Moving the Worksite Health Promotion Profession Forward: Is The Time Right For Requiring Standards? A Review of the Literature

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ABSTRACT

Standards in any profession are adopted to assure that the individuals hired are adequately trained and the programs that they oversee are of the highest quality. Worksite health promotion should be no different than any other field. A review of the research conducted by experts in worksite health promotion is examined, along with an assessment of skills needed to ensure that wellness programs are effective and employees, their families and even their communities are educated on the ways to best prevent chronic diseases and occupational incidences through healthy and safe behaviors. From these reviews, this paper explores the processes used to plan effective worksite health promotion programs and suggest initial discussions whether these processes should become standards for the professionals in the worksite health promotion field.

Keywords: standards; worksite health promotion; health promotion; prevention strategies; career development; best practices; evidenced-based; behavior change;
INTRODUCTION

Worksite Health Promotion (WHP) is a field that has seen phenomenal growth in the past few decades. Results from the Towers Watson/National Business Group on Health 2011/2012 Staying@Work study reveals that essentially all respondents (U.S. and Canada) expect their organization’s support of health and productivity programs to increase over the next two years (Towers Watson, 2012). The high cost of health care, loss of productivity due to occupational related illness and injury, and chronic diseases, resulting from poor health habits of employees are forcing American businesses to consider prevention strategies over the more traditional medical, or treatment model, to stay competitive in a global marketplace.

According to Buck Consultant’s 2010 Global Wellness Survey, health promotion programs are most prevalent in North America, where they are offered by 74 percent of surveyed employers, but health promotion programs are also increasing throughout the world, with 41 to 49 percent of surveyed employers providing programs to their employees in all regions outside North America (Buck Consultants, 2010). With this growth in WHP, the workforce sustaining this field must be adequately trained to implement effective prevention strategies, which will support the health and well-being of American businesses. A dialogue of the need for standards in the field of WHP would be an initial step to increase the capability and credibility of the profession.

LITERATURE REVIEW

Many of today’s experts in WHP have researched past and present health promotion program and policy strategies and explored future strategies that will assist the field of WHP in meeting the health promotion needs of the American workforce, enabling them to be the healthiest and most productive possible (Goetzel & Pronk, 2010). While these strategies are a
major contribution to the effectiveness of WHP programs, significantly less emphasis and
research has been devoted to the skills, training, and abilities of the practitioners who
implement these strategies.

This article is a review of literature related to the complexity of planning effective
health promotion programs and the beginning of a discussion in the WHP field about the need
for standards demonstrating consistency regarding a level of quality with acceptable
knowledge, training and skills for WHP professionals. Standards would better ensure
employers that the individuals they hire to manage programs have the skills necessary to
effectively plan, implement, and evaluate WHP programs in a systematic way.

The WHP workforce currently is an assortment of individuals with varying
backgrounds and training. While many individuals chose this field, others were assigned to
manage health promotion programs due to corporate restructuring or the convenience of their
positions within their company, such as human resource professionals or occupational nurses,
while having this role added to their list of responsibilities. Although many of these
individuals may have highly desirable job skills, the challenge is to find individuals who have
been formally trained to plan, implement, and evaluate programs, practices and policies
related to successful WHP management.

Health educators are trained in developing, implementing and evaluating health
promotion and disease prevention programs and are definitely qualified to manage WHP
programs. According to the U.S. Bureau of Labor Statistics (2010), the 2010-2020 job outlook
for health educators in the U.S. workforce is a 37 percent growth rate, which is much faster
than the average for all occupations. The report notes that this growth is driven by efforts to
reduce healthcare costs by teaching people about healthy habits and behaviors (U.S. Bureau of
Labor Statistics, 2010). Given the recent requirements mandated by the 2010 Affordable Care Act, discussed in detail later in this paper, the time has come to require that those entering the WHP field are formally prepared with the knowledge and skills needed to be successful in this dynamic environment. In a survey conducted by Hezel Associates in 2007 to assess the value of hiring “qualified” health education specialists, it was revealed that, the majority of respondents indicated that “they believe qualified health educators bring unique skills that will improve the success of health education initiatives” (Hezel, 2007).

