The Step-by-Step Guide to Successful Workplace Wellness Programs

Insider tricks and tips for how to build a winning wellness program at your worksite...
A comprehensive best practice wellness program involves all employees, deals with all major health risks, offers choices, targets both the employees and the worksite environment, and provides periodic evaluation of its results. A comprehensive best practice program emphasizes follow-up and offers support for the employee as long as he/she is employed. Studies have shown this approach to be highly successful.

**Best Practice Criteria***

1. **Employ features and incentives** that are consistent with the organization’s core mission, goals, operations, and administrative structures.

2. **Operate at multiple levels**, simultaneously addressing individual, environmental, policy, and cultural factors in the organization.

3. **Target the most important health-care issues** among the employee population.

4. **Engage and tailor diverse components** to the unique needs and concerns of individuals.

5. **Achieve high rates of engagement and participation**, both in the short and long term, in a defined “core program.”

6. **Achieve successful health outcomes**, cost savings, and additional organizational objectives.

7. **Are evaluated based upon clear definitions of success**, as reflected in scorecards and metrics agreed upon by all relevant constituencies.


Key components are planning, implementation, and evaluation.
Planning involves performing a needs assessment, appointing a wellness committee, selecting providers, establishing benchmarks and metrics, setting goals/objectives, marketing/promoting the program, and establishing procedures to ensure confidentiality.

Companies may want to start benchmarking their program by comparing company health risk data to the CDC Behavior Risk Factor Surveillance (BRFS) data of their state [http://www.cdc.gov/brfss/].

Metrics considered for best practice programs are percent of participation, as well as number of no-risk, low-risk, medium-risk, and high-risk employees. A discussion on metrics to be tracked should be based on company and provider discussions. They generally include health risk factors related to measurement of biometrics and health behaviors.

The metric of participation will be the same for all worksites, that is 75% or better in your core program, at least once a year. Setting goal metrics can be established by what you feel is reasonable in your organization.

Some metrics to target would be to move your cardiovascular disease risks (CVD) population to decreasing risks. Measurement of physical activity, fitness, blood pressure, cholesterol, overweight/obese, and smoking are utilized for this purpose.

How many employees can be moved to the “no risk” or “one risk” category in one or more years?
Is it possible for a company to achieve 50% no CVD risks?

**CVD Risks:**

1. No physical activity/poor fitness rating
2. High blood pressure
3. High cholesterol >240
4. Overweight/obese
5. Smoking

Evaluation involves monitoring your program to find out if it is working and to help you refine it. Measuring success shows what you have achieved, helps justify costs, and provides information for management to support continued programming.

**Needs Assessment**

Successful wellness programs are designed to meet the needs and interests of the employees. The information you need to get from a survey depends on the scope of your program. If you plan to do a survey, keep the following hints in mind:

- **Ask mostly closed-form questions**, especially if you will be sending the survey to a large number of employees. Closed-form questions provide specific choices and are easy to tabulate. You may want to use a computer for data entry and analysis.

- **Invite comments, suggestions, and recommendations**, or ask open-ended questions at the end of the survey. Open-ended items are more difficult to summarize.
• Include a brief explanatory cover letter with the survey signed by the company president. Make sure to include a statement about confidentiality and anonymity.

• Ask a group of representative employees to review the survey before it is distributed. Find out if the questions will be understood by employees and won’t be objected to.

• Include demographic information at the beginning or end of the survey. Consider various ways that you might analyze the responses by demographic characteristics (gender, age, shift, site, department, etc.).

When considering who should get the survey, here is a simple rule: If you have fewer than 500 employees, everyone should receive one. The public relations benefit of everyone receiving a survey can be significant. If you have over 500 employees, a sample of the work population will suffice. A sample saves on costs and time. You may want to consider consulting with a statistician to determine an appropriate sample size for your worksite.

Needs surveys are confidential and anonymous; they do not request information that may identify a person.

Getting support from leaders and management is crucial to the success of the program.

One way to do this is to survey leaders/managers and conduct interviews with decision-makers in the organization. Keep the survey short; it shouldn’t take more than 10 minutes to complete.

The interview process can also serve as a means of educating management. Provide concise fact sheets on the benefits of HP programs for management. When surveys and interviews are completed, tally the surveys and write brief summaries of the interviews. Provide these reports to management.

Once completed, present a brief executive summary to management. Highlight a few interesting findings that can be used immediately to make decisions about the program.

Utilize charts and graphs to make your points. Prepare a detailed report for wellness committee members itemizing each response. Provide a short article about the survey in the company newsletter.

The higher the response, the more valid and reliable the results. A minimum response of 40% to 50% is good.

Work Environment

Effective wellness programs attempt to create healthy workplace climates. A healthy workplace climate is one which encourages teamwork, cooperation, and empowerment of the individual.
People need support to be active, eat well, and sustain a tobacco-free lifestyle. A company needs to provide the social and physical environment that supports these behaviors. Businesses that support smoke-free environments at work, provide safe and convenient opportunities for physical activity, and offer reasonably priced, healthy food options in vending machines and cafeterias create healthy worksite environments for their employees.

People have a sense of community, a shared vision, and a positive outlook. Policies promote and support wellness efforts within the workplace.

- **Effective programs identify ways** that company policies and organizational traditions encourage wellness.
- **Effective programs work at the group** and organizational level to build support for healthy lifestyle choices.
- **Effective programs set clear target goals** and objectives for the health improvement of the worksite.

**Corporate Culture**

Effective wellness programs recognize the importance of building a supportive cultural environment. The workplace culture includes shared values and heartfelt beliefs about what is important. It includes social standards of expected and accepted behavior called “cultural norms.”

It includes peer support from family, friends, and co-workers. This support can help people adopt healthy lifestyles. Tools are available to audit a company’s culture from The Human Resources Institute, LLC. The Institute has assisted over 1,000 business and community organizations in their efforts to create healthier and more productive cultures. Visit them online at [www.healthyculture.com](http://www.healthyculture.com).

The long-term success of any wellness program is dependent on the corporate culture.

