation, disability and workers' compensation costs are 9% in many states, disability and FMLA costs are escalating every year. There is a strong association found when health risks and the previous costs are studied (S. A. Musich, Adams, & Edington, 2000). Health risks tend to accumulate as we age. Health status tends to degrade over time as we age. When individuals change lifestyle habits and decrease health risks, we observe a change in health and improved profile, at any age. It is practical to infer that the increased health and productivity costs are not caused by age as much as they are driven by health risks.



Worksite health promotion has an opportunity to improve health risks, health status and subsequently health and productivity costs. Several meta-evaluation studies and literature review articles have substantiated the reduction in costs associated with successful health promotion programs. The average cost benefit ratio calculated in 16 studies with well-designed evaluation methods was 5.93: 1. The approximate cost reduction in absenteeism, health costs and workers' compensation – disability costs exceeded 25% in all categories (Chapman, 2005). A conclusion reached in this study and other literature review articles, supported by the International Association of Worksite Health Promotion Workshop Team conclude that the more rigorous the study, the greater the likelihood that savings will be found.

Developing an Organizational Health Promotion Audit

The social-ecological model of health promotion outlines multiple aspects of influence for employee health (Green & Kreuter, 1999). An employer's health promotion profile includes the dynamic influences of employees and corporate factors as well as the interaction between these organizational factors and individual behaviors (DeJoy & Wilson, 2003). The ability to measure the employer organization's environmental support provided is the focus of this section. A review of pertinent research and current evidence with a proposed assessment instrument are provided. The area of study that identifies characteristics of a health organization, has been identified by the U.S. National Institute for Occupational Safety and Health (NIOSH) as a research priority (NIOSH, 2002).

Employees operate in various ecological spheres from day to day. The immediate family and household as well as the community influence health and health behaviors. A larger environment of the region or nation also impacts the individual through policies, regulations and cultural values (Green & Kreuter, 1999). The workplace and family are two of the most intimate settings that influence the health of workers.

The research published in recent literature support the impact of participatory management practices, change efficient organizations, perceived job security and job satisfaction, all contribute to employee health (Lowe, Schellenberg, & Shannon, 2003).

The intent here is to examine the various influences within the workplace environment that influence worker health, wellness and well-being. Establishing a structured audit tool that can provide measurement for the employer and allow for comparison with other employers and future audits is output for this endeavor. Distinct components within the audit tool will be established to measure discrete variables that have been established as a known influence on personal health. The audit tool component areas include:

- Physical Resources
- Work Environment



- Organizational Policies
- Program Management
- Programs
- Employee Perceptions

The **physical resources** in a workplace should support convenient access for employees to engage in healthy lifestyle choices. The physical environment influences the behavioral disposition of employees and provides opportunities for wellness. The physical landscape in the workplace can be evaluated as a list of variables. Typical physical attributes include a variety of attributes (Engbers, Poppel, Paw, & Mechelen, 2005; Stokols, 1992).

- Personal space, employee density
- Workspace climate, lighting, temperature, noise, aesthetic appeal
- Social opportunity
- Access to healthy food options
- Access to physical activity options
- Ergonomic friendly workspace
- Non-toxic, non-pathogenic environment
-

The **work environment** describes various influences on the well-being of the employees. The cultural and organizational values are the primary components that constitute the work environment. The sociological influences exerted from peer employees, manager's, senior organizational leaders, organizational values, communication styles and communication effectiveness are some of the variables in this category. The organizational effectiveness as measured through inclusiveness, participatory decision making and organizational justice (Kivimaki et al., 2004) in the workplace are also influences within the work environment (Stokols, 1992).

Work environments can be considered dynamic systems that are constantly evolving and interacting with multiple sub-systems that shape the employee experience (Moos).

Surveys of employees has indicated that employees appear to perceive more support from the organization than from individual managers (Crimmins & Halberg, 2009). A key distinction is drawn that two discrete variables are present; one for management support and a second for organizational support.

Organizational downsizing has been shown to exert a negative influence on employee health and well-being. Increased absence due to sickness, self-reported health and stress levels are associated with downsizing in the workplace (Kivimaki, Vahtera, Pentti, & Ferrie, 2000).