In 2008, The National Institute for Occupational Safety and Health (NIOSH) established the Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing (NIOSH Worklife, 2008). This document contains four areas of the physical and organizational work environment and twenty comprehensive practices and policies that are considered crucial for establishing effective workplace programs. The areas include organizational culture and leadership, program design, program implementation and resources, and program evaluation. Within these four areas, are twenty comprehensive practices and policies, which address personal health risks (NIOSH Worklife, 2008). (See Table 1)

(Insert Table 1 here)

NIOSH has also established a strategic plan for advancing their WorkLife Initiative (now known as Total Worker Health). These recommendations are intended to guide employers and employee partnerships wanting to establish effective WHP programs. The recommendations included an increased distribution of science-based information for improved worksite programs and practices, intensified dissemination of research information and practice models through conferences, websites and other web-based educational
offerings, recognizing the attributes of best practice programs, noting differences in work
settings and worker demographics and finally identifying positive and negative factors
influencing programming success and sustainability (NIOSH Worklife, 2008). All of these
recommendations are critical for a successful WHP program and should be administered by
professionals who are trained and educated in science-based, best-practice program planning
methodology.

In a review of the NIOSH Worklife Initiative, a team of experts, Cherniack et al.,
(2011) remarked, “The modern American workplace is increasingly complex and is
demanding ever higher cognitive skills, management skills in workplace organization, and
professional skills in health and safety”. Workplace hazards such as physical demands,
chemical exposures and work organizations often interact with non-work factors such as
family demands and health behaviors to increase health and safety risks (Cherniack et al.,
2011).

The integration of health promotion and health protection (safety) is a trend that is
emerging and quickly gaining momentum. A commissioned paper from NIOSH, which
reviewed scientific evidence establishing the rationale for expanding research on the benefits
of integrated health promotion and health protection programs in the workplace acknowledges
that the requests for a comprehensive approach to worker health, based on multidisciplinary,
integrated methods aimed at creating health promoting workplaces is increasing (Sorensen, &
Barbeau, 2004). To date few, if any, programs are actively preparing individuals to enter the
WHP profession with the skills and training needed to integrate these programs successfully.

Workplace health promotion and workplace safety (protection) has traditionally
functioned in separate departments with health promotion focusing on personal health, while
safety dealt primarily with protecting employees from occupational injuries and illnesses.

Recent practice appears to favor an integration of these two areas creating a synergistic effect that appears to enhance the overall health and well-being of employees while at the same time decreasing the likelihood of workplace injuries and illness within the targeted workforces. The push for integrating health promotion programs and safety programs continues to evolve through programs such as the NIOSH Worklife Initiative and the state of California’s guidelines for a similar initiative, “The Whole Worker: Guidelines for Integrating Occupational Health and Safety with Workplace Wellness Programs” (Hymel et al, 2011).

According to these initiatives the WHP professional will be expected to not only successfully manage an effective promotion program, but also work within the context of safety (health protection) as a key toward enhancing workplace well-being.

Paul Terry, PhD, and CEO of StayWell Health Management and Editor of The Art of Health Promotion, considers one of the key challenges for health promotion practitioners and researchers interested in health promotion is how best practices are implemented. According to Terry, “The population health improvement process is ill-defined, bluntly measured and barely a process at all. The multidisciplinary nature of the field of health promotion and the eclectic credentials and background of those leading programs and how to pull together best practices in a cohesive way are challenges that must be met” (Terry, 2012). If the aforementioned challenges are left unaddressed, arbitrary planning with limited expertise could lead to ineffective wellness programs. A 2013 California Health Benefits Review Report concluded that many corporate wellness programs are found to have limited success (California Health Benefits Review Program, 2013). While there are many factors that can
positively or negatively impact program outcomes, one of the primary considerations must focus on the knowledge and skills of individuals planning WHP programs.