**Some healthy culture signs in a company are:**

- Employees communicate openly
- Leaders support diversity of opinion
- Employees have fun
- Policies support wellness
- Employees are encouraged to grow
- Employees work together as a team
- Employees’ skills and talents are matched to their job
- Flexible work schedules are available
- Employers consider employees their most valuable asset
Wellness Committee

Wellness committees are important in that they create a sense of ownership in the program and facilitate various tasks involved in wellness programming at the workplace. The committee should be composed of a cross-section of employees representing various occupations, levels, and subgroups with the organization.

A common mistake is filling the committee with the most health/fitness-conscious people in the company. Don’t rely solely on volunteers to fill a committee. Make sure that your committee members have enough power in the company to run an effective wellness program.

The wellness committee oversees the wellness program and helps carry it out. The committee should meet about once a month to review the previous month’s activities and plan future ones.

When the program is just starting, the committee may meet on a weekly basis until things get going. Committee members do not carry out biometric screening procedures, counsel clients, or handle confidential health information. Wellness professionals perform these tasks. In general, the committee’s duties fall into three areas: planning, promoting, and helping to run programs.

Planning the program can include:

✓ Finding space for activities
✓ Planning and organizing worksite-wide events such as contests
✓ Reviewing reports prepared by the program staff and making recommendations
✓ Designing a year-long plan of wellness events

Promoting the program can include:

✓ Recruiting workers to take part in screening, health improvement programs, and events
✓ Encouraging workers to take part in follow-up counseling
✓ Organizing promotional strategies using newsletters, signs, bulletin boards, computers, and other media available within the workplace
Helping to run the program can include:

- Setting up equipment for various activities
- Helping to conduct worksite-wide activities
- Monitoring all activities and reviewing the performance of the professional staff
- Acting as wellness mentors to fellow employees

The size of the wellness committee will be dependent on the size of the organization. Pick members by asking day management to nominate or appoint employees.

Make an announcement through flyers, memos, and meetings to recruit potential members. Explain the purpose of the committee, duties and responsibilities, and the time commitment.

Recognize your wellness committee volunteers. Allow them to participate in programs at a reduced cost. Hold appreciation breakfasts/lunches/dinners. Print names of committee members on company communications about the wellness program.

Purchase special T-shirts, caps, and buttons for them. Write letters to supervisors saying that you appreciate the member’s service. Create awards certificates for members.

The following can be used as a guide for committee size:

- Fewer than 300 employees: 5 to 8
- 300 to 1,000 employees: 8 to 12
- 1,000 employees or more: 12+
Goals and Objectives

Goals are broad-based statements about what the program is expected to do. The goal of the wellness program is to enhance the health of individuals and the organization. Goals like mission statements provide direction in a program.

Objectives are specific and provide a means of measurement to determine effectiveness. There are two types of objectives: process and outcome. Process objectives state the activities that need to occur to achieve a desired outcome.

**Examples of process objectives are:**
- Number of participants screened
- Number of participants completing HRAs
- Number of participants in and completing health-improvement programs
- Satisfaction of program participants
- Number of participants who were medically referred and saw their physician
- Number of promotional activities
- Number of wellness touches per employee
- Number of participants seen in follow-up

**Example of outcome objectives are:**
- Number at no and low risk, moderate risk, high risk
- Number at no CVD risks
- Number of participants who improved fitness level
- Number of participants who lowered cholesterol level
- Number of participants who lost weight, lost body fat, improved BMI
- Number of participants who quit smoking
- Number of participants with high blood pressure who lowered their blood pressure
- Number of participants with risk factors who saw their physician and are being treated for high blood pressure or cholesterol years later

Many HRAs track this type of information and provide group aggregate reports.
The backbone of wellness programming at the worksite is health screening. It is the first major activity a company should do when starting a wellness program. Many times health screening is used in conjunction with the administration of a Health Risk Appraisal (HRA).

The most effective way to screen is to utilize a health professional trained in wellness-screening techniques and counseling to privately and individually assess participants. This wellness professional takes a brief health history and measures blood pressure and cholesterol. With computerized cholesterol desktop analyzers, results are obtained in about four minutes.

Immediate feedback, consultation, and educational materials are provided. For those identified at-risk, follow-up appointments can be scheduled at this time. The whole process takes about 20 – 30 minutes per individual. The screening also provides an immediate opportunity to register participants in various health-improvement programs based on their interests and identified health risks.

Health screening can be done on an annual basis and used as a means of monitoring health risks within the worksite.

A health-screening program needs to provide multiple opportunities for participation. The service should be provided for all the various shifts of a company.

Reluctant employees often like to be able to see what the program is about before they commit. When wellness screeners are not busy, they should perform outreach by going to areas where employees gather and attempt to recruit employees.

When well-planned and promoted, health screening can attract high participation rates of 60% to 100%. These high participation rates have a positive impact on management producing support for further programming.

**Heart Health**

The most common screening performed in worksite wellness programs is heart health.

The screening can include a written heart health test, blood pressure measurement, cholesterol/HDL-cholesterol test, glucose (blood sugar), educational materials specific to diet, nutrition, exercise, cholesterol, smoking, and weight.

The health professional conducting the screening then provides a consultation and helps set goals with the participant.
Health Risk Appraisal

A Health Risk Appraisal (HRA) is frequently used in conjunction with a health screening. An HRA is a computerized assessment tool, which looks at an individual’s family history, health status, and lifestyle. An HRA seeks to identify precursors associated with premature death or serious illness.

The HRA questionnaire covers lifestyle habits (such as smoking, seat belt use, and exercise) and physical measures (such as cholesterol, blood pressure levels, height, and weight).

For accuracy, it is beneficial to obtain direct measures of blood pressure, cholesterol, and HDL-cholesterol. The HRA also provides recommendations and indicates what risks are modifiable.

One of the big benefits of an HRA is that it can provide an aggregate group report of a company and can be utilized as an evaluation tool.

Planning

An annual plan for the major wellness programs and activities is a useful management tool. This is an excellent wellness committee task. Usually an activity and wellness theme per month is offered to employees.

Selecting a Provider

When staffing your wellness program, you need to consider whether to hire a wellness staff or contract with wellness professionals from outside your organization. Small- and medium-size worksites do not usually have a wellness professional on staff.

If your worksite is in this category, you will need to contract with providers outside your company. Large companies have several options; they can hire a staff solely for the wellness program.

They can also contract with outside wellness providers, or use a combination of internal staff and outside providers.