The support of manager's and peers encouraging healthy choices and lifestyle appear to be a stronger influence on employee health than access to fitness facilities and other health promotion programming (Scofield & Martin, 1990).

Organizational **policies** form the regulatory boundaries and act as a road map for employees and managers to follow.

Policies can serve as evidence of organizational support for the climate. The organizational climate created through the policy infrastructure can be segmented in categories of organizational support, co-worker social support and relationships, intra-department communications, enterprise wide communications (DeJoy & Wilson, 2003).

Policies are also used to render decisions and day to day operations that can be viewed in the context of organizational justice. The relationship between the perceived organizational justice and employee satisfaction can be measured among three variables. Employees who rate high satisfaction feel they are being fairly rewarded for effort and performance, believe they are treated in a respectful manner and regularly receive communications about the process and operations that drive change decisions (Lawson, Noblet, & Rodwell, 2009).

Program management attributes are driven by the specific manner that health promotion activities are designed and delivered to the workforce.

Research in the process that organizations/employers use to implement change has application in health promotion program management. When an organization attempts to implement a change in the culture of health, the process is comparable to other elements of change for employers. The social interaction with co-workers and manager's including senior manager's is a salient feature of effective change management (Bouckenoghe, 2009).

The perceived health promotion program support of senior management by employees is one aspect of installing a healthy culture. The support observed by immediate manager's and trust in organizational leadership are variables that are associated with effective organizational change management (Bouckenoghe, 2009).

The improvement in delivering knowledge to employees has been shown to be an effective action that improves employee lifestyle choices. Practical program management efforts such as promoting stair use, dietary content of foods in the company cafeteria, vending machine product labeling and general health promotional activity such as posters and communications have proven effective (Engbers et al., 2005).



Health promotion programs that are available to the employees are the final component area.

The availability of convenient health promotion programs and on-site fitness facilities do not appear to be strong indicators of effective health promotion strategies (Scofield & Martin, 1990).

Employee perceptions are a strong indicator of the organizational culture. These perceptions can be compared to leadership perceptions as well as to objective evaluations such as a physical resource audit, policy and procedure audit. Although any potential discrepancy between employee perceptions, management perceptions and factual findings may be illustrative, these have not been reported in any research found in current literature.

The perceived amount of job control and social support have been associated with stress levels and job satisfaction (Kivimaki et al., 2004).

Practical Issues to Consider

Organizational downsizing has been shown to exert a negative influence on employee health and well-being. Increased absence due to sickness, self-reported health and stress levels are associated with downsizing in the workplace (Kivimaki et al., 2000).

The improvement in delivering knowledge to employees has been shown to be an effective action that improves employee lifestyle choices. Practical program management efforts such as promoting stair use, dietary content of foods in the company cafeteria, vending machine product labeling and general health promotional activity such as posters and communications have proven effective (Engbers et al., 2005).

Building Infrastructure to Support a Culture of Health

The following section outlines information from the body of scientific literature about developing teams and social networks in worksites to support a vibrant culture of health. Several of the references are from fields including human resources and organizational development beyond the more common health promotion journals. Practical application recommendations integrated with the evidence in the literature has been shaped by a diverse team of IAWHP professionals. The sections of the white paper follow below.

- Introducing Change or an Innovation Into Your Company
- Team Activation and Operational Issues
- Practical Issues to Consider
- Summary



Introducing Change or an Innovation Into Your Company

Change management is an established competency within many companies (Madsen, Miller, & John, 2005). The development of a health promotion initiative within a company may be considered as any other change management process. The introduction of health as an organizational value requires more than a few memorandums, email newsletters and promotional spiels at town hall meetings. Establishing employee health as a core value is typically more daunting than other typical organizational changes.

When two companies merge the change management process addresses; names, logos, staffing, personnel retention/dismissal, benefit packages and similar issues. As complex and anxiety provoking as these can be for employees, the change management process for most issues has a short life-expectancy. The approach for any change management process is similar regardless of the topic.

