Health Promotion in Small Worksites

Major Points:
1. Worksites are a good site for health promotion
   - Most of health is about what people do and don’t do in their day-to-day lives: physical activity, avoiding tobacco, and eating to maintain a healthy weight.
   - Worksites are a great place to reach adults with health promotion: most adults work, people eat and exercise at work, people socialize at work.
   - Worksites can also implement effective policies: smoking restrictions and bans; healthy, affordable foods; fitness facilities or discounts for nearby facilities.
   - Employers benefit from intensive, effective worksite health promotion: 6-fold return-on-investment in a recent review of worksite programs in large workplaces, half of return from increased productivity, half from lowered health costs (Baicker, Health Affairs, 2010).
   - Employers who got this return invested a fair bit: an average of $150 per employee per year.

2. Small worksites (less than 250 employees) are not able to offer much
   - In 2010, a national survey of small worksites in low-wage industries found that seven effective policies and programs (e.g., tobacco bans) were in place less than half the time, most less than one third of the time (Hannon, unpublished data, 2010). The average worksite spending on health promotion was only $3 per employee per year, and less than 1 in 5 worksites had any budget at all for health promotion. Only 2 in 5 had any wellness staff.
   - In 2006, a state survey of WA businesses with more than 50 employees showed similar results (Boles, unpublished data, 2006).
   - Worksites are interested in offering more but are limited by money, lack of staff to implement, and lack of vendors who will work with them.
   - Vendors confirm that the fixed costs of working with any worksite make it very hard to deliver affordable services to small worksites.

3. American Cancer Society HealthLinks program is effective in helping small worksites
   - HealthLinks (see accompanying summary on pp. 3-6) uses 10 evidence-based best practices
from the *Guide to Community Preventive Services* of the Centers for Disease Control and Prevention (CDC).

- These approaches aim at behaviors key to preventing cancer, diabetes, and heart disease: physical activity, avoiding tobacco, eating to maintain a healthy weight, and cancer screening.
- HealthLinks was developed for smaller worksites and provides on-site staffing support and turn-key materials for implementing both policies (e.g., tobacco bans) and programs (e.g., Active For Life, a group-exercise program)
- HealthLinks was tested in 23 small worksites in Mason County. Best-practice implementation increased from 36% at baseline to 59% 6 months later (Laing, Prevent *Chron Dis*, In press).
- HealthLinks is also being implemented in 50 small King County worksites as part of their Communities Putting Prevention to Work program. Evaluation is ongoing.
- HealthLinks is inexpensive, about $15 per worker per year.
- As the result of the Healthiest Communities Partnership co-sponsored by the Association of Washington Businesses and the WA Department of Health, we will implement HealthLinks in 11 smaller counties over 5 years. Support will come from the Community Transformation Grant. We will begin in Grays Harbor County in early 2012. We will test a volunteer model to increase the reach of HealthLinks.

**References:**


[www.thecommunityguide.org](http://www.thecommunityguide.org)

HealthLinks Protocol

HealthLinks promotes the following evidence-based interventions (EBIs), based on the Community Guide strategies.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Community Guide EBIs</th>
<th>Interventions Promoted in HealthLinks</th>
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<tbody>
<tr>
<td>Breast, Cervical, and Colon Cancer Screening</td>
<td>• Use small media, such as posters and brochures</td>
<td>• Distribute brochures and post posters to educate workers about cancer screening guidelines</td>
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<td>• Reduce out-of-pocket costs of screening</td>
<td>• Promote the Washington Breast, Cervical, and Colon Health Program to uninsured workers; include information about local providers, screening free of charge, and treatment coverage for those diagnosed with cancer</td>
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<td>• Promote benefits coverage at those worksites with insurance benefits</td>
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<td>Healthy Eating</td>
<td>• Increase access to and awareness of healthy food options</td>
<td>• For worksites that sell food, create policies to offer healthy options, label them, and price them competitively</td>
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<td></td>
<td>• Increase access to healthy food options</td>
<td>• For all worksites, create policies to support offering healthy foods at meetings and events</td>
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<tr>
<td>Physical Activity</td>
<td>• Increase access to facilities</td>
<td>• Negotiate discounts at local gyms for workers</td>
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<td></td>
<td>• Use point-of-decision prompts</td>
<td>• Post “Use the Stairs” signs</td>
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<td></td>
<td>• Offer programs with individual choice of activity</td>
<td>• Offer ACS Active for Life, an evidence-based program that offers individual choice of activity and builds social support</td>
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<tr>
<td></td>
<td>• Increase social support</td>
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<tr>
<td>Tobacco Cessation</td>
<td>• Offer telephone-based support</td>
<td>• Promote the Washington State Tobacco Quit Line via brochures and other small media; include information about quit line services</td>
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<td></td>
<td>• Reduce out-of-pocket costs for medications and counseling</td>
<td>• Promote benefits coverage at those worksites with insurance coverage for tobacco cessation</td>
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The HealthLinks intervention protocol is summarized in the table below. An American Cancer Society (ACS) staff member serves as the interventionist and delivers HealthLinks via a series of on-site meetings with the employer. During the Assessment phase and the Recommendations phase, the interventionist meets with a main contact at the worksite (usually the Human Resources lead). During the Implementation phase, the interventionist meets with the main worksite contact and/or the worksite...
wellness committee (described below) to implement new policies, programs, and communications; the interventionist also provides workers with a series of “lunch and learn” brief group educational sessions that support and promote the policy(s) and program(s) the employer adopts. Each phase of HealthLinks is described in detail below.