When selecting a provider, some key questions in the areas of staff, program structure, process, and effectiveness need to be addressed.

Staff

Health professionals become wellness professionals when they are trained in the full range of wellness activities. Wellness professionals are generalists who come from a wide variety of backgrounds and schooling. They may be nurses, dietitians, health educators, counselors, exercise physiologists, or have other backgrounds. But in addition to their primary training, they know something about all wellness topics, including smoking, stress, exercise, and nutrition. They also know how to engage and support people in making and sustaining health improvements, and they have good people skills.
Generally, wellness professionals at worksites fall into three broad categories: wellness screeners, wellness counselors/coaches, and wellness instructors.

- **Wellness screeners introduce employees to the program**, take health measurements, collect health-related information, provide initial coaching, and help employees define for themselves what they need and want in a wellness program.

- **Wellness coaches work with employees** after the screening to help them create and carry out a plan to reduce their risks and improve their health. Contacts can be made in person, by phone, through the Internet, or by mail.

- **Wellness instructors teach classes and mini-groups** on different health topics.

A wellness program in a small business can be staffed by a single person who fills all three roles. Larger worksites will use different people to fill these roles.

**Vendor Selection**

*When selecting a program from a vendor, you should ask the following questions:*

✓ How many worksites have done the program?
✓ To what types of the employee population was the program offered?
✓ Educational materials used?
✓ Will the program meet the needs of employees?
✓ What are the techniques used to help change behaviors?
✓ How do you market the program to employees?
✓ What follow-up do you provide?
✓ How do you make referrals for medical care or other supportive services employees may need?
✓ How do you know the program works?
✓ How do you measure participant satisfaction?

**Marketing**

A major concern in wellness programming is attracting employees to participate and maximizing participation. When introducing a program, a letter briefly explaining the program signed by the president or CEO is a great endorsement.

Utilizing posters, newsletter articles, and flyers are good means of promoting the program. Other promotional methods to consider are e-mail and announcements at staff meetings. Ask wellness committee members to recruit participants.
Once the program is kicked off, you may want to provide an incentive for any employee who recruits another employee to any of the program offerings.

**Incentives**

Incentives can be used to increase participation rates, help with completion or attendance at programs, and to help individuals change or adhere to healthy behaviors. The purpose of the incentive is to encourage employees to adopt positive behaviors or maintain an existing positive behavior. Everyone who achieves a goal or maintains a behavior should receive something. Many organizations also provide incentives merely for participating in events.

Stay away from “best” or “most.” By using the best or most incentive you promote excessive behavior, discourage others, and create elitism. Well-designed incentive programs are ones which are based on achieving goals that are attainable by most individuals. Recognition, acknowledgment by top management, or special privileges are examples of excellent intangible incentives.

**Incentive ideas:**

**Free or Low-Cost —**
- Certificates
- Movie passes
- Recognition in employee newsletter
- Mugs
- Water bottles
- Commendation from management
- T-shirts
- Hats

**Moderate Cost —**
- Entertainment tickets
- Sweatshirts
- Waist packs
- Subscriptions to health magazines
- Health and fitness books
- Videos

**High Cost —**
- Weekend getaways
- Dinner for two
- Clocks
- Watches

**Others —**
- Cash
- Gift certificates
- Day off
Another consideration is integrating wellness incentives into a company’s group health benefits program. You can provide a discount or premium reductions for employees who meet certain health standards, or who participate in the company wellness program.

If the wellness program rewards are tied to a group health plan and require employees to be at a certain health standards, you must then be HIPAA compliant. Consideration will also have to be given to ADA, which vary state by state.

Wellness programs that offer rewards not tied to the health plan, that do not require employees to be at a certain health factor, need not worry about HIPAA.

Effective Programming/General Recommendations

Program directors or providers should have a background in wellness programming and a professional health-related degree or certification. They should have expertise in content areas, planning, promotion, administration, evaluation, and the ability to grow a program and tailor the program to the workplace.

Program providers should have a quality assurance program for evaluating the effectiveness of service personnel, to assess satisfaction of participants, and for personnel training and continuing education.

An overall policy statement should be available from directors and program vendors addressing the following issues: assurance of confidentiality of health data, referral to health and medical care for at-risk participants, follow-up with referred participants and those at-risk, program evaluation on process and outcomes, organization of the worksite for promotion of wellness, and changes in corporate culture. A clear contract or letter of agreement for services should be provided.
Health Screening Programs

Health screening programs should be carried out on a one-on-one basis by trained health-care professionals. Health-risk measures should include the following:

**Blood pressure measurements** —
Take at least two blood pressure measurements during the screening episode, using sphygmomanometers with regularly calibrated aneroids.

**Blood pressure treatment status** —
Ascertain whether the participant is under a doctor’s care, on any medication, on a prescribed diet, or undergoing any other type of treatment for hypertension.

**Blood cholesterol measurement** —
Take total cholesterol and HDL cholesterol using either a properly tested and maintained tabletop blood analyzer (providing immediate feedback to the client), or by sending blood to a laboratory.

**Cholesterol treatment status** —
Ascertain whether the client is under a doctor’s care, on any medication, on a prescribed diet, or undergoing any other type of treatment for high cholesterol.

**Obesity** —
Utilize an accepted method for estimating obesity (for example, Body Mass Index). Identify people with a BMI of 25 or greater.

**Smoking status** —
Assess whether the participant currently smokes cigarettes, whether the client has quit or never smoked, and the number of cigarettes smoked/day.

**Exercise habits** —
Screening questions may be limited to frequency and duration of exercise. Are participants active in a moderately vigorous fashion most days of the week for 30 minutes or more?

**Diabetes** —
Ascertain whether the client has diabetes, and whether or not it is currently under control. A blood glucose may be also done via finger stick and desktop analyzer. Several manufacturers make available cassettes which include cholesterol and glucose measurements.
Cerebrovascular disease or occlusive PVD —  
Ascertain if the client has had a stroke or other kind of blood vessel disease.

Family history of cardiovascular disease —  
Ascertain whether any of the participants’ parents or siblings had a heart attack or sudden death due to heart disease before age 55.

Coronary heart disease —  
Ascertain if the client has had a heart attack or other type of coronary heart disease.

Stress —  
Participant’s assessment of stress in work and/or personal life.