Given the rapid changes afforded by the passage and implementation of the Affordable Care Act, the time to re-evaluate and define a role for individuals in the WHP field is now. Clearly, the passage of this bill, with its emphasis on prevention, paves the way for tremendous growth in worksite wellness programming. Along with this opportunity however also comes a responsibility to assure that individuals are adequately prepared with the knowledge, and skill sets, related to program planning, implementation, and evaluation needed for effective WHP programming. Not only are health promotion practitioners today required to plan programs, but they also need to have the skills to design built environments that encourage movement and interpersonal connectivity, teach effective communications methods, integrate health promotion and health protection and influence policies both at work and in the communities. Other unique qualities include tailoring interventions according to readiness, generational differences, competency, values and preferences of their workforce population (Ryan, McPeak, & Chapman, 2011). Also critical to the success of a program is the skilled professional with the capacity to design a result-oriented, comprehensive program, understand the importance of theory based planning, and strive to obtain a culture of health and employee engagement (Ryan et al., 2011). A comprehensive program, as defined by the Centre for Health Promotion University Toronto, includes five keys elements: health assessments and screenings, health education and skill building, integration and linkage, supportive social and physical environment and evaluation (Carver County Government Center, (2007). Managing an effective comprehensive WHP program requires skills that address those five key elements mentioned above.
Researchers in the field of WHP observed that instilling behavior change, many times the goal of health promotion, is complicated and challenging to achieve, even for a professional trained in health promotion. Individuals’ motivation to change is the most significant stumbling block in health promotion and wellness. Often companies are finding that health promotion programs are not accomplishing significant or lasting changes in health behavior, which can impact the success of a program (Seifert, Chapman, Hart & Perez, 2012). Emerging health behavior theories, such as the ecological model demonstrates the influence that both internal and external factors have on health behavior. These factors include intrapersonal, interpersonal, institutional, community and societal challenges which, by themselves, are multidimensional. Having the expertise to address the impact on an individual’s health behavior within this multidimensional context requires professionals that have been exposed to academic training in health behavior.

Professionals in the field of WHP predict that health promotion practitioners will be expected to provide evidence-based programming, which is the capability to design a program based on the best available research evidence that the program will be effective (Ryan et al., 2011). The Society for Public Health Education (SOPHE), has noted that individuals trained in health education offer knowledge, skills and training that complement those of health care providers, policy makers, educational experts, human resource personnel and many other professional whose work impact human health (SOPHE, 2013). Organizations, such as the American College Health Association, recognizes in its guidelines the benefits of hiring qualified health promotion professional, including their ability to design and implement evidence-based and cost-effective health promotion programs (ACHA Guidelines, 2008). A study conducted to determine past and future priorities of the health promotion industry found
that the majority of participants agreed that standardized education and training should be required for health educators (Miller & Tricker, 1991). Despite these discussions, there is still little dialogue in the field of health promotion on practitioner credentialing, training and educational requirements. Hence, the unanswered question remains; would standards in WHP provide the pathway to an effective workforce? The 2010 Affordable Care Act calls for the Center of Disease Control and Prevention (CDC) to expand the utilization of evidence-based prevention and health promotion practices in the workplace by providing assistance to directors of health promotion programs with the following (Ryan et al., 2011):

- Technical assistance
- Consultation
- Tools and other resources
- Measuring the participation and methods to increase participation
- Developing standardized measures that assess policy, environmental and systems changes to have positive health behaviors, health outcomes and health care expenditures
- Effective evaluation of all aspects of programming
- Building evaluation capacity among workplace staff

What is unknown is how many of the practitioners in the WHP workforce have the training to implement this level of evidenced-based programming.

