

1-2015

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

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## Recommended Repository Citation

Watkins, Cecilia M. and English, G.. (2015). Moving the Worksite Health Promotion Profession Forward: Is The Time Right For Requiring Standards? A Review of the Literature. *Health Promotion Practice*, 16 (1), 20-27.

**Original Publication URL:** <http://www.ncbi.nlm.nih.gov/pubmed/25125551>

**Available at:** [http://digitalcommons.wku.edu/public\\_hlth\\_fac\\_pub/13](http://digitalcommons.wku.edu/public_hlth_fac_pub/13)

## **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;

1 **INTRODUCTION**

2           Worksite Health Promotion (WHP) is a field that has seen phenomenal growth in the  
3 past few decades. Results from the Towers Watson/National Business Group on Health  
4 2011/2012 Staying@Work study reveals that essentially all respondents (U.S. and Canada)  
5 expect their organization’s support of health and productivity programs to increase over the  
6 next two years (Towers Watson, 2012). The high cost of health care, loss of productivity due  
7 to occupational related illness and injury, and chronic diseases, resulting from poor health  
8 habits of employees are forcing American businesses to consider prevention strategies over  
9 the more traditional medical, or treatment model, to stay competitive in a global marketplace.  
10 According to Buck Consultant’s 2010 Global Wellness Survey, health promotion programs  
11 are most prevalent in North America, where they are offered by 74 percent of surveyed  
12 employers, but health promotion programs are also increasing throughout the world, with 41  
13 to 49 percent of surveyed employers providing programs to their employees in all regions  
14 outside North America (Buck Consultants, 2010). With this growth in WHP, the workforce  
15 sustaining this field must be adequately trained to implement effective prevention strategies,  
16 which will support the health and well-being of American businesses. A dialogue of the need  
17 for standards in the field of WHP would be an initial step to increase the capability and  
18 credibility of the profession.

19 **LITERATURE REVIEW**

20           Many of today’s experts in WHP have researched past and present health promotion  
21 program and policy strategies and explored future strategies that will assist the field of WHP  
22 in meeting the health promotion needs of the American workforce, enabling them to be the  
23 healthiest and most productive possible (Goetzel & Pronk, 2010). While these strategies are a

24 major contribution to the effectiveness of WHP programs, significantly less emphasis and  
25 research has been devoted to the skills, training, and abilities of the practitioners who  
26 implement these strategies.

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

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

41 Health educators are trained in developing, implementing and evaluating health  
42 promotion and disease prevention programs and are definitely qualified to manage WHP  
43 programs. According to the U.S. Bureau of Labor Statistics (2010), the 2010-2020 job outlook  
44 for health educators in the U.S. workforce is a 37 percent growth rate, which is much faster  
45 than the average for all occupations. The report notes that this growth is driven by efforts to  
46 reduce healthcare costs by teaching people about healthy habits and behaviors (U.S. Bureau of

47 Labor Statistics, 2010). Given the recent requirements mandated by the 2010 Affordable Care  
48 Act, discussed in detail later in this paper, the time has come to require that those entering the  
49 WHP field are formally prepared with the knowledge and skills needed to be successful in this  
50 dynamic environment. In a survey conducted by Hezel Associates in 2007 to assess the value  
51 of hiring “qualified” health education specialists, it was revealed that, the majority of  
52 respondents indicated that “they believe qualified health educators bring unique skills that  
53 will improve the success of health education initiatives” (Hezel, 2007).

54 In 2008, The National Institute for Occupational Safety and Health (NIOSH)  
55 established the Essential Elements of Effective Workplace Programs and Policies for  
56 Improving Worker Health and Wellbeing (NIOSH Worklife, 2008). This document contains  
57 four areas of the physical and organizational work environment and twenty comprehensive  
58 practices and policies that are considered crucial for establishing effective workplace  
59 programs. The areas include organizational culture and leadership, program design, program  
60 implementation and resources, and program evaluation. Within these four areas, are twenty  
61 comprehensive practices and policies, which address personal health risks (NIOSH Worklife,  
62 2008). (See Table 1)

63 (Insert Table 1 here)

64 NIOSH has also established a strategic plan for advancing their WorkLife Initiative  
65 (now known as Total Worker Health). These recommendations are intended to guide  
66 employers and employee partnerships wanting to establish effective WHP programs. The  
67 recommendations included an increased distribution of science-based information for  
68 improved worksite programs and practices, intensified dissemination of research information  
69 and practice models through conferences, websites and other web-based educational

70 offerings, recognizing the attributes of best practice programs, noting differences in work  
71 settings and worker demographics and finally identifying positive and negative factors  
72 influencing programming success and sustainability (NIOSH Worklife, 2008). All of these  
73 recommendations are critical for a successful WHP program and should be administered by  
74 professionals who are trained and educated in science-based, best-practice program planning  
75 methodology.