Participant release form —  
A release form is required in which the participant authorizes the program to draw blood for testing, to send information to the participant’s medical care provider if medical risks are identified, and to obtain information from the provider about diagnosis and prescribed treatment.

Participant interest survey —  
If an assessment of interest has not been collected previously, the screening activity must assess levels of interest in programs such as: weight control, smoking cessation, fitness or exercise, stress management, nutrition, self-care, cholesterol control.

Health education messages —  
The screener must review with the participant his/her identified health risks and what they mean to the participant’s overall health, and give the participant a written record of the blood pressure, total cholesterol, and any other physiological measures taken.

Referral of participants for treatment —  
Participants with elevated risks must be referred to appropriate sources of diagnosis and possible treatment following nationally or locally recognized guidelines for such referral.

Demographic information should include location of the screening, worksite, client’s name, address, Social Security number, home and work phone numbers, sex, race, birth date, relevant job information (e.g., hourly or salaried), department number, and work shift. HRAs typically address all of these components.
**Blood Pressure Measurement & Education**

There should be an appropriate medical or allied health professional conducting blood pressure programs who is trained in the measurement of blood pressure, referral protocols, and delivering educational messages to participants. These programs are required to follow national guidelines.

**National guidelines for blood pressure protocols:**

- Calibration of blood pressure measuring equipment should be done at least annually.
- Two or more measurements of participant’s blood pressure should be taken.
- Referral of participants with high blood pressure readings to personal physician for further evaluation.

**Categories for Blood Pressure Levels in Adults**

(Ages 18 Years and Older)

<table>
<thead>
<tr>
<th>Category</th>
<th>Systolic Blood Pressure Level (mmHg)</th>
<th>Diastolic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt; 120 and</td>
<td>&lt; 80</td>
</tr>
<tr>
<td>Prehypertension</td>
<td>120 – 139 or</td>
<td>80 – 89</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 1 Hypertension</td>
<td>140 – 159 or</td>
<td>90 – 99</td>
</tr>
<tr>
<td>Stage 2 Hypertension</td>
<td>160 or</td>
<td>100</td>
</tr>
</tbody>
</table>

< means *Less Than*  > means *Greater Than*

When systolic and diastolic blood pressures fall into different categories, the higher category should be used to classify blood pressure level. For example, 160/80 mmHg would be stage 2 hypertension (high blood pressure).

**Appropriate educational messages:**

*Normal*: < 120 systolic and < 80 diastolic.

*Action*: No referral. If on treatment, then inform participant that blood pressure is under good control today and he or she should continue seeing and following treatment program.
What Are High Blood Pressure and Prehypertension?

Blood pressure is the force of blood against the walls of arteries. Blood pressure rises and falls during the day. When blood pressure stays elevated over time, it is called high blood pressure.

The medical term for high blood pressure is hypertension. High blood pressure is dangerous because it makes the heart work too hard and contributes to atherosclerosis (hardening of the arteries). It increases the risk of heart disease and stroke, which are the first- and third-leading causes of death among Americans. High blood pressure also can result in other conditions, such as congestive heart failure, kidney disease, and blindness.

A blood pressure level of 140/90 mmHg or higher is considered high. About two-thirds of people over age 65 have high blood pressure. If your blood pressure is between 120/80 mmHg and 139/89 mmHg, then you have prehypertension. This means that you don’t have high blood pressure now but are likely to develop it in the future. You can take steps to prevent high blood pressure by adopting a healthy lifestyle.

Those who do not have high blood pressure at age 55 face a 90% chance of developing it during their lifetimes. So high blood pressure is a condition that most people have at some point in their lives.

Both numbers in a blood pressure test are important, but for people who are 50 or older, systolic pressure gives the most accurate diagnosis of high blood pressure. Systolic pressure is the top number in a blood pressure reading. It is high if it is 140 mmHg or above.

What is Systolic Blood Pressure?

Systolic pressure is the force of blood in the arteries as the heart beats. It is shown as the top number in a blood pressure reading. High blood pressure is 140 and higher for systolic pressure. Diastolic pressure does not need to be high for you to have high blood pressure. When that happens, the condition is called “isolated systolic hypertension,” or ISH.

Is Isolated Systolic High Blood Pressure Common?

Yes. It is the most common form of high blood pressure for older Americans. For most Americans, systolic blood pressure increases with age, while diastolic increases until about age 55 and then declines. About 65% of hypertensives over age 60 have ISH. You may have ISH and feel fine. As with other types of high blood pressure, ISH often causes no symptoms. To find out if you have ISH — or any type of high blood pressure — see your doctor and have a blood pressure test. The test is quick and painless.
Is Isolated Systolic High Blood Pressure Dangerous?

Any form of high blood pressure is dangerous if not properly treated. Both numbers in a blood pressure test are important, but for some, the systolic is especially meaningful. That's because, for those persons middle aged and older, systolic pressure gives a better diagnosis of high blood pressure.

If left uncontrolled, high systolic pressure can lead to stroke, heart attack, congestive heart failure, kidney damage, blindness, or other conditions. While it cannot be cured once it has developed, ISH can be controlled.

Clinical studies have proven that treating a high systolic pressure saves lives, greatly reduces illness, and improves the quality of life. Yet, most Americans do not have their high systolic pressure under control.

Does It Require Special Treatment?

Treatment options for ISH are the same as for other types of high blood pressure, in which both systolic and diastolic pressures are high. ISH is treated with lifestyle changes and/or medications. The key for any high blood pressure treatment is to bring the condition under proper control. Blood pressure should be controlled to less than 140/90 mmHg. If yours is not, then ask your doctor why.

You may just need a lifestyle or drug change, such as reducing salt in your diet or adding a second medication.

What Is Diastolic Blood Pressure?

Diastolic pressure is the force of blood in the arteries as the heart relaxes between beats. It's shown as the bottom number in a blood pressure reading.

The diastolic blood pressure has been and remains, especially for younger people, an important hypertension number. The higher the diastolic blood pressure, the greater the risk for heart attacks, strokes, and kidney failure. As people become older, the diastolic pressure will begin to decrease and the systolic blood pressure begins to rise and becomes more important. A rise in systolic blood pressure will also increase the chance for heart attacks, strokes, and kidney failure. Your physician will use both the systolic and the diastolic blood pressure to determine your blood pressure category and appropriate prevention and treatment activities.

The Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 6) recommends screening every two years for persons with SBP and DBP below 130 mmHg and 85 mmHg, respectively, and more frequent intervals for screening those with blood pressure at higher levels.
Blood Pressure Program provides the following:

- Written results, referral instructions, and an explanation of blood pressure levels given to each participant with individualized counseling, including advice about the interval of time recommended when the participant should be checked again.


- Written and audiovisual materials that are informative, easy to understand, and useful while containing scientifically accurate information.

- Relationship of high blood pressure and other risk factors, such as family history, smoking, high fat and unhealthy diet, and lack of exercise in the development of cardiovascular disease, including stroke, kidney disease, heart attack, and other diseases.

- Definition and causes of high blood pressure.

- Importance of following prescribed treatment.

**Cholesterol Measurement & Education**

The program is required to provide appropriate interpretation of cholesterol screening results, including a caution that a single measurement neither excludes nor establishes a diagnosis of their blood cholesterol.

Follows national guidelines:

**Total Cholesterol**

- Below 200 mg/dL  |  Desirable cholesterol
- 200-239 mg/dL    |  Borderline cholesterol
- 240 mg/dL or greater  |  High cholesterol

**LDL Cholesterol Levels** (Bad Cholesterol)

- Less than 100 mg/dL  |  Optimal
- 100 to 129 mg/dL    |  Near Optimal/Above Optimal
- 130 to 159 mg/dL    |  Borderline High
- 160 to 189 mg/dL    |  High
- 190 mg/dL and above |  Very High

*Note: These categories apply to adults age 20 and above.*

**HDL Cholesterol Levels** (Good Cholesterol)

- > 40 mg/dL  |  Desirable HDL
- 39 mg/dL or lower  |  Low HDL
Referral of cholesterol screening participants to medical care as follows:

**Total:**
Under 200 mg/dL    Recheck cholesterol in five years if history of coronary heart disease or if two or more CHD risk factors are detected. Refer to risk reduction program or health professionals, as appropriate.

200-239 mg/dL    If history of CHD or if two or more other risk factors are detected, refer to medical care or risk reduction service within two months; if no reported history of CHD or less than two other risk factors, reassess cholesterol status within one or two years.

240 mg/dL or higher    Refer to medical care within two months.

**HDL:**
39 mg/dL or lower    If fewer than two risk factors and borderline total cholesterol, refer to risk reduction service, as appropriate — reassess HDL in one year.

If the total blood cholesterol number is higher than 200, or if HDL is lower than 39, the doctor may order blood tests to check LDL cholesterol level. The test will determine if treatment is needed.

**Cholesterol Program provides the following:**

- **The relationship of blood cholesterol, high blood pressure, and other risk factors** (risk factors include: high blood pressure 140/90 or higher, on hypertension medication, current cigarette smoking, family history of premature CHD, diabetes mellitus, age male > 45 years; female > 55 years or premature menopause without estrogen replacement therapy, negative risk factor, high HDL 60 mg/dL or greater, subtract one risk factor) such as family history, smoking, high fat and unhealthy diet, and lack of exercise lead to the development of cardiovascular disease (CVD).

- **Definitions and causes of high blood cholesterol and HDL,** desirable levels, the meaning and limitations of a single measurement, the cause of variability, and the need for multiple measurements prior to diagnosis.

- **Wide range of treatment options,** including diet (e.g., importance of controlling fat intake less than 30% of total calories from fat, less than 10% from saturated fats), less than 300 mg of cholesterol per day, well-balanced diet, weight maintenance or reduction, exercise, and medication.

- **Importance of following prescribed treatment and professional advice.**
**Weight Control**

Program offered is consistent with scientific and medical recommendations for weight loss, reflects a multi-disciplinary approach which offers four components: behavioral, exercise, nutrition, maintenance, and is in accordance with the document *The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. To view this document, please visit: [http://www.nhlbi.nih.gov/guidelines/obesity/practgde.htm](http://www.nhlbi.nih.gov/guidelines/obesity/practgde.htm).

- Screening to verify that the participant has no medical or psychological conditions which would make weight loss inappropriate, and to identify the participants’ level of health risk, classifying participants not only on excess body weight, but also on the basis of associated medical conditions and overall health risk.

- Provides referral for participants who are morbidly obese who would require medical guidance for weight loss.

- Informed consent, explanation of potential physical and psychological risk from weight loss and regain, likely long-term success of program, full cost of the program, credentials of the staff.

- Identification of contributing factors to participant’s weight status, serving as the basis for an individualized weight-loss plan, which includes the weight goal and plans for nutrition, exercise, and behavioral components.

- Weight goal of participant is reasonable based on personal and family weight history, not solely on height and weight charts; initial weight loss goal does not exceed loss of 10% of body weight, 1 – 2 pounds per week.

- Explanation of unsafe weight-loss methods.

- Daily calorie level is adjusted to meet each participant’s recommended rate of weight loss.

- Daily caloric intake is not less than 1,000 calories; if less, physician monitoring is required.

- Food plan designed so participants can select foods which meet 100% of all the Recommended Daily Allowance (RDA) except for calories. Nutritional supplementation can be used to achieve RDAs, however should not greatly exceed RDAs.

- Nutrition education encouraging permanent healthful eating habits based on The Food Guide Pyramid.

- Participant involved in meal planning and food selection.
Participatory exercise programs should include education on benefits of regular exercise and risks of a sedentary lifestyle...

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- The protein, fat, carbohydrate, and fluid content of the food plan meet safety recommendations:
  - **Protein** — Between 0.8 and 1.5 grams of protein per kilogram of goal body weight, but no more than 100 grams of protein a day.
  - **Fat** — 10 – 30% calories as fat.
  - **Carbohydrate** — At least 100 grams per day.
  - **Fluid** — At least one liter of water daily.

- Exercise component should be a significant portion of the program and be both didactic and experiential.
- Participant is appropriately screened for exercise using a screening questionnaire such as the Par-Q Readiness Assessment. Instruction on recognizing untoward responses to exercise.
- Participant works toward 30–60 minutes of exercise 5–7 days per week.
- No appetite suppressant drugs.
- Maintenance plan offered for continued support.
- Weight-control programs should be conducted by a registered dietitian or by degreed health professionals with training in nutrition with consultation by a registered dietitian.
- Trained lay leaders may assist if supervised by nutrition professional.