A unique feature of health promotion as an innovation or change is the long-term implementation phase and severe influence on basic values within the employee population. The percentage of employees that require participation and engagement in health promotion programs is another unique feature. The previous company change topics that were mentioned typically influence a small percentage of the employees. Yet, for health promotion to succeed in an employee population a participation rate of 50-70% is typically required (Edington, Yen, & Witting, 1997; S. Musich, Schubiner, & McDonald, 2009; S. A. Musich et al., 2000).

Research in the process that organizations/employers use to implement change has application in health promotion program management. When an organization attempts to stimulate a change in the climate of health, the process is comparable to other elements of change for employers. The social interaction with co-workers and manager's including senior manager's is a salient feature of effective change management (Bouckenooghe, 2009). The involvement of co-workers in a change management process is a key concept that justifies the creation of health champions. When employees feel a strong commitment from the organization and a connection through social networks they are more accepting of changes introduced by the company (Madsen et al., 2005). The social networks influence may be responsible for mitigating the perception of top-down management styles. Participative leadership style within an employer helps facilitate the management of change. Trust in management is also associated with health promotion participation in employers (DeJoy & Wilson, 2003).



There are two established models that can help guide an organization through the change process or the introduction of an innovation such as health promotion. A brief description of the models is provided below. These help serve as the evidence based structure to guide the development of your company infrastructure (teams and champions).

Lewin's Theory of Change (Lewin, 1997)

A change in policy, procedure or other organizational standards in an employer can be guided by a three-step process. The phases of the change process are dynamic and can evolve and regress within the many influencing factors found in the work place environment. The three phase model is a guide to consider when developing new teams such as the employee health promotion team and health champion network. The three phase model is outlined below.

1. Unfreezing
2. Moving
3. Refreezing

Unfreezing

This initial step includes an analysis of the current situation. The climate of health in a work force is considered the status quo, influenced by a milieu of factors, both organizational and interpersonal. These factors can be considered and analyzed. The plan of action is then designed to destabilize the status quo. As an example, if most cafeteria selections are high fat fried foods and vending machine selections are all unhealthy then this status quo will be challenged and healthier changes proposed. The lack of an employee health promotion team is a factor. The organization will need to accept that any changes will deliver potential benefits that exceed the pain and effort required to implement the changes.

Moving

The action step follows analysis and planning. The moving phase includes action, revision, reintroduction of changes, training and reducing resistance. The evolution from the status quo through action culminates in a functional, efficient and productive change that can be sustained.

Refreezing

A critical phase that is many times overlooked in health promotion is sustainability. Forming health teams and champions is only one aspect. The continued successful operation requires unique consideration. Establishing a new value or normative behavior inside a workplace nested within an organization is a daunting objective. A key aspect is the awareness that merely launching a team and champion network may



not lead to future success. This refreezing phase must be addressed with the same vigor and strategic forethought as the initial moving or action phase.

Roger's Stages of Innovation (Rogers, 2003)

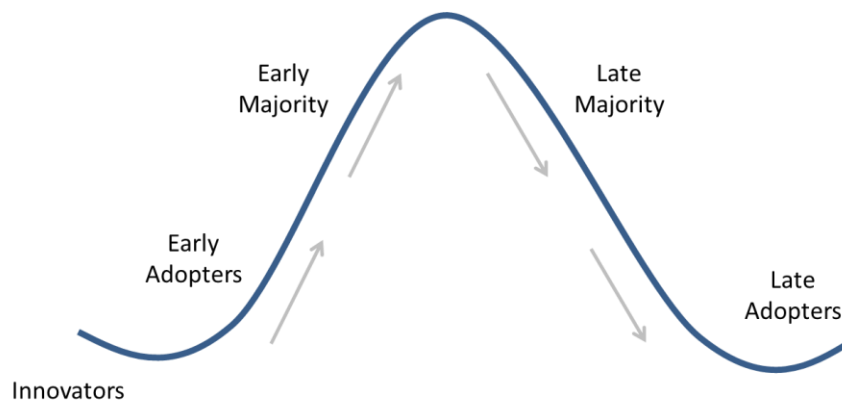
The five stages of innovation are familiar to most of us who have been students of marketing or innovation. These stages relate to how an innovation moves through any group of individuals.