76 In a review of the NIOSH Worklife Initiative, a team of experts, Cherniack et al.,  
77 (2011) remarked, “The modern American workplace is increasingly complex and is  
78 demanding ever higher cognitive skills, management skills in workplace organization, and  
79 professional skills in health and safety”. Workplace hazards such as physical demands,  
80 chemical exposures and work organizations often interact with non-work factors such as  
81 family demands and health behaviors to increase health and safety risks (Cherniack et al.,  
82 2011).

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

91 Workplace health promotion and workplace safety (protection) has traditionally  
92 functioned in separate departments with health promotion focusing on personal health, while

93 safety dealt primarily with protecting employees from occupational injuries and illnesses.  
94 Recent practice appears to favor an integration of these two areas creating a synergistic effect  
95 that appears to enhance the overall health and well-being of employees while at the same time  
96 decreasing the likelihood of workplace injuries and illness within the targeted workforces.  
97 The push for integrating health promotion programs and safety programs continues to evolve  
98 through programs such as the NIOSH Worklife Initiative and the state of California's  
99 guidelines for a similar initiative, "The Whole Worker: Guidelines for Integrating  
100 Occupational Health and Safety with Workplace Wellness Programs" (Hymel et al, 2011).  
101 According to these initiatives the WHP professional will be expected to not only successfully  
102 manage an effective promotion program, but also work within the context of safety (health  
103 protection) as a key toward enhancing workplace well-being.

104 Paul Terry, PhD, and CEO of StayWell Health Management and Editor of The Art of  
105 Health Promotion, considers one of the key challenges for health promotion practitioners and  
106 researchers interested in health promotion is how best practices are implemented. According  
107 to Terry, "The population health improvement process is ill-defined, bluntly measured and  
108 barely a process at all. The multidisciplinary nature of the field of health promotion and the  
109 eclectic credentials and background of those leading programs and how to pull together best  
110 practices in a cohesive way are challenges that must be met" (Terry, 2012). If the  
111 aforementioned challenges are left unaddressed, arbitrary planning with limited expertise  
112 could lead to ineffective wellness programs. A 2013 California Health Benefits Review  
113 Report concluded that many corporate wellness programs are found to have limited success  
114 (California Health Benefits Review Program, 2013). While there are many factors that can

115 positively or negatively impact program outcomes, one of the primary considerations must  
116 focus on the knowledge and skills of individuals planning WHP programs.

117         Given the rapid changes afforded by the passage and implementation of the Affordable  
118 Care Act, the time to re-evaluate and define a role for individuals in the WHP field is now.  
119 Clearly, the passage of this bill, with its emphasis on prevention, paves the way for  
120 tremendous growth in worksite wellness programming. Along with this opportunity however  
121 also comes a responsibility to assure that individuals are adequately prepared with the  
122 knowledge, and skill sets, related to program planning, implementation, and evaluation  
123 needed for effective WHP programming. Not only are health promotion practitioners today  
124 required to plan programs, but they also need to have the skills to design built environments  
125 that encourage movement and interpersonal connectivity, teach effective communications  
126 methods, integrate health promotion and health protection and influence policies both at work  
127 and in the communities. Other unique qualities include tailoring interventions according to  
128 readiness, generational differences, competency, values and preferences of their workforce  
129 population (Ryan, McPeak, & Chapman, 2011). Also critical to the success of a program is  
130 the skilled professional with the capacity to design a result-oriented, comprehensive program,  
131 understand the importance of theory based planning, and strive to obtain a culture of health  
132 and employee engagement (Ryan et al., 2011). A comprehensive program, as defined by the  
133 Centre for Health Promotion University Toronto, includes five keys elements: health  
134 assessments and screenings, health education and skill building, integration and linkage,  
135 supportive social and physical environment and evaluation (Carver County Government  
136 Center, (2007). Managing an effective comprehensive WHP program requires skills that  
137 address those five key elements mentioned above.



138           Researchers in the field of WHP observed that instilling behavior change, many times  
139 the goal of health promotion, is complicated and challenging to achieve, even for a  
140 professional trained in health promotion. Individuals' motivation to change is the most  
141 significant stumbling block in health promotion and wellness. Often companies are finding  
142 that health promotion programs are not accomplishing significant or lasting changes in health  
143 behavior, which can impact the success of a program (Seifert, Chapman, Hart & Perez,  
144 2012). Emerging health behavior theories, such as the ecological model demonstrates the  
145 influence that both internal and external factors have on health behavior. These factors  
146 include intrapersonal, interpersonal, institutional, community and societal challenges which,  
147 by themselves, are multidimensional. Having the expertise to address the impact on an  
148 individual's health behavior within this multidimensional context requires professionals that  
149 have been exposed to academic training in health behavior.

