



National Wellness Institute Members

Ask the

EXPERTS

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on... Worksite Wellness Programming

Meet the Panel of Experts



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Group provides award-winning products and consulting services for employee self-care and work-care programs. He has over 30 years of experience in worksite health promotion in program management, product development, writing, publishing, and consulting. He is the author of several award-winning publications, including *Informed: An Introduction to Medical Self-Care and Staying Well* that has sold over 300,000 copies. Prior to founding The WorkCare Group, Pfeiffer was creator and program manager of the award-winning Xerox Health Management Program and vice president of The Travelers' Center for Corporate Health Promotion. Organizations such as General Electric, UAW-GM, GlaxoSmithKline, Honeywell, Mobil Corporation, IBM, Xerox, the University of Michigan, the U.S. Department of Health and Human Services, the National Institutes of Health, and the American Heart Association have sought his expertise throughout his career. He is a recipient of the Healthy American Fitness Leaders Award for his pioneering efforts in worksite health promotion, as well as the Association for Worksite Health Promotion's Distinguished Leadership and Service Award. To reach him, email Georgesport@aol.com. For more information on The WorkCare Group visit website www.workcaregroup.com.



William Baun, EPD, FAWHP, is a wellness coach and member of the Employee Health and Well-Being Team and directs the employee wellness program that

serves 15,000 employees at The University of Texas M.D. Anderson Cancer Center, Houston. Baun has more than 27 years of experience in worksite health promotion management and programming. He was a member of the startup wellness team at Tenneco (1981-1996) where he implemented over 25 health promotion/fitness programs in white, blue, and pink-collar settings. Under Baun's leadership, the Tenneco program was the first worksite to receive the C. Everett Koop National Health Award. He also serves as an associate editor for the *American Journal of Health Promotion*, on the Editorial Board of the American College of Sports Medicine's (ACSM) *Health & Fitness Journal*, and has held adjunct positions at The University of Texas Public Health School and the University of Houston. He has written many peer-reviewed publications, book chapters and books on managing worksite wellness programs. His latest work is as a contributing writer and section editor to ACSM's *Worksite Health Promotion Manual*. Baun is also a member of the National Wellness Institute Board of Directors. To reach him, email wbaun@mdanderson.org.

Special Note to NWI Members

More and more employers are now turning to wellness promotion to improve the health and productivity of their employees and reduce health care costs.

In this edition of Ask the Experts, the National Wellness Institute is pleased to have William “Bill” Baun and George Pfeiffer as the panel of experts answering your questions on worksite wellness. Between the two of them, they have over 57 years of experience in promoting health and wellness in the workplace.

Thank you to Bill Baun, EPD, FAWHP, and George Pfeiffer, MSE, FAWHP, for participating on the panel and sharing their expertise.

Thank you to all the NWI members who submitted questions on a variety of worksite wellness topics that generated the informative discussion that follows.

Anne Helmke
Member Services Team Leader
National Wellness Institute

Baun and Pfeiffer to Lead New Advanced Academy in Worksite Wellness at National Wellness Conference July 10-14, 2005

William Baun and George Pfeiffer will be facilitating the *new* Advanced Academy in Worksite Wellness at the 2005 National Wellness Conference on July 10-14 at the University of Wisconsin-Stevens Point.

Academy participants will advance their skills, learn best practices, and share resources for advancing worksite wellness programming.

Following the conference, an online toolbox and networking center— just for Academy participants, will help keep participants updated on resources and new developments in the field.

For more information, see the conference website at www.nationalwellness.org, email nwc@nationalwellness.org or call (800) 243-8694.

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GETTING MANAGEMENT SUPPORT

Q1.

NWI MEMBER: *Worksite wellness seems to be embraced more by the female senior executives than their male counterparts. Any suggestions on how a worksite wellness team can engage male senior executives?*

WILLIAM BAUN: *First and most important – remember that if they put a skirt on or a pair of pants in the morning they are still just like you and me – and at some level concerned about their own health and well-being and that of others.*

Second, I'd get to know their "style." Are they Macho (gun fighter – seat of the pants), Work Hard – Play Hard (love the game), Betting or Tracker, Process Focused, Results Oriented, Visionary, Detailed or a Consensus Builder? If you better understand their style, you should be able to do a better job of engaging them.