**Exercise Programs**

Participatory exercise programs should include education on benefits of regular exercise and risks of a sedentary lifestyle, its impact on cardiovascular health and diseases, its relationship with weight control and stress management, and aerobic exercise options. Discussion and practice of safe principles of exercise — warm-up, cool-down, frequency, intensity, duration, flexibility, and strength components. The program follows guidelines by the American College of Sports Medicine. Another source for activity and exercise information is the CDC Website: [http://www.cdc.gov/nccdphp/dnpa/physical/index.htm](http://www.cdc.gov/nccdphp/dnpa/physical/index.htm).

**Safety precautions should include the following:**
- Informed consent prior to starting exercise with clear and complete written and verbal instructions of possible risk, purpose of exercise, exercise format to be followed, opportunity for questions, and a signed informed consent with date.
• **A screening/evaluation of participants** to determine if medical evaluation is necessary for exercise, such as the Physical Activity Readiness Questionnaire (PAR-Q, see forms).

• **Measurements of blood pressure and resting heart rate** are useful screening information to determine exercise readiness.

• **Participants who fail screening** are medically referred and should obtain a written clearance from their physician to exercise.

• **The basic content of an aerobic exercise program should include:**
  - Warm-up — 5 – 10 minutes
  - Aerobic exercise — 20 – 40 minutes
  - Cool-down — 5 – 10 minutes

Exercise instructors should have education and training in exercise physiology, physical education, physical therapy or comparable discipline, or possess a current certification by a nationally recognized sports medicine or exercise association, and be CPR certified.

**Smoking Cessation**

It is recommended that smoking cessation programs subscribe to the Code of Practice for Smoking Cessation Programs.

Smoking cessation programs should be multi-component with a focus on skills to build positive voluntary behavior change practices that include reasons for quitting, understanding the smoking habit, various techniques for stopping and remaining a non-smoker, overcoming the problems of quitting, short-term goal setting, weight control, stress management, importance of exercise, no aversive or scare tactics.

In programs that use aids such as the “patch” or medications such as Chantix, appropriate consultation should be available on the usage of these aids.

The instructor should have formal training in smoking cessation from a nationally recognized organization such as the American Heart Association, American Cancer Society, American Lung Association, or a nationally recognized commercial program such as Smoke Enders.

The CDC has resources available at their Website: [http://www.cdc.gov/tobacco/](http://www.cdc.gov/tobacco/).

Evaluation of success is sometimes very dubious in smoking cessation programs. Measurement of success should include participation rate, including the number starting the program, the number completing the program, and the average number per session. Also included should be the number and percent who stopped smoking at the end of the program, and the number and percent who had not resumed smoking by the end of one year.
Nutrition Education

A nutrition education program should include a nutritional needs assessment, education counseling, and referral as necessary. Nutritional needs assessment is used as a tool to identify the group’s knowledge, nutrition risk areas of concern, and interest; it may include individual or group surveys, diet histories, eating and health habit questionnaires.

**Educational sessions and materials should include the following information:**

- The relationship of nutrition and chronic diseases
- Improving eating patterns
- Relationship of nutrition and proper weight maintenance
- Exercise
- Stress
- Blood pressure
- Cholesterol
- Diabetes and other chronic diseases
- Nutritionally accurate information regarding the relationship of health to diet, including cholesterol, fats, fiber, alcohol, carbohydrates, salt, sugar, and vitamin/mineral supplementation.

- Methods for identifying healthier foods and incorporating low-calorie, high-nutrient foods into eating habits.

- Guidelines for improving eating habits should be based on or consistent with national recommendations such as The Food Guide Pyramid — [www.nal.usda.gov/fnic/Fpyr/pyramid.html](http://www.nal.usda.gov/fnic/Fpyr/pyramid.html).

- The instructor should be a registered dietitian, registered nurse, or have a baccalaureate degree or higher in health education...

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Stress Management

The educational program should include approaches to stress awareness/reduction at the environmental level and at the individual level.

Social, physical, and organizational stressors should be explained and methods to ease or elevate stressors should be presented. At the individual level, the program should address how changes in attitudes and behaviors help one to cope with stressors and learning techniques to minimize stress response, such as meditation, relaxation response, and exercise.

**Content of the program should provide the following:**

- Identifying sources of stress
- Relationship of stress to health
✓ How the individual experiences stress: personal, family, work
✓ Solutions for coping and managing stress
✓ Techniques for reducing stress
✓ Value of stress, both negative and positive
✓ Practical steps of incorporating stress reduction into lifestyle

Personnel conducting stress management programs should have training in psychology or behavioral sciences, or should be trained as mental health professionals, counselors, health educators, psychologists, or psychiatrists. Training in a reputable program on how to teach the stress management course, including group process skills, is a must.

**Menu Approach of Services**

The menu approach offers employees a range of options to support lifestyle changes. It allows people to choose the kind of help that suits their schedules and preferences.

There are four basic types of programs — classes, mini-groups, guided self-help, and individual counseling/coaching. The menu approach encourages a high level of participation in health-improvement programs.

**Classes**

Classes (eight or more) can be an effective means of providing education and social support for behavior change. The length of a class can vary depending on topic requirements. It is not sufficient to offer classes only at a worksite.

Many employees are under time constraints with after-work commitments and, although they may be interested, they simply cannot participate because of their schedules.

Employees may be very eager to start a program, but programs may frequently be canceled because of lack of participants to meet class quotas. Many national organizations such as the American Heart Association, American Cancer Society, Weight Watchers, etc. offer classes; you should have little trouble in identifying a provider for class-type programs.

You may want to contact your local hospital, health department, or YMCA for possible options. When selecting a vendor to provide a program, you may want to review the section on program structure.
**Mini-groups**

When there is not enough interest to create a class, those who are interested in a given health topic can be formed into a mini-group (2 to 7 people).

The mini-group can cover the same content as a class in a less formal manner. Presentation of information and discussion is the major format of the mini-group.

**Guided Self-Help**

Most employees do not want formal help in making health changes; they prefer to do it on their own. In guided self-help, the wellness counselors provide support, materials, and encouragement.