150           Professionals in the field of WHP predict that health promotion practitioners will be  
151 expected to provide evidence-based programming, which is the capability to design a program  
152 based on the best available research evidence that the program will be effective (Ryan et al.,  
153 2011). The Society for Public Health Education (SOPHE), has noted that individuals trained  
154 in health education offer knowledge, skills and training that complement those of health care  
155 providers, policy makers, educational experts, human resource personnel and many other  
156 professional whose work impact human health (SOPHE, 2013). Organizations, such as the  
157 American College Health Association, recognizes in its guidelines the benefits of hiring  
158 qualified health promotion professional, including their ability to design and implement  
159 evidence-based and cost-effective health promotion programs (ACHA Guidelines, 2008). A  
160 study conducted to determine past and future priorities of the health promotion industry found

161 that the majority of participants agreed that standardized education and training should be  
162 required for health educators (Miller & Tricker, 1991). Despite these discussions, there is still  
163 little dialogue in the field of health promotion on practitioner credentialing, training and  
164 educational requirements. Hence, the unanswered question remains; would standards in WHP  
165 provide the pathway to an effective workforce? The 2010 Affordable Care Act calls for the  
166 Center of Disease Control and Prevention (CDC) to expand the utilization of evidence-based  
167 prevention and health promotion practices in the workplace by providing assistance to  
168 directors of health promotion programs with the following (Ryan et al., 2011):

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

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

180       Dr. Linnan, a key contributor to the 2008 publication, Results of the 2004 National  
181 WHP Survey, discussed some significant findings of the survey. Among the findings, Linnan  
182 notes that to ensure successful WHP programs, there is a significant need for comprehensive  
183 programming, developing supportive environments, including the physical and social aspect

184 of the environment and establishing evidenced-based policies. Linnan also deliberates on the  
185 need for effective marketing and evaluation skills for managers of health promotion programs  
186 (Linnan, Bowling, & Childress, 2008).

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

201 In the article "Health Policy Brief: Workplace Wellness Programs"(2012),  
202 acknowledgement of yet another challenge for WHP practitioners is the ability to ensure that  
203 employers' wellness programs comply with federal and state requirements, such as the  
204 Americans with Disabilities Act of 1990, the Health Insurance Portability and Accountability  
205 Act of 1996 (HIPPA) and the Genetic Information Nondiscrimination Act of 2008. Consumer  
206 advocates caution that poorly designed and implemented wellness initiatives may have

207 unintended consequences, including not meeting federal or state requirements of the afore  
208 mentioned acts or coercing an individual with a health condition to participate in an activity  
209 without adequate medical supervision (Robert Wood Johnson Foundation, 2012). Is the WHP  
210 workforce adequately prepared to face the many challenges noted by these experts for  
211 successful programming?

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

219 A review conducted by the Community Preventive Services Task Force, commissioned  
220 by the Centers for Disease Control and Prevention (CDC), examined studies that evaluated  
221 WHP programs and policies, and found that worksite programs varied widely in their  
222 comprehensiveness, intensity and duration. Goetzel & Pronk (2010), in their review of the  
223 task force's findings remarked, "The challenge faced by most employers who have not yet  
224 implemented best practice programs is to apply effective practices developed by health  
225 promotion program professionals so that any employer, of any size, can duplicate or tailor  
226 those programs to achieve similar positive results. Implementing an effective WHP program  
227 is a complex and time-consuming task." The Task Force concluded that the most successful  
228 WHP programs provided individualized risk-reduction counseling to the highest-risk  
229 employees, comprehensive health awareness programs, effective program design and

230 implementation, and a “healthy company” culture. Effective planning through theory and  
231 evidence-based interventions and evaluation, linking of programs to business objectives, and  
232 well-designed communications techniques are all important components to successful WHP  
233 programs and policies (Goetzel & Pronk, 2010). These recommendations from the Task Force  
234 could contribute to a framework for standards for the WHP field.

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

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

249 (Insert Table 2 here)

250 The recommendations from the NIHCM group suggested that if the field is to evolve  
251 into its full potential then there will have to be a much stronger focus on developing and  
252 utilizing evidenced-based programming and practice (NIHCM, 2012). These

253 recommendations hold the potential to establish the foundation that could guide the  
254 development of standards for WHP programs.

255 The National Prevention Council, created through the Affordable Care Act, developed  
256 The National Prevention Strategy in 2011, among the recommendations of this council is the  
257 partnering of all sectors of society to transform from treatment to prevention. One of those  
258 sectors is the workplace. According to the Council; “Employers have the ability to implement  
259 policies and programs that foster health, wellness and safety among their employees.