Third, get a better understanding of what they are paying attention to NOW, and what they like to measure and control. Try to get a better understanding of their ideas around mentoring, teaching, coaching or role modeling. And last, but also important is what criteria they use to reward individuals.

Fourth, consider ways to personalize your approach with them – what's in it for them? Fun, bottom-line, retention, right thing to do, keep up with other companies, etc.

Fifth, make sure you have all the facts and figures of what others are doing in your neighborhood, industry and the best-practice companies.

Sixth, be ready for what I call "quick kills" – which translates into being ready at all times with ready references, the best-practice companies with results, data and ready referrals potentially at their level.

GEORGE PFEIFFER: I am not sure that this is exactly true. I have seen more male senior executives participate in physical fitness programs than women. However, women seem to participate more in educational classes. I strongly feel that organizations should customize their programming and marketing to affinity groups—especially senior staff. This does not mean the return of segregated executive fitness programs and such, but attempting to focus on unique issues that senior executives face—especially stress. In addition, senior management needs to buy-in to the basic concepts of employee health, in order for you to succeed. Developing unique programming/retreats helps build the personal and business case for worksite health promotion.

Q2.

NWI MEMBER: How do you get executive management to participate in and thus become advocates of a physical activity program? Our company has nice facilities, staff and programs; yet, the executives do not participate in general. We know, obviously, that their time is limited, but how can we influence them to make health and fitness a priority in their own lives, while setting a great example for their employees. What specific

strategies have you found effective in educating management, who do not exercise and don't seem interested in making fitness a priority in their own lives, about the benefits of a health and fitness program, that then will result in their strong support?

PFEIFFER: This is always a programming and public relations challenge. My first job was running the Executive Fitness Programs for Xerox, when this was the status quo for corporate programs. I think we need to readdress the issue of special executive programs again. Though they may be viewed as elitist, there may be value addressing special programs for your senior leaders. Here are a few ideas:

- This could come in the shape of special executive seminars/retreats that tie in executive physicals (if these still exists). In addition, these retreats should introduce the concepts of health as a productivity strategy for your organization.
- Consider providing special personal training programs to key managers. You may consider special hours of operation that would provide privacy. This special pampering may lead to senior managers joining the regular program.
- Another option is to provide personal training at the executive's home, perhaps including the spouse. This really tailors your programming approach, but stretches your staffing resources.

BAUN: Your right, many of these individuals don't have the time to participate at work, but what are they doing outside of work? I have found that successful senior executives always have a wellness program that helps them deal with the high-stress position they are in. It might not be at work, but they do something.

One way to enlist their support is to get them to talk about what they do. Remember participation at your facility is not what your after. What you are after is **THAT THEY BELIEVE IN WELLNESS AND HAVE A PROGRAM THEY USE DAILY TO KEEP THEMSELVES HEALTHY AND PRODUCTIVE.**

I had lots of top executives at Tenneco who never used my facility, but had a great story of what they did at home or at their country club.

The other suggestion I would have for you is – it takes all kinds of "champions" to sell our programs. Look for variety and at different levels. Some senior managers will have a real pride in one of their own making a change or setting a great example – and they will be happy to help recognize this person for the accomplishment. I just had a CEO breakfast for ten individuals that had the courage to make a behavioral

change. The CEO's breakfast with them was a big kick for the entire institution.

Educating senior management about the benefits? Talk their language! Go to the Partnership in Prevention website www.prevent.org and take a look at the "Leading by Example CEOs are America's Best Managers." This will give you some ammunition that shoots straight to their hearts.

Q3.

NWI MEMBER: How do you educate your upper level management about your programs and services?

BAUN: I've given some good ideas in some of the other questions, but remember that you are looking for what they "measure," what they "value," what they are "working on"!

PFEIFFER: Develop a standard dashboard of key performance measures for management. This should be presented quarterly. Also, sponsoring periodic executive-oriented seminars can help drive your value messages.