1. Innovators
2. Early adopters
3. Early majority
4. Late majority
5. Late adopters

The introduction of health promotion programming as an initiative or new organizational value would be expected to follow the five stages of acceptance outlined above. Any single program or event will generally follow this progressive cycle of engagement as well. A small minority of individuals, the innovators, will join any new program. These innovators are eager to try the newest initiative and enjoy being the first to sign up, the first to complete a program. Employees will many time ask these innovators for their opinions. These employees are easy to please.

The next group of individuals to participate in a program are the early adopters. This segment of the employee population are influenced by the innovators and are an early indicator of future participation. When early adopters promote the program and relay positive comments through the social networks, future success is leveraged. The three subsequent stages of program participation progress along the lines of a typical bell curve. (See Illustration 1)

Illustration 1.





The introduction of change into an organization always creates some level of uncertainty and unknown. The ability of a company to manage through change and maintain productivity and minimize the uncertainty is related to environmental issues of the organization, the composition of individuals (employees) and external influences acting upon the organization. Your company can be evaluated along six areas to help appraise the ability to accept change.

- Size
- Centralization
- Complexity
- Formulization
- Interconnectedness
- Organizational Slack (Rogers, 2003)

Smaller companies have a more difficult time managing change. There are fewer employees to contribute to any project and less diversity across the breadth of the employee population. Companies that are predominantly quartered in one area or one location produce fewer innovations compared to companies with a more widespread footprint. Complexity in a company helps foster innovation. When the change evolves to a point that implementation is required the complex company has increased difficulty. The more formalized or bureaucratic a company's structure the less capable of instituting changes and innovations. Government agencies, banks, military organizations would have a tougher time than a grocery store chain, retail stores, manufacturing plant. Interconnectedness is similar to social networking or neural connections in a company. The greater the web of connectivity between employees the easier it is to diffuse innovations and changes into adoption. This is the key principal behind establishing a network of health champions in your company. Organizational slack may be restated as capacity. The greater the number of employees, the more likely you have extra capacity for a given project. Managers can solicit each other to recruit an employee who has both time and motivation to contribute on a change effort. Participation as a health promotion team member or a health champion will be easier in larger organizations.

These organizational factors influence the adoption of the change and the movement through the five phases of adoption and six company characteristics outlined above. These are a few of the principles that support the development of an employee health promotion team and a network of champions.



The previous sections outline the published literature and peer reviewed evidence to guide the following recommendations. This collective foundation of knowledge is used to shape the step by step process of building your employee health team and network of champions.

The climate that surrounds the employee population includes a diverse set of ecological variables. The collective attitude of company leaders, managers and officers as well as co-workers provide social support within the health climate (DeJoy & Wilson, 2003). The physical or environmental factors, company policies, cultural norms, demographic and psycho-graphic variables are additional influences on the employee population (Hall, Bergman, & Nivens, 2014).

Policies can serve as evidence of organizational support for the climate. The organizational climate created through the policy infrastructure can be segmented in categories of organizational support, co-worker social support and relationships, intra-department communications, enterprise wide communications (DeJoy & Wilson, 2003).

Previous experience and evidence-based literature substantiate the success of employee teams as the primary entity to promote and execute wellness programs. Health champions serve as the marketing agents within the organization. Participation and engagement through the employee population is driven by these champions. The grass root level feedback, program customization and competition execution is proposed to be coordinated by the health promotion committee described earlier.

The Influence of a Company Sponsor

Surveys of employees has indicated that employees appear to perceive more support from the organization than from individual managers (Crimmins & Halberg, 2009). A key distinction is drawn that two discrete variables are present; one for management support and a second for organizational support. Your ability to recruit a senior leader in your company is a central factor that drives success. Three key issues have been documented that drive success for innovation and change strategies. Leadership, management practices and sustained funding are the three key factors to improve the odds of success in a health promotion endeavor (Joffres et al., 2004). Your company leader who serves as an executive sponsor is the individual that can deliver all three of those support areas.

The research published in recent literature support the impact of participatory management practices, change efficient organizations, perceived job security and job satisfaction, all contribute to employee health (Lowe et al., 2003).



Team Activation and Operational Issues

The support of manager's and peers encouraging healthy choices and lifestyle appear to be a stronger influence on employee health than access to fitness facilities and other health promotion programming (Scofield & Martin, 1990).