260 Evidence-based work-site employee wellness and safety programs, when accompanied with  
261 health promoting policies, can reduce health risks and improve the quality of life for millions  
262 of workers in the United States”. The Council has adopted as one of their strategic directions  
263 under the Healthy and Safe Community Environment section the following; “Recruiting and  
264 retaining a skilled and diverse prevention workforce strengthens the capacity to promote  
265 health and respond to emergencies” (National Prevention Council, 2011). A key component  
266 of this strategy is adherence to best practices that promote safety and health, including  
267 participatory approaches to hazard detection and remediation, while incorporating supervisory  
268 and worker training. All arenas of the workforce should be committed to prevention training.  
269 Universities can integrate applicable core health education competencies into curricula and  
270 train professionals to collaborate across health and safety disciplines to promote health and  
271 wellness. The National Prevention Strategy strongly recommends the need to develop and  
272 maintain a skilled, diverse and cross-trained workforce. Also, under the National Prevention  
273 Strategy, the action plan for businesses and employers includes a goal to “Implement work-  
274 site health initiatives in combination with illness and injury prevention policies and programs  
275 that empower employees to act on health and safety concerns.” (National Prevention Council,

276 2011). Developing a common set of standards would establish a structure that ensures the  
277 field of WHP will be successful and sustainable.

## 278 **DISCUSSION**

279 This is an unprecedented opportunity in the field of workshite health promotion. Never  
280 before has there been such a serious focus on primary prevention efforts. As federal, state and  
281 local organizations recognize the importance of prevention over treatment and the opportunity  
282 to utilize the worksite to raise awareness, educate and positively influence the health  
283 behaviors of the American workforce, the field of health promotion is summoned to  
284 implement health promotion programs that will be consistently successful and sustainable.  
285 The clear message for the worksite health promotion field is that the time is now to start a  
286 dialogue on the development and adoption of a cohesive, rigorous, and purposeful set of  
287 entry-level standards to establish a level of competent professionals in WHP. By doing so  
288 the field will take a big step in being accepted as a profession, while at the same time earning  
289 the trust of American businesses and provide workers the opportunity and support to become  
290 healthy and productive citizens.

291 While WHP is not a new concept, the stakes are rising and accountability is expected to  
292 be the norm rather than the exception. Without the development and adoption of a set of  
293 professional standards and competencies, it's likely that WHP programs will falter as  
294 inconsistent outcomes may bring into question the value and costs of building and  
295 maintaining programs of quality. No one can deny that there are hundereds, if not thousands  
296 of variables that can impact the success of worksite wellness programs. However, adopting a  
297 set of standards to guide the field, and assuring that individuals who enter the field are  
298 adequately prepared to assume the increasing responsibilities associated with WHP leadership

309 will enhance the credibility of the WHP profession. Yes, corporate leadership and adequate  
310 resources will continue to be critical determinants of a program's success but just as critical is  
311 the skilled worksite health professional to guide the development of programs that can deliver  
312 consistent outcomes.

### 313 **CONCLUSIONS**

314 This article is designed to stimulate discussion about the need to develop professional  
315 standards and competencies in the WHP profession. It describes the opportunities and  
316 challenges facing the effectiveness of the WHP practitioners and how standards have the  
317 potential to positively influence their efforts. Should the field move to adopt a set of standards  
318 and competencies there are a number of tasks that would need to be completed to move these  
319 discussions forward. One of the next steps would require a survey of workplace sites to  
320 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



321 desirable to identify an organization or agency to assume a leadership role in moving the  
322 project forward.

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**Table 1**

**Essential Elements of Effective Workplace Programs & Policies for Improving Worker Health & Wellbeing**

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

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*Source:* Department of Health and Human Services, Centers for Disease Control and Prevention, National Institution for Occupational Safety and Health, *Worklife*, October 2008.

**Table 2**

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

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Increase research on:

**Structure**

- The role of organizational culture and leadership support and their effect on program outcomes.
- Employees' home settings, social networks, and the surrounding communities and how the relationship between these external influences and program effectiveness.
- How to identify low-cost, easy to implement changes to the corporate environment that could exert a large impact on workers' well-being.
- Programs more effective for smaller employers, geographically dispersed workforces and distinct subpopulations defined by demographics, language or literacy differences.

**Process**

- 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.
- How to understand the different strategies for communicating with employees; the role played by social and emotional variables; ways to engage leadership.
- How to integrate incentives and health promotion programming with other benefits offered so incentives are aligned and maximally reinforced.
- How to clarify effective implementation processes for moving from initial steps to a more comprehensive and sustainable strategy.

**Outcome**

- 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.
  - 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.
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Source: Goetzel RZ, Schoenman JA, Chapman LS, Ozminkowski RJ, Lindsay GM. Strategies for Strengthening the Evidence Base for Employee Health Promotion Programs. *American Journal of Health Promotion*. 2011; 26(1)TAHP 1-TAPH 6.  
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