GETTING UNION SUPPORT

Q4.

NWI MEMBER: We have a strong nurses union at our hospital (3,200 employees and 450 beds). Their leadership is very negative toward the organization, and several of them are obese with multiple risk factors. The VP of Human Resources and Education negotiates our contract with the union every three years. This year we are rolling out a very comprehensive employee wellness program including screening, HRA, premium reduction for participation, follow-up one-on-one visits with a nurse advocate/health educator, telephone resource line, medical self-care program, etc. We have senior management support and will be sharing the program design with managers soon. What suggestions do you have for gaining the nurses union buy-in?

PFEIFFER: If allowed by work rules, find champions/role models within that group that could be part of your advisory committee.

BAUN: Regarding union buy-in: I would have worked hard to get them to be a part of the initial planning and design phase – giving them a chance for some ownership of the program. It's their program, for their

benefit – but they have to feel ownership. The only way to get there is to let them be a part of the process.

Sounds like you have already planned a bunch. You need to get them to help be a part of the detail and roll-out planning. They know what will work and what won't work with their people. Give them an opportunity to "shine"!

I have 2,700 nurses at M. D. Anderson, and the more we involve them in the planning and design, the better our programming has been. We just partnered with nursing to help fund an evening and night-shift wellness coach, which is a win-win for them and for us.

NEW PROGRAM START UP

Q5.

NWI MEMBER: I am new to worksite wellness (three years) and need help with establishing credibility that worksite wellness programs are effective (ROI). I work in a university setting at a fitness center with the opportunity to create wellness programs for the faculty and staff on site. We are a state-funded university, and therefore, I'm not certain what I need to do to help influence the state insurance that wellness programming can make a difference. Secondly, I need to get the administration on board. Additionally, aside from grant writing, I'm not certain where to get funding to assist with programming for the basics like fitness assessments, health risk assessments, screenings, etc. I have several directions I am heading at the same time. I am working hard but don't know that I am working smart.

BAUN: Sounds like you have already made a big step in your assessment of working smarter. Most new worksite professionals have so much they want to get done that they get too many things going and lack the focus to make a difference or really get the support it takes to maintain a program.

First, do a good assessment of faculty and staff and get a feel for the low-hanging fruit and what might be accomplishable with low or no budget.

Second, put a strategy together for one to three years and get a champion to help ensure it is appropriate and marketable.

Third, and I hate to say this, but walk away from the state insurance and your influence. You won't have any influence until you have a program and some results.

Fourth, move from strategy to tactics to an operations plan – and now set to doing it! Focus, get results, market your successes and take another step. Slow – sure – steps, move programs forward.

PFEIFFER: Being with a university provides you with the opportunity to use faculty and students to develop and deliver programming at a nominal cost. I agree with Bill that you need to be successful before you pursue insurance funding, though I would aim for a one to two percent programming budget (compared to costs) once you develop your foundation.

Focus on the steps outlined and get an HRA program in place to help you with benchmarking and data evaluation.

PROGRAMMING FOR MULTI AND REMOTE SITES

Q6.

NWI MEMBER: Often in large companies or universities, a wellness program exists on the main campus that may include fitness facilities, one-on-one interactions, lectures, blood pressure clinics and the like. Satellite locations that have smaller numbers of employees (i.e. 10-50 people in one location) located across the country or even in other countries cannot offer the same array of programming. This amounts to uneven benefits for employees of the same company. I'd be interested to hear your comments or ideas to manage this inequity.

PFEIFFER: The “second-class citizen syndrome” is a common programming/benefit challenge within large programs. I ran into this problem when I worked for Xerox in the mid-seventies. At that time, we had approximately seven fitness centers, but had nothing in over 200 branch offices. To provide some programming, we developed the first mass-communications concept for a Fortune 50 company. We also developed a team-leader model that recruited and trained employee volunteers to act as ambassadors and facilitators for home-office initiatives. Beyond our core programming, we provided a modest budget for each location to use within their locale. We also provided an incentive program for each leader who met a participation quota for sponsored activities such as presentations, screenings, and local health fairs.