Dr. Linnan, a key contributor to the 2008 publication, Results of the 2004 National WHP Survey, discussed some significant findings of the survey. Among the findings, Linnan notes that to ensure successful WHP programs, there is a significant need for comprehensive programming, developing supportive environments, including the physical and social aspect
of the environment and establishing evidenced-based policies. Linnan also deliberates on the need for effective marketing and evaluation skills for managers of health promotion programs (Linnan, Bowling, & Childress, 2008).

According to Goetzel and Ozminkowski (2008), if worksite programs intend to be effective in increasing employee’s health and productivity practitioners will need to document enduring health improvements for their targeted populations and related costs impacts. This involves periodically measuring the health risks of their workers and evaluating changes in health behaviors, biometric measures and utilization of health care services. Programs will need to engage significant segments of the employee population, especially the highest risk groups. WHP practitioners will need to produce data supporting program’s cost effectiveness and cost-benefit. Programs will also have to address the organizational, environmental and ecological elements of the workplace. Theory-based and evidence-based programming is one of many skills needed by practitioners (Goetzel, & Ozminkowski, 2008). The ability of a WHP practitioner to use theory in program planning can enhance the program’s effectiveness and the influence that internal and external factors can have on health behavior. Health educators are trained in health behavior, and can utilize theories in the program development process, increasing the likelihood of effective health outcomes.

In the article “Health Policy Brief: Workplace Wellness Programs”(2012), acknowledgement of yet another challenge for WHP practitioners is the ability to ensure that employers’ wellness programs comply with federal and state requirements, such as the Americans with Disabilities Act of 1990, the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and the Genetic Information Nondiscrimination Act of 2008. Consumer advocates caution that poorly designed and implemented wellness initiatives may have
unintended consequences, including not meeting federal or state requirements of the afore
mentioned acts or coercing an individual with a health condition to participate in an activity
without adequate medical supervision (Robert Wood Johnson Foundation, 2012). Is the WHP
workforce adequately prepared to face the many challenges noted by these experts for
successful programming?

A state-wide survey was conducted in October 2012 in Kentucky by Western Kentucky
University’s Department of Public Health to review the interests of worksite health promotion
practitioners in a graduate certificate in worksite health promotion. The skills of program
planning, health communication, policy, financial strategies and marketing were assessed.
Seventy one percent of participants answered that they would be interested in an online
graduate worksite health promotion certificate which would address the previously mention
skills (Watkins, 2012).

A review conducted by the Community Preventive Services Task Force, commissioned
by the Centers for Disease Control and Prevention (CDC), examined studies that evaluated
WHP programs and policies, and found that worksite programs varied widely in their
comprehensiveness, intensity and duration. Goetzel & Pronk (2010), in their review of the
task force’s findings remarked, “The challenge faced by most employers who have not yet
implemented best practice programs is to apply effective practices developed by health
promotion program professionals so that any employer, of any size, can duplicate or tailor
those programs to achieve similar positive results. Implementing an effective WHP program
is a complex and time-consuming task.” The Task Force concluded that the most successful
WHP programs provided individualized risk-reduction counseling to the highest-risk
employees, comprehensive health awareness programs, effective program design and
implementation, and a “healthy company” culture. Effective planning through theory and evidence-based interventions and evaluation, linking of programs to business objectives, and well-designed communications techniques are all important components to successful WHP programs and policies (Goetzel & Pronk, 2010). These recommendations from the Task Force could contribute to a framework for standards for the WHP field.

Goetzel, Schoenman, Chapman, Ozminkowski, and Lindsay (2011) reviewed recommendations from a research agenda aimed at improving strategies for evidence-based health promotion programs. Measures of successful programs included improved quality of life for employees, positive return on investments, positive health behavior change and risk reduction. These experts acknowledged that the field of WHP is somewhat new and evidence-based programming is not well developed (Goetzel, et al., 2011). Program planning based on theory and best practices applied by professionals who adhere to a common set of pre-established standards would greatly enhance the likelihood of program effectiveness and the overall success of health promotion programs.