Meeting times can be arranged and contact can be made either in person, by phone, or computer. Materials can be made available at the worksite, or mailed to the individual. Some worksites now make information available via Intranets or Internet.

**Individual Counseling/Coaching**

One of the most successful ways of helping individuals change and improve health status is to be counseled (or coached) on a one-on-one basis.

In published studies, programs which incorporated individual counseling/coaching as part of the program process achieved significantly higher participation rates and achieved greater risk reduction/risk elimination than standard group programs. Studies have demonstrated that individual counseling/coaching is both cost-effective and cost-beneficial.

A wellness counselor/coach should be trained in screening techniques, for in certain situations they may be required to both screen individuals and counsel/coach them. They should know how to do the following:

- Review employees’ health risks and make sure the employees understand them.
- Contact employees who have health risks.
- Counsel employees on a one-on-one basis, helping them set goals, solve problems, and get expert help when they need it.
- Help employees follow their treatment and make lifestyle and health behavior changes.
- Recruit employees into health improvement programs, such as weight loss and smoking cessation.
- Work with employees on a one-on-one basis using guided self-help.
- Conduct classes and mini-groups if necessary.
Work with wellness committee members to plan and conduct worksite-wide wellness activities.

Wellness counselors/coaches are health generalists; they must have basic knowledge about a wide range of health topics and health risks. They must be able to talk with employees about their medical problems and the treatments prescribed by their doctors. They should have a good overview of nutrition, exercise physiology, pathophysiology of disease, pharmacology, psychology, and behavior change skills.

**Follow-Up**

The keys to a successful wellness program are persistent one-on-one outreach and follow-up counseling/coaching to encourage adherence, promote changes in lifestyle, and prevent relapse. Periodic outreach and follow-up procedures provide employees with a safety net which keeps them involved in the program and prevents treatment dropout and relapse.

Ideally wellness coaches should follow up employees at least every six months throughout the career of the employee at the worksite. The goals of follow-up are to:

- Involve employees who have health risks in treatment and risk reduction programs.
- Involve all employees in health improvement programs and worksite-wide wellness activities.
- Support employees in carrying out the risk reduction or health improvement activities they have chosen.
- Help employees comply with their treatment regimens.
- Prevent relapse.
- Prevent employees from dropping out.
- Help employees maintain behavior changes.

Follow-up can be conducted in person, by phone, by mail, and via computer if the technology is available. Most preferable is an in-person contact. Computer programs which can do case load management are available to help counselors track information and perform follow-up.

**Priorities for Follow-Up**

People with multiple health risks should be at the top of the list. People in key positions such as union leaders or department heads with health risks should also be contacted early so that they learn what the program is about and can share the information with others.
People who need a medical evaluation for high blood pressure or cholesterol should also be targeted early. Many employees will have seen their doctors as a result of the screening, but some will need more encouragement to do so. Those with no health risks can be followed up annually.

It is important to realize that keeping healthy employees healthy provides the greatest opportunity to make gains in productivity and reduce health-care costs. Best practice programs make provisions to triage at-risk employees but provide services to maintain and support healthy employees.

A follow-up counseling session can take 20 to 30 minutes. At minimum, follow-up must include those who were told to seek medical evaluation for high blood pressure readings, high cholesterol readings, or borderline high blood cholesterol readings with two or more other risk factors.

It may include those who were identified as at-risk for one or more of the other major risk factors: physical inactivity, smoking, overweight, and low HDL.

Follow-up with employees who are referred for medical care should be repeated every six months or until it is determined that the employee is under satisfactory control.

**Measuring Program Results**

Information to evaluate your program comes from routinely collected screening and follow-up data of your program to look at process and outcome metrics of your program.

**Process Evaluation**

Process evaluation looks at the program’s operation. This information tells you whether the guidelines you and the staff laid out are being followed and are producing the levels of participation you expected.

Information that is gathered from the various forms that employees fill out should supply you with the following:

✓ How many employees were screened?
✓ How many employees who were referred to a doctor went?
✓ How many employees who expressed interest in health improvement programs went?
✓ How many employees who were referred to health improvement programs went?
How many employees who went to health improvement programs completed them?

How many employees are in follow-up caseload?

How many “wellness touches” did each employee have per year?

You can use this type of process evaluation to evaluate and learn about the health of your program.

Outcome Evaluation

An objective of the program is to improve the health of employees. Information on how to judge how well your program is meeting this objective is called “outcome evaluation” because you are evaluating the end results or outcome of your program. These outcomes are the agreed-upon metrics your organization has decided to track.

In wellness programs, objectives are measured by specific behavior changes and reductions in health risk levels. Have employees lowered their blood pressure? Have they lost weight? Are they exercising more? For example, these are the types of questions you can ask to find out if you are reaching your objectives:

- **For employees with high blood pressure** (140/90 or higher, or on medication) at screening, what percentage have it under control (below 140/90) a year later?

- **What is the change in average blood pressure levels** among all employees with high blood pressure one year after screening? Two years later?

- **For employees with high blood cholesterol levels** (above 240) at screening, what percentage has reduced their cholesterol to borderline-high levels (200-239)?

- **For employees with borderline-high blood cholesterol levels**, what percentage has reduced their cholesterol to the desirable range (below 200)?

- **What is the change in average cholesterol levels** among all employees with high and borderline-high blood cholesterol levels one year after screening? Two years later?

- **For employees who were overweight at screening**, what percentage has lost 20 pounds or more a year later? Ten pounds or more? What is the average weight loss?

- **For employees with at-risk BMI and waist measurements**, what percentages have achieved appropriate numbers?

- **For employees who were smokers at screening**, what percentages have quit smoking? For at least a year?

- **For employees, what percentages are exercising** at least three times a week for at least 20 minutes?
• If fitness levels were measured, what percentages have improved fitness?

Set a regular time such as every six months to look at which employees your program is reaching and how effective the program is at helping them reduce their health risks. Use this information to make new decisions about how to direct your program efforts. Then make the changes you need to improve your program.

Some may feel that evaluation is a frill; it is not. Evaluation is a necessary part of a wellness program. You will need to know what is working and what is not. Decision-makers who fund the program need to be updated on the performance of the program. Evaluation will provide you with necessary data to maintain and expand the program and convince management to continue to support the program.