The perceived health promotion program support of senior management by employees is one aspect of installing a healthy culture. The support observed by immediate manager's and trust in organizational leadership are variables that are associated with effective organizational change management (Bouckenoghe, 2009).

Behavior change theories have been developed to guide health coaches and other professionals when counseling or assisting individuals on lifestyle changes. These theories have proven successful for a health coach to follow during the counseling process. These models include the trans theoretical model (TTM) or stages of change (Prochaska et al., 1994), self-efficacy or confidence (Bandura, 2001), decisional balance or pro-con (Velicer, DiClemente, Prochaska, & Brandenburg, 1985), and an integrated model that combines several of these theories, the health action process approach (HAPA) (Schwarzer & Luszczynska, 2008).

Summary

Worksite health promotion includes an organization-wide approach to planning, operations and evaluation. The implementation of health promotion in an employer setting is comparable to any major change across the organization. The best practices and theories that can serve as a model for health promotion program change parallel organizational dynamics grounded in business management.

The greater the integration of health promotion programs into day to day operations of a company the greater the likelihood of success. If health promotion is viewed as an ad hoc or supplemental issue, resources and leadership support may be inadequate. Communication channels within the health promotion committee and bi-directional up to leaders and down to front-line employees is required. Changing culture in any organization is an extreme challenge. Values and beliefs may need to evolve and may conflict with current accepted values. The road to a stronger culture of health is an established science. The journey has challenges and requires a disciplined approach. Success is within sight, good luck.



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Appendix Examples of Assessment Instruments

Example 1.

Scoring Methodology For Organizational Climate of Health Audit

Scoring Guidelines

Favorable Scoring

Each audit measure includes scoring in two dimensions. The first dimension is favorable or unfavorable. This criterion seeks to document the presence or absence of the measure. Generally, for the majority of measures availability and presence is considered favorable. The quality of the item, the access to all populations and the degree of promotional activity is NOT considered when grading favorability. A health risk appraisal available in paper format, distributed once per year at the annual health fair to only major locations is considered as available and therefore would be graded as favorable. Credit is awarded for the organizational investment in introducing a health promotion service or intervention in this criteria. All additional criteria will be scored as a separate dimension.

The response variables for favorable / unfavorable are dichotomous, yes/no. Any availability will qualify and earn a favorable score.

Availability Scoring

The availability of a health promotion program or service is the second dimension of the audit scoring methodology. A seven point scale is graded for each criterion. The scale scoring is outlined below.

+3 The item is available to all employees, across all locations, at all pay grades and job classifications. The promotional activity is strong and includes direct personal promotions as well as broadcast communications to all employees. The promotional activity is included as a component of a larger strategy to increase participation.

+2 The item is available to almost all employees, in all large locations and some smaller locations in all pay grades and job classifications. The promotional activity is strong and includes several different communication channels. The promotional activity occurs at more than one time per year.



+1 The item is available to the majority of employees in all large locations. The promotional activity occurs at least annually and includes two different communication channels.

Zero The item is available to employees. There is limited if any promotional activity for employee awareness or call to action.

-1 The absence of the item is considered in the context of other similar health promotion activities or programs that are present in the organization. The absence of the item is considered to be minor. Similar health promotion interventions are available and help minimize the impact of the item of interest non-availability.

-2 The absence of the item is considered moderate. There are other similar activities or programs available, but the lack of this item is expected to limit the health improvement potential of the employee population in a manner that is moderate.

-3 The absence of the item is considered severe. There are not substitute activities or related programs or activities available. The absence of this item is considered limiting and expected to limit health improvement in the population in a severe manner.

Employee Population Size Considerations

If a measure is considered not applicable the item will NOT be scored. The size of the organization and the size of a location are considerations for any measure to be considered applicable. As an example, a company location with 150 employees should not be evaluated for an on-site clinic or on-site health coaching. A one-story plant locations with no stairs (unlikely but possible) should not be graded and evaluated for stair access. These not applicable items will be excluded from any scoring calculation methodology.

An employee population that works in a single location of 300 is considered the minimum for grading on-site programs. Locations with less than 300 employees will not be graded for any on-site programs.