If physical activity were a major program objective, providing membership vouchers at approved locations (e.g., YMCAs, IRSA clubs) would help with one

disparity, though I would place this at the end of the programming chain.

BAUN: This inequity is always going to exist and offers wellness professionals a challenge that we can meet with creative solutions. I have 28 different buildings and many of them consider themselves “remote sites.” When I worked at Tenneco, one of our companies was a pipeline that extended from Louisiana to Canada with 120 locations in between. They never got what the corporate headquarters received in the way of programming, but we did offer them a variety of programming options led by volunteers and safety personnel that provided the day-in day-out contact with the program.

It was unrealistic and cost prohibitive to build 120 fitness centers, but we could put a menu of programming options that they could choose from that made them feel a part of the effort. Actually, most worksites are this size, and as a profession, we are not even close to coming up with creative ways to provide cost-effective and results-orientated programming for these sites. But I can tell you – get out of your programming box of “facility” and you’ll find many programs that you can offer successfully to remote sites.

Q7.

NWI MEMBER: We operate a large, multi-site (~160 sites) employee wellness program for about 17,500 individuals including 10,000 full-time employees, 5,000 part-time employee, and 2,500 retirees. Obviously, delivery of information to such a large and dispersed group is challenging. What do your experience and the current literature suggest in the way of program delivery, dissemination of results, and long-term follow-up? Is it possible to have a best-practices approach or is it natural to assume you need to custom-tailor your approach to your specific population or sub-populations as the case may be?

PFEIFFER: Based on your size, your communications should be customized, versus off the shelf. For example, the costs of a custom newsletter are not that much different to a generic when you consider the ability to target your messages specific to your demographics, programming needs and culture. In addition, the newsletter also acts as your primary marketing vehicle.

For example, one large client required my company to develop ten custom newsletter issues to address salaried, union employees, and retirees. In addition, we needed to develop supplemental pages for specific

populations that were participating in special screening and targeted interventions. Follow-up evaluations demonstrated that this custom approach increased participation rates.

Unless your workforce is desk bound and accustomed to online communications, I view online communications as an adjunct to traditional media (books, newsletters, pamphlets). People still generally like the convenience of carrying paper.

Finally, my experience has shown repeatedly that home distribution is the desired method since the female is the primary decision-maker concerning health matters within the household. In spite of the mailing costs, you are doubling or even tripling your penetration. This improves your cost-effectiveness.

BAUN: Best practices suggest a direction and give you some strategies and tactics, but to have a successful program you have to customize to fit your work environment and culture. At M.D. Anderson we have 15,000 employees, but hundreds of cultures within a big pond. I look at three distinct delivery channels: individuals (mass programming, HRAs, coach/counseling), targeted groups (BP, diabetes, new moms, etc), and departments or divisions (customized programs to provide a solution for a local problem – backs, slips, stress, etc.). This model has served me well and allows me to customize at different levels.

MODEL EMPLOYEE WELLNESS CENTERS

Q8.

NWI MEMBER: Can you identify top wellness centers for employees? Are there any in Missouri? What goes into making them a top wellness center?

BAUN: Regarding top wellness centers for employees: This is an easy one. Check the C. Everett Koop Health Award Winners (<http://healthproject.stanford.edu/>). Also check the list of WELCOA platinum, gold, silver and bronze winners (www.welcoa.org).

Regarding what goes into a top wellness center: Check out the article entitled “Expert Opinions on ‘Best Practices’ in Worksite Health Promotion (WHP)” in the The Art of Health Promotion section of the July/August 2004 issue of the *American Journal of Health Promotion*. This will give you plenty to think about.

Regarding Missouri: Get in touch with your Governor’s Council on Physical Fitness and Health. They have done a current status report that gives plenty of good statistics and outcomes from the worksite programming in your state.

PFEIFFER: Regarding top wellness centers for employees, see the Health Project C. Everett Koop Health Award Winners (<http://healthproject.stanford.edu/>). In addition, WELCOA provides a list of their platinum, gold, silver and bronze winners (www.welcoa.org). Finally, the Institute for Health Productivity Management (IHPM, www.ihpm.org) has its own award-winning companies in the field of health and productivity management.