The National Institute for Health Care Management (NIHCM) in 2010 convened stakeholders in health promotion and research methods to develop a research agenda that would improve evidence-based practices in the field of WHP (NIHCM, 2012). The framework of organizing (structure, process, and outcome) for health promotion programs and the strategies needed to strengthen WHPs are shown below. (See Table 2)

(The recommendations from the NIHCM group suggested that if the field is to evolve into its full potential then there will have to be a much stronger focus on developing and utilizing evidenced-based programming and practice (NIHCM, 2012). These
recommendations hold the potential to establish the foundation that could guide the development of standards for WHP programs.

The National Prevention Council, created through the Affordable Care Act, developed The National Prevention Strategy in 2011, among the recommendations of this council is the partnering of all sectors of society to transform from treatment to prevention. One of those sectors is the workplace. According to the Council; “Employers have the ability to implement policies and programs that foster health, wellness and safety among their employees. Evidence-based work-site employee wellness and safety programs, when accompanied with health promoting policies, can reduce health risks and improve the quality of life for millions of workers in the United States”. The Council has adopted as one of their strategic directions under the Healthy and Safe Community Environment section the following; “Recruiting and retaining a skilled and diverse prevention workforce strengthens the capacity to promote health and respond to emergencies” (National Prevention Council, 2011). A key component of this strategy is adherence to best practices that promote safety and health, including participatory approaches to hazard detection and remediation, while incorporating supervisory and worker training. All arenas of the workforce should be committed to prevention training. Universities can integrate applicable core health education competencies into curricula and train professionals to collaborate across health and safety disciplines to promote health and wellness. The National Prevention Strategy strongly recommends the need to develop and maintain a skilled, diverse and cross-trained workforce. Also, under the National Prevention Strategy, the action plan for businesses and employers includes a goal to “Implement work-site health initiatives in combination with illness and injury prevention policies and programs that empower employees to act on health and safety concerns.” (National Prevention Council,
Developing a common set of standards would establish a structure that ensures the field of WHP will be successful and sustainable.

**DISCUSSION**

This is an unprecedented opportunity in the field of worksite health promotion. Never before has there been such a serious focus on primary prevention efforts. As federal, state and local organizations recognize the importance of prevention over treatment and the opportunity to utilize the worksite to raise awareness, educate and positively influence the health behaviors of the American workforce, the field of health promotion is summoned to implement health promotion programs that will be consistently successful and sustainable.

The clear message for the worksite health promotion field is that the time is now to start a dialogue on the development and adoption of a cohesive, rigorous, and purposeful set of entry-level standards to establish a level of competent professionals in WHP. By doing so the field will take a big step in being accepted as a profession, while at the same time earning the trust of American businesses and provide workers the opportunity and support to become healthy and productive citizens.

While WHP is not a new concept, the stakes are rising and accountability is expected to be the norm rather than the exception. Without the development and adoption of a set of professional standards and competencies, it’s likely that WHP programs will falter as inconsistent outcomes may bring into question the value and costs of building and maintaining programs of quality. No one can deny that there are hundreds, if not thousands of variables that can impact the success of worksite wellness programs. However, adopting a set of standards to guide the field, and assuring that individuals who enter the field are adequately prepared to assume the increasing responsibilities associated with WHP leadership
will enhance the credibility of the WHP profession. Yes, corporate leadership and adequate resources will continue to be critical determinants of a program’s success but just as critical is the skilled worksite health professional to guide the development of programs that can deliver consistent outcomes.