An employee population that works in a single location of 1,000 is considered the minimum for grading on-site clinic or on-site fitness center programs. Locations with less than 1,000 employees will not be graded for on-site clinics or fitness centers.

Employees who are full-time and are expected to work 4 or more days per work week in the building are considered in the population census. Telecommuters or employees who do not work in the office full-time, 4 days per week will not be considered part of the employee location census for the thresholds outlined.



Time Period and Availability Considerations

The organizational audit will typically occur over a period of weeks. The criteria for each measure should be evaluated based on the availability of the measure at the time of the audit. Many measures require considerations of activities across time, such as communication campaigns and promotional activity. A period of 12 months for these longitudinal considerations is appropriate. If an activity was available 18 months prior to the audit, and not available in the last 12 months, the measure would be scored as not present or unfavorable. If an activity is planned to be initiated but was not present for the time frame of the evaluation, the measure will be graded as not present or unfavorable. There should not be any partial credits for scoring if a measure is planned or imminent. These situations are considered in an objective fashion. The extenuating or mitigating factors should be discussed in the qualitative area and commentary in the final report for the employer.

Example of Scoring Mechanics

Programs

Methodology details can be found

Health Risk Appraisal (HA)

| | |
|-------------|--|
| Favorable | HA is available in any form at least once annually |
| Unfavorable | The HA is not available in any format |
| +3 | HA available in multiple formats including on-line, paper for new employees and aggressively promoted at least annually to all employees. Personal promotion is a component of the marketing activity. |
| +2 | The HA is available to all employees and is promoted with moderate intensity. |
| +1 | The HA is promoted and is available to most employees. |
| 0 | The HA is available but not promoted. Employees would need to seek out the HA or follow up on a low level newsletter article. |
| -3 | The HA is not available in any format |

Scoring Results:

Comments:



Example 2

1. Health Promotion Programs available to eligible employees/dependents?
2. Are health fairs and / or biometric screening events available for employees?
3. What organizational support is available for health promotion programs?
4. Is the health promotion program evaluated on a scheduled frequency
5. What program evaluation components / data are included?
6. What are the health and productivity programs and level of integration?
7. What are the health promotion topics available as programs for employees
8. What are the disease management programs available to employees
9. Disability and absence management programs available to employees
10. What communication strategies are deployed?
11. What communication channels are used during the program year?
12. What communication channels are used during the program year?

Physical

1. What physical environment resources are available for employees?
2. Physical Activity
3. Nutrition
4. Work / Life
5. Clinic - On Site Medical Services
6. Stairwell Detailed Checklist
7. Fitness Center Detail
8. Nutrition - Healthy Eating Detail
9. Obesity - Body Composition Management

Work Environment

1. Where can employees access on-site programs
2. The cafeteria or food court at work offers an adequate variety of health foods.
3. The vending machines have an adequate selection of health foods and drinks.
4. During company meetings and functions health foods and drinks are available.
5. Are incentives or rewards available to employees, dependents
6. What is the maximum incentive amount available per individual/family per year?
7. What type of financial incentives or rewards are available?
8. How are incentives funded?
9. What activities are included in the incentive or reward program design?
Program topics included in incentive/reward program
10. What support for individual tobacco cessation is provided?



11. What level of collaboration has been developed with community assets/resources?

Policy

1. What activities / programs are employees allowed access or time to participate during paid work-time?
2. Does the organization have an employee health team?
3. How many employee health teams are functional?
4. Are formal job descriptions and appointments to the employee health team an established process?
5. What is the frequency of employee health team meetings
6. Has a health promotion strategic plan been developed and distributed?
7. Are organizational objectives published and distributed at least annually?
8. Are health promotion goals published and distributed at least annually?
9. Is the responsibility for employee health promotion assigned to one employee?
10. Does the organization maintain membership in professional organizations related to worksite health promotion?
11. Are new employees provided with training or an overview of wellness programs available?
12. What organizational policies have been developed, approved and distributed?
13. Are adult dependents provided access to health promotion programs?
14. What employee categories are eligible for health promotion programs?