SMALL- TO MEDIUM-SIZED COMPANY WELLNESS PROGRAMS

Q9.

NWI MEMBER: What are the most convincing information and approach to encourage small- to medium-sized companies to sponsor wellness programs?

BAUN: Take a look at the WELCOA’s *Health Promotion Sourcebook for Small Businesses*. I really like the approach that we took in that book. This book also has some very good small-business success stories. If you go to the WELCOA website www.welcoa.org, it also will give you more small-business success stories.

Also, look at the Partnership in Prevention website www.prevent.org and download the “Leading by Example CEOs are America’s Best Managers.” It has a good small-business success story.

For these size companies, IT’S THE STORIES THAT COUNT BACKED UP BY THE DATA!

PFEIFFER: I agree that WELCOA is an excellent resource for making the business case for small to large companies. Because most companies are not self-insured, they have no cost advantage (reduced premiums) to health promotion.

I promote worksite health as work promotion—health-related policies and practices that protect, enhance, and support a corporation’s human capital in the pursuit of profitability for the organization and employability for the worker. Therefore, health promotion is a productivity strategy.

PROGRAM COMPONENTS

Q10.

NWI MEMBER: Please comment on the relative importance and cost effectiveness for the following components of worksite health promotion efforts:

- > HRA's with and without biometric measurements
- > Self-care Manuals for all employees
- > Monthly newsletters
- > On-site one-on-one counseling available to all or only to high-risk group.
- > Telephonic Coaching to all or select risk groups
- > Web-based coaching/ Info exchange

BAUN: Here is a good reference for cost effectiveness on **HRAs**: www.cms.hhs.gov/researchers/demos/healthyaging/methods2c2.pdf. The other place to look is at the WELCOA interview with Dee Edington, PhD, Director of the Health Management Research Center, University of Michigan. It is available online at http://www.welcoa.org/freeresources/pdf/Edington_INTVIEW_2.pdf. Also look for it by doing a Google search on "awelcoa."

There are many studies to show that **self-care** books and programs work and decrease emergency room and physician visits.

I'm sure George will have some articles on **newsletters**. I can't seem to pull any out, but I do know that newsletters are an important component of a comprehensive program. They could be built into a regular newsletter that is already a part of the work environment.

High-risk only **counseling** is found in the case management literature. The coach counseling that we now see in our models is too new to have any proof, but I'm a believer.

Re: **telephonic coaching** – I've seen some great vendor data, but have not seen any peer-review data.

For more information on **web-based coaching and info exchange**, look at the work of Victor Strecher, PhD, MPH, professor and Director of Cancer Prevention and Control, University of Michigan (<http://healthmedia.umich.edu/>). He has authored lots of good articles on tailored communications and web-based coaching.

PFEIFFER: Not providing screening with an **HRA** decreases the validity of the instrument in predicting

individual risk. From a group aggregate reporting perspective, using a common default (e.g., mean) will usually provide a good estimate of group risk. However, keep in mind that some studies have shown that over a third of HRA participants do not know their cholesterol and another 20 percent+ do not know their blood pressure. This could under-estimate an organization's aggregate risk—especially for CVD.

Medical self-care manuals/programs are the most cost-effective intervention a company can initiate. As a rule, the organization will realize a \$3 to \$1 savings to costs within 9 to 12 months. This is attributed to reduced outpatient and ER visits.

Monthly newsletters are extremely cost-effective in reinforcing key self-care themes and marketing your program. Beyond being the common communication vehicle, newsletters provide brand awareness for your programming efforts. In addition, customization of content provides a means to build ownership and in turn, reinforce self-efficacy by highlighting employees and their family members.

There is limited research on both **one-to-one counseling and telephonic coaching**. Having a counselor (coach) on the floor provides opportunities for teachable moments and the reinforcement of supportive environments. Regardless of the risk group, putting a face to the program and providing formal or impromptu coaching sessions are my choice. Telephonic coaching provides a flexible option, especially in multi-site organizations. However, coaching sessions can be expensive (\$120-\$150 per employee), and there is very limited outcomes data over the long-term.