Table. HealthLinks Intervention Protocol

<table>
<thead>
<tr>
<th>Assessment Phase</th>
<th>Recommendations Phase</th>
<th>Implementation Phase</th>
<th>Maintenance Phase</th>
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<tbody>
<tr>
<td>Occurs during study enrollment</td>
<td>Occurs during Months 1-2</td>
<td>Occurs during Months 2-6</td>
<td>Occurs during months 7-onward</td>
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<td>Interventionist conducts Worksite Profile and Implementation surveys</td>
<td>Interventionist presents report summarizing current EBI implementation and gaps</td>
<td>Worksite contact implements EBI policies and programs</td>
<td>Worksites contact interventionist as needed</td>
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<td>Interventionist delivers Implementation Toolkits for recommended EBIs</td>
<td>Worksite contact and interventionist develop communications materials promoting state EBI programs and new worksite policies/programs</td>
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<td>Interventionist delivers on-site educational sessions to workers</td>
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<td></td>
<td>Interventionist telephones/emails worksite contact monthly</td>
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<td></td>
<td>Worksite contact and interventionist develop EBI implementation plan</td>
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Steps to implement each EBI, as well as appropriate supporting materials. For example, the policy-oriented toolkits include relevant sample policies, a checklist for creating a new policy, and a timeline. The toolkits promoting state resources include ready-to-post (or distribute) posters, brochures, and email text describing the resources and eligibility criteria and how to access the resources. The Recommendations phase concludes with the interventionist and the employer creating an EBI implementation plan. The implementation plan includes a schedule of future visits or contacts with the interventionist, and how to promote the newly adopted EBIs to workers.
During the implementation phase, the employer begins adopting the recommended EBI policy(s) and program(s) and promoting them to workers. The interventionist makes brief presentations at the worksite to workers to help present or start newly implemented EBIs. For example, if a worksite implements Active for Life (a physical activity program), the interventionist will make a presentation to workers introducing them to the program, summarizing the program steps, and giving information about recommended physical activity levels and creative ways to fit more physical activity into the workday. The interventionist also contacts worksites at least once per month by email or telephone during this period to offer implementation assistance. After the implementation phase, worksites enter the maintenance phase. They will be able to contact the interventionist for technical assistance during this time.

To build internal capacity at the worksite and sustain changes made during the implementation period, the interventionist recommends that the employer form a worksite wellness committee (WWC) during the Recommendations Report meeting. S/he provides an Implementation Toolkit for WWCs and offers to help with kick-off meetings, etc. The WWC works with the interventionist to:

- Determine how best to promote cancer screening guidelines and the state-sponsored cancer screening program to workers (if the worksite insures most workers, the WWC will determine how best to promote the cancer screening benefits to workers) and distribute materials accordingly;
- Determine which healthy eating policy is most appropriate for the worksite, based on whether and how the worksite offers food for sale, and implement the policy;
- Determine which physical activity interventions are most appropriate for the worksite and its workers (if Active for Life is chosen as one of the physical activity interventions, plan and implement Active for Life);
- Determine how best to promote the state-sponsored tobacco quit line to workers and distribute the materials/messages accordingly (if the worksite insurance plan includes tobacco cessation coverage, the WWC will also determine how best to promote the cessation benefits to workers);
- Create a schedule for the on-site brief presentations delivered to workers by the interventionist;
- Determine how best to maintain the EBIs and continue to promote them to workers over the 2-year intervention and follow-up period.

Evaluation

The HealthLinks protocol includes both process and impact evaluation measures. The primary outcome is worksites’ implementation of the EBIs, measured at baseline during the Assessment phase and every 6 months thereafter. Worksites’ characteristics (industry, number of workers, etc.) are measured at baseline. Throughout HealthLinks, the interventionist tracks meetings and contacts with worksites, establishment of WWCs, progress through the HealthLinks phases, delivery of and workers’ attendance at educational sessions, and worksites’ kick-off dates and participation for physical activity programs. HPRC manages and analyzes all data.

HealthLinks Materials

Program description for employers (see attachment)
Recommendations Report templates (full report and PowerPoint summary)

Implementation Toolkits:

*Active for Life*
- Breast, Cervical, and Colon Health Program
- Healthy Food Policy
- Tobacco Policy
- Tobacco Quit Line
- Worksite Wellness Committees

Educational Session (“Lunch & Learn”) Topics:

*Healthy Eating & Active Living*
- Desk Exercises
- Eating Out
- Have a Ball
- Hoop it Up!
- Nutrition & Physical Activity—Relationship to Chronic Disease
- Resistance Training
- Stretching Exercise

*Tobacco-free Living*
- Tobacco Cessation

*General Wellness*
- Everyday Choices
- Stress Management
- Time Management
- Wellness