Management

1. Has the CEO/President communicated support of the health promotion program through a letter, column etc.?
2. Has the CEO/President communicated support of the health promotion through support at town halls, all employee meetings etc.?
3. Has the management team from managers to executives been trained on health promotion policy and support within the last 3 years?
4. What type of absences, if any, are managed at your company?
5. Is employee input solicited for program management?
6. What are the annual health promotion expenses?
Program Outcomes?



Example 3

THE HERO HEALTH AND WELL-BEING BEST PRACTICES SCORECARD IN COLLABORATION WITH MERCER ©

The HERO Health and Well-Being Best Practices Scorecard in Collaboration With Mercer © — International Version is available to organizations on a complimentary basis and may be accessed through www.hero-health.org or www.mercer.com. The survey must be completed online, but this abridged version is available and can be used as a teaching tool or to gather information before entering it into the online questionnaire.

The example is not comprehensive, only a sample of questions and responses.

Does your health and well-being program specifically address the needs of employees who are ...?

To what extent is your health and well-being program viewed by senior leadership as connected to broader business results, such as increased revenue, profitability, overall success, company reputation, and sustainability?

Taken altogether, how effective is the strategic planning process for health and well-being in your organization?

ORGANIZATIONAL AND CULTURAL SUPPORT

In this section, we ask you to describe your organization's efforts to create or maintain a culture of health across your organization, including the level of support from leadership. By "culture," we mean key values, assumptions, understandings, beliefs, and norms that are commonly shared by members of the organization.

Does your organization communicate its health values in any of the following ways?

Does your organization have any of the following policies relating to employee health and well-being?

- Allow employees to take work time for physical activity, such as stretch breaks
- or walking meetings
- Provide opportunities for employees to use work time for stress management
- and rejuvenation
- Policies supporting psychosocial health or behavioral health (for example



- employee assistance programs, personal development for life skills)
- Support healthy eating choices (for example, by requiring healthy options at
- company-sponsored events)
- Encourage the use of community health and well-being resources (for example,
- community gardens, recreational facilities, health education resources)
- Tobacco-free workplace
- Policies promoting responsible alcohol use and/or drug-free workplaces
- Support work-life balance (for example, with flex time or job share options)
- None of the above

Does your organization's physical environment include any of the following?

Which of the following describes your leadership's support of health and well-being?

- Leadership development includes the business relevance of employee health
- and well-being
- Leaders actively participate in health and well-being programs
- Leaders are role models for prioritizing health and work-life balance (for example, they do not send emails while on vacation, they take activity breaks
- during the work day, etc.)
- Leaders publicly recognize employees for healthy actions and outcomes
- Leaders are held accountable for supporting the health and well-being of their
- employees
- Leaders hold their front-line managers accountable for supporting the health
- and well-being of their employees
- A senior leader has authority to take action to achieve the organization's health
- and well-being goals
- None of the above

Which of the following describes the involvement of employees in your health and well-being program?



- Employees have the opportunity to provide input into program content, delivery methods, future needs, and the best ways to communicate to them
- Wellness champion networks are used to support health and well-being
- Employees are formally asked to share their perception of organizational support for their health and well-being (for example, in an annual employee survey)
- Unions are engaged as partners to support health and well-being

If your organization uses employee champions or ambassadors to promote health and well-being, are they supported with any of the following resources?

- Training
- Toolkit including resources, information, and contacts, etc.
- Rewards or recognition
- Regularly scheduled meetings for the champion team
- Formalized job description
- None of the above
- We don't use employee champions or ambassadors to support health and well-being

Are mid-level managers and supervisors supported in their efforts to improve the health and well-being of employees within their work groups or teams? This might include training, adequate budget, and resources that reflect the team's needs and interests (for example, providing alternatives to cafeteria/canteen food service offerings)

Does your organization provide any of the following resources to support individuals in managing their overall health and well-being? Check all that apply.

- Onsite or near-site medical clinic
- Employee assistance program (EAP)
- Child care and/or elder care assistance
- Initiatives to support a psychologically healthy workforce (for example, resiliency training)
- Legal or financial management assistance
- Information about community health resources
- Health advocacy program
- Executive health program
- Medical decision support program
- Nurse advice line service