Web-based exchanges/bulletin boards provide an option for creating and maintaining affinity-based communities at a nominal charge. Bulletin boards should be monitored by professional staff to help prevent the exchange of erroneous advice. In addition, bulletin boards can be another programming platform for large organizations.

Web-based coaching is too new to demonstrate long-term results. In many cases, on-line coaching is integrated with voice to personalize the learning experience.

Q11.

NWI MEMBER: Are companies continuing with employee health screenings and HRAs at the worksite, or are they going with complete blood draws with online information like Interactive Health Solutions?

PFEIFFER: Most programs still use HRAs and screenings at the worksite or have HRA results mailed to the home. Onsite assessments provide the opportunity for capitalizing on the teachable moment, with a real face. Online cannot do this, though in large, dispersed organizations, online assessments can be cost effective in gathering data, but moving participants to the next step can be challenging.

BAUN: Health screenings and HRAs are informational or called awareness – they can move employees to action or just give them information they need or already know. Many programs have moved to interactive online programming, but the high-tech solution has yet to replace high-touch programming.

The mix between high-tech and high-touch programming is the challenge programmers are all now really having fun with, and the literature has yet to give us a real answer. It appears that both are important, and different work environments are going to have a different high-tech/high-touch mix.

PROGRAMMING FOR STAGES OF CHANGE

Q12.

NWI MEMBER: Do you have any guidelines for a marketing mix for programs as it relates stages of change? We find ourselves defaulting to action programs and keep reaching the same audience. Any suggestions for awareness/maintenance program ideas?

BAUN: Awareness is the fun side – lots of crazy things can be done – get out of your activity box and start having fun. Put a true program mix calendar together with the three intensity levels (awareness – behavioral change – environmental support) and ask yourself what you are doing the whole year in each intensity. With the stage of change–readiness, use your program mix calendar to ensure you are reaching out in many different ways. I wish I had more time. Then I'd have a blast brainstorming with you on this one. I find many programmers are so activity focused, they have forgotten about the other – and in many respects more important parts of our program mix. What clubs do you have, what support groups are you running, what awareness-building activities are you doing across campus? Puppets, street theater, backward walking challenges are examples of lots of fun things that make the case for wellness.

PFEIFFER: The most cost effective is using mass and targeted communications through your standard

channels. Support groups and on-line bulletin boards can reinforce maintenance strategies.

PROGRAM MARKETING AND DELIVERY

Q13.

NWI MEMBER: Knowing that half of health promotion is promotion, what percentage of time do you invest in promoting your programs?

BAUN: Percent of time promoting programming changes as your program matures. The more mature your program the less you should have to promote! Or, if you have grown your program too fast and have not gained the foundation necessary to sustain a successful program, you need to go back and work on that foundation, and that takes a larger percent of time in promotion.

PFEIFFER: I recommend 25 percent formal program promotion including typical venues: emails, voicemails, posters, calendars, newsletters, etc., and 50 percent informal—face-to-face.

Q14.

NWI MEMBER: Can you suggest some successful promotional avenues for a university setting? We successfully used email and direct mail for years, and have been asked to cut back on both.

BAUN: Always first is PEOPLE, wellness champs, ambassadors, dorm reps, whatever you want to call them, but getting participants to promote your programming efforts. OWNERSHIP increases participation. Next for me is handing out flyers to fun programs that people just can't turn down. I have several doors at my institution that 4,000 individuals will walk by in less than three hours, and this almost always doubles my participation.

PFEIFFER: Student volunteers, group programs—including families.

Q15.

NWI MEMBER: Is there a source for fun titles for wellness/health/fitness programs? We waste a lot of time brainstorming titles.