**CONCLUSIONS**

This article is designed to stimulate discussion about the need to develop professional standards and competencies in the WHP profession. It describes the opportunities and challenges facing the effectiveness of the WHP practitioners and how standards have the potential to positively influence their efforts. Should the field move to adopt a set of standards and competencies there are a number of tasks that would need to be completed to move these discussions forward. One of the next steps would require a survey of workplace sites to determine whether management would seek to employ individuals who held credentials from a standards-based training program. Similarly, a survey of existing stakeholders would need to be conducted to determine if there is support for developing standards designed to strengthen and further legitimize the WHP profession. Also high on the list would be the identification of a group of dedicated individuals willing to explore existing standards and competencies, such as Certified Health Education Specialist standards (CHES), which would include the seven competencies for health education specialists: assess, plan, implement, evaluate, provide resources, and effectively communicate, or develop new or additional standards that better align with the needs and requirements of WHP job responsibilities. A group formed to explore standards would most likely consist of worksite practitioners, leaders in the worksite industry, academicians and others. At the same time it would be highly
desirable to identify an organization or agency to assume a leadership role in moving the project forward.
REFERENCES


Hezel Associates, LLC. (July 2007). Marketing the Health Education Profession: Knowledge, attitudes and hiring practices of employers. A study commissioned by the Coalition of


Table 1

<table>
<thead>
<tr>
<th>Organizational Culture &amp; Leadership</th>
<th>Program Design</th>
<th>Program Implementation &amp; Resources</th>
<th>Program Evaluation</th>
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<tbody>
<tr>
<td>Develop a “Human Centered Culture”</td>
<td>Establish clear principles</td>
<td>Be willing to start small and scale up</td>
<td>Measure and analyze</td>
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<td>Demonstrate leadership</td>
<td>Integrate relevant systems</td>
<td>Provide adequate resources</td>
<td>Learn from experience</td>
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<td>Engage mid-level management</td>
<td>Eliminate recognized occupational hazards</td>
<td>Communicate strategically</td>
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<td>Be consistent</td>
<td>Build accountability into program implementation</td>
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<td>Promote employee participation</td>
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<td>Tailor programs to the specific workplace</td>
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<td>Consider incentives and rewards</td>
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<td>Find and use the right tools</td>
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<td>Adjust the program as needed</td>
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<td>Make sure the program lasts</td>
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<td>Ensure confidentiality</td>
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Table 2

Strategies for Strengthening the Evidence-Base for Employee Health Promotion Programs

<table>
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<th>Increase research on:</th>
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<tbody>
<tr>
<td>-The role of organizational culture and leadership support and their effect on program outcomes.</td>
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<td>-Employees’ home settings, social networks, and the surrounding communities and how the relationship between these external influences and program effectiveness.</td>
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<tr>
<td>-How to identify low-cost, easy to implement changes to the corporate environment that could exert a large impact on workers’ well-being.</td>
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<tr>
<td>-Programs more effective for smaller employers, geographically dispersed workforces and distinct subpopulations defined by demographics, language or literacy differences.</td>
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<th>Structure</th>
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<tr>
<td>-How to understand the role of financial incentives; compare the effectiveness of different incentive designs and exploration of how various approaches work for different subpopulations over the long term.</td>
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<tr>
<td>-How to understand the different strategies for communicating with employees; the role played by social and emotional variables; ways to engage leadership.</td>
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<tr>
<td>-How to integrate incentives and health promotion programming with other benefits offered so incentives are aligned and maximally reinforced.</td>
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<tr>
<td>-How to clarify effective implementation processes for moving from initial steps to a more comprehensive and sustainable strategy.</td>
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<th>Process</th>
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<tr>
<td>-Nonfinancial Outcomes: Changes in employees’ quality of life, psychosocial drivers of behavior, health behaviors, risk factors and clinical variables and how health promotion programs affects these variables according to design and by population type.</td>
</tr>
<tr>
<td>-Financial Outcomes: Return on Investment (ROI). Standardize method for computing ROI. Better understanding of the factors affecting ROI (program design, employee characteristics, employer size and workplace culture, policies and leadership commitment). Comparison of the returns of health promotion programs versus other investments and corporate uses of financial resources.</td>
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