A comprehensive program empowers its wellness committee to develop and implement a plan to address organizational wellness. This may include such things as worksite-wide wellness activities (contests, health fairs, walking clubs, smoke-outs), establishing “mentoring systems” to get workers to support each other in making healthy lifestyle changes.

Wellness at the worksite works best when it is fun.

Wellness Touches

The more wellness touches are in an employee’s experience, the more engaged they will be in the program. A wellness touch can be anything associated with wellness at your worksite, either directly or indirectly. Tracking the number of touches per employee can be a useful metric.

An activity that:

✓ Creates employee awareness of healthy living
✓ Enhances employees’ skills for maintaining and improving their health

“The more wellness touches are in an employee’s experience, the more engaged they will be in the program.”
Motivates employees toward positive health behavior
Provides employees opportunity or support for healthy living

Examples:
- Preventive screenings (physical exam, mammography, etc.)
- HRA
- Health screening
- Coaching
- Online intervention
- Group education
- Incentive campaign
- Lunch ’n’ learn
- Walking programs
- Group activity or class
- Community wellness activity
- Self-initiated activity
- Newsletter/educational communication

In addition, worksite-wide organizing activities may include working with ergonomics and safety departments to ensure that the employees’ job procedures are conducive to good health and fitness, promoting worksite-wide stress reduction measures. Organizing activities should also include consultation with other worksite units on policies or procedures that affect health (such as cafeteria and vending machine decisions, smoking policy, health benefits planning, and policy).

For year-round health education, offer your employees a monthly newsletter, an annual calendar, and brochures on various topics. These items will keep health and wellness top-of-mind, and will reach the home to help educate dependents.
Best Practice Checklist

The following is a checklist to determine how well your company is meeting criteria for “best practice” wellness programs.

1. **Evaluation**
   - Process
   - Outcome

2. **Tenure, multiple years**

3. **High participation**
   - 75% core program

4. **Demonstrated health improvements**
   - Health behavior changes
   - Risk reductions
   - Biometrics improved

5. **Demonstrated savings**
   - Absenteeism
   - Disability
   - Presenteeism
   - Health-care costs
   - Health-care utilization
   - Worker compensation
   - Safety
   - Turnover
   - ROI

6. **Evidence based, doing what works**

7. **Comprehensive, deals with majority health issues in the workplace**
   - Physical activity
   - Diet/nutrition
   - Smoking
   - Stress/emotional health
   - Biometric assessments (cholesterol, blood pressure, glucose, fitness)
   - Safety/accidents
   - Alcohol/substance abuse
   - Work-life balance
   - Something for everyone
8. Focus on environmental and individual issues
   - Individual — counseling/coaching, support and guidance
   - Environmental — cafeteria program, vending machines, walking paths, policies

9. Multiple touches
   - Health Risk Appraisal (HRA)
   - High-risk counseling/coaching
   - Annual health screening
   - Fitness center program
   - Internet
   - Mail
   - Telephone
   - On-site programs
   - Community referral
   - Community events

10. Integration with other programs
    - Linkage to health benefits plan
    - Employee assistance program

11. Favorable organizational indicators
    - Awareness and satisfaction with corporate leadership
    - Senior management support
    - Corporate culture
    - Media recognition
    - Awards for excellence
    - Workplace of choice

About Hope Health

We are a business-to-business, health-based communications company specializing in producing information distributed at workplaces. We offer a wide variety of lifestyle-related information in various formats including newsletters, brochures, booklets, posters, calendars, and electronic media.

Many employers utilize our customization services to communicate important information, such as employee benefits, disease management, and EAP to their employees and dependents. The HOPE Health Letter (winner of multiple industry awards for content and design) has consistently generated high readership and is popular with employees.
Employers use our materials to make their own messages more readable, which improves employee compliance on a range of benefit election issues.

We also have a health benefits division dedicated to producing effective open enrollment (OE) communications for employers, group health brokers, and benefit consulting firms. We were originally founded in 1964 as Pension & Group Services, Inc., a third-party administration firm. The administration assets were sold in 1991, and the firm then concentrated on Hope Health, its communications division.

Hope Health works directly with over 3,000 human resource and benefit departments of companies and government entities of all sizes. Clients include Qwest, Bank One, Florida Power & Light, AG Edwards & Sons, Gallagher Benefits, Health Plan Services, Wisconsin Education Association, Baptist Health Systems, Procter & Gamble, and many, many more.

For additional information about our products and services, please call us at 1-800-334-4094, or visit www.HopeHealth.com.

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The Hope Heart Institute* and Hope Health

A portion of sales of Hope Health publishing/media, and services produced under our Hope Health Custom division help support the health education and vital cardiovascular research conducted at the Institute. Millions of people have benefited by the Institute’s research.

Founded in 1959, the mission of the Hope Heart Institute is serving humanity through cardiovascular research and education. They are dedicated to preventing and treating heart and blood vessel disease, and to improving the physical, emotional, and spiritual quality of life for all at risk of — or afflicted with — cardiovascular disease. For more information see http://www.HopeHeart.org.

*The Hope Heart Institute is an independent scientific research organization sponsoring and serving many health care organizations and scientists from around the world.
About Ken Holtyn, Holtyn & Associates

Ken Holtyn, President of Holtyn & Associates Health Promotion Consultants has provided wellness and health promotion services for over 20 years to more than 400 businesses.

Ken was a member of the Centers for Disease Control and Prevention Advisory Panel for Worksite Health and Productivity. He is also Co-Chair of the Business Group for the “Michigan Steps Up” campaign.

Holtyn & Associates worksite wellness programs have received numerous awards from a wide variety of organizations, including several State of Michigan Governors Awards, the American Heart Association, C. Everett Koop National Health Award, and the Department of Health and Human Services for excellence in worksite wellness/health promotion.

Ken is recognized nationally and internationally as a leader in the field of workplace health and wellness promotion. Ken has testified in Washington, DC before the U.S. Surgeon General and the Secretary’s Council on National Health Promotion and Disease Prevention, Department of Health and Human Services.

He has served as Vice President of the Health Promotion and Wellness Council of Michigan and as the American Heart Association Chairman of Worksite Health Promotion for Michigan. The Michigan House of Representatives also recognized him for his contributions to the health of the citizens of Michigan by a House Resolution.

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