BAUN: Your working too hard at this! There is an old Association for Fitness in Business book that was all program ideas and titles (I seem to have lost this one), but a better way and one I use all the time is the

National Wellness Institute past National Wellness Conference program books – plenty of good titles and just good words that get us started and shorten the time it takes. Another good source is the WELCOA series of programming books. Each book is really a 50-page soft-cover programmer's idea book along with a book covering all of the core wellness topics. One more idea, that I am sure you are doing, but we use a lot, is hit the Internet and again get the words a flowing. Remember, your work is not what counts—it's what the participant or member thinks about your work; so test it, test it, and test it with your audience before the final decision is made.

PFEIFFER: Outside of what Bill has identified, I am not aware of any other resources. Sometimes, having a naming contest among participants is the best way to bring a sense of ownership to your programming. When all else fails—a good run sometimes brings out the ideas!

INCENTIVES/INCREASING PARTICIPATION

Q16.

NWI MEMBER: I own an employee wellness company, and I am looking for ways to enhance our program to make it more interesting for repeat screenings. We offer preventive lab work, fitness testing, blood pressure check, and weight and body fat measurements, along with evaluation and individual consultations. I would like to add additional testing and screenings. I would like to know more about incentives and promotion options. We are implementing a web-based health-education tool this spring. Are there any resources out there where I can learn more about enhancing our program? We have been having great success with the quality of our service, but I need to continue to make it interesting for the participants and the employer by continuously adding new programs. It seems as though not as many people come through our program the second year, and I was wondering how we can change this. Our evaluation surveys from the employees are always excellent.

BAUN: A couple of thoughts:

- Follow up is very important, and in your company you could build in a follow-up process that would extend past the initial screening and coach/counseling session. Maybe offer four to six meetings in a year for a set price.

- I would consider looking at what you can do with birthdays – card and reminder of what you have to offer and what are appropriate screenings for their age category.
- I would also consider looking at moving past the screening level, as you have suggested, and move to the next level that is behavioral-change programming. Take a look at the programming that Health Enhancement Systems offer for a nominal fee. I use many of these programs to get me started. They have done an excellent job of explaining the basic program concepts from registration to incentives.
- A good book to look for on Amazon.com, which is out of print but will give you some great ideas on some of the questions you are asking, is *Guidelines for Employee Health Promotion Programs*, 1992, Human Kinetics.
- Another good place to go is visit the WELCOA website (www.welcoa.org) and take a look at the free reports and blueprints for worksite wellness initiatives that you can download. In 1998, I helped WELCOA write the *Health Promotion Source Book for Small Businesses*. For more information on this book, see the WELCOA website.

PFEIFFER: Motivating employees to participate in HRA and/or preventive screenings can be a challenge. Examples of incentives include the following:

- Benefit credit (\$50 to \$200) for participation.
- Exclusion from medical plan unless employees participate in assessment.
- Providing a medical self-care book for participation.
- Being eligible for a lottery drawing such as a one-year car lease.
- Providing primary care vouchers for individuals identified being at high risk (e.g., >3).

Providing yearly HRA and screening can help drive your cumulative participation year to year. Beyond risk-avoidance and risk-reduction programs as core programming goals, I believe there is opportunity to provide work promotion programming that integrates self-care themes (activity, nutrition, stress) within workday activities. For example, adding activity to your workday, eating for health and performance, energizing your workday, etc.

Q17.

NWI MEMBER: We have several ways that we promote wellness events at our organization – a lobby wellness board, announcements in staff meetings, our own intranet wellness web page,

and a special email group to communicate community wellness opportunities. Even with all this in place, participation hovers around 30 people out of 115, mainly women. What suggestions do you have to revitalize our promotion methods and gain more participation?

BAUN: First, ask them all of them—with only 115. Ask those that are not participating and those that are. You might be surprised with the response.

Second, take a closer look at your program mix. What have you been doing and ask yourself why? Many times I find programmers have gotten lazy and need to get out of their box, which gets EVERYONE EXCITED.

Third, I don't see you using the individuals to help market your programming. My wellness champs market my program the best. Challenge the individuals that are participating to bring in new participants. Remember that it is only through participation that we have any impact on the bottom line.

PFEIFFER: Get into the homes with some programming (e.g., medical self-care, HRA's, newsletters). This doubles your reach and allows the female of the house to influence male employees. Also, create dedicated wellness teams with peer leaders who can act as your marketing reps. Try team incentive campaigns integrated with education to help drive on-site participation.

Q18.

NWI MEMBER: I help facilitate a worksite wellness program at a manufacturing site where the employees are working 10 hours per day six or seven days a week. The people are tired and morale is low. We offer onsite screenings, workshops and stop-by-tables with free incentives for every program, but participation is still low. We have tried changing our schedules but still nothing seems to be working. Is there anything we can do to attract the uninterested, exhausted workers that just want to get home and be with their families?

BAUN: I remember years ago learning a hard lesson – too many free incentives can kill a good program. You have to remember that the extrinsic incentives are good for getting new participants, but it's the intrinsic incentives that keep people involved in healthy habits.

I'd suggest that you take a look at your program mix and start asking employees what would help them.

I'd also consider doing programming that focuses on re-energizing their lives and giving them energy so they can enjoy their families when they are home. I'd also consider offering ideas of what they can do with their family. One of the most successful programs I run is Healthy Kids Club, which gets parents interacting with their two- to nine-year-olds around health issues.

PFEIFFER: Get into the homes with some programming (e.g., medical self-care, HRA's, newsletters). This doubles your reach and allows the female of the house to influence male employees.

Also, create dedicated wellness teams with peer leaders who can act as your marketing reps. Try team-incentive campaigns integrated with education to help drive on-site participation.

I would also try to focus on performance programming while on the job that would deal with sleep therapy, alertness management, and energizing your workday.

Q19.

Any idea what the average participation rate is for a voluntary wellness program at a company?

BAUN: Great Question! First, you have to define participation, and that goes all over the place in the literature and when asking a practitioner.

The fitness literature, which has been around a bit longer, hovers between 15–35 percent or most would say an average of 20 percent. Not great, and you have to wonder if fitness centers are just reaching the 20 percent that were doing it already.

At the beginning of wellness programming, I am willing to accept a participation rate of under 10 percent, but as you grow a program I am looking for program participation for single programs in the 20–25 percent range.

Now to twist things up a little more – I'd go up one step from participation and talk about program utilization or penetration. Now we are talking about what percent of the employee population you touch a year? Dee Edington, PhD, from the University of Michigan (www.umich.edu/~hmrc/), suggests that you need to reach 80 percent of your population in a three-year period. I like to tell management that I will touch 70 percent of the employee population each year with our programming.

I have been looking at scanner technology to help me track the touches at our programs. A few years down

the road I want to be able to tell you that the intensity of touches made a big difference, but right now, besides the HRA data, that is just a conjecture.

PFEIFFER: Participation rates depend on what the nature of your initiative. For example, an employee newsletter will usually have 70 to 80 percent read at least 50 percent of the content. A home-mailing HRA program will average 20 to 25 percent. On-site screenings range from 55 to 80 percent. On-site fitness centers usually attract about a third of eligible employees, but participation (2 times per week) within this group is usually about 50 percent.

As Bill outlined above, there is evidence that positive health and cost outcomes are based on a dose response. The more “touches” within a 12 to 18 month time frame, the greater the success.

Q20.

NWI MEMBER: I work for a healthcare system that employs close to 2,000 people. Our wellness program has a lot to offer in that it incorporates one-on-one coaching, free tri-annual wellness screenings assessing blood pressure, body comp, cholesterol, glucose, and physical activity, support teams for at-risk individuals, and smaller motivational incentive programs in between screenings. Currently we offer a \$200 cash bonus at each screening for participants who maintain healthy values or make improvements for their risk factors along with continuing education credits for support programs, a free membership at our system wellness center fitness facility, and partial refunds for program fees. This particular program has been in place for two years now, and I am having a hard time turning the focus of the program from the “free money” to the health benefits participants can get from the program. The promise of cash almost seems like it’s the only way to get employees to join the program. This is becoming especially important as our Human Resources Department is planning to change the cash incentive into a different form of “currency” such as credit in a Medical Flex Spending Account or discounted deductibles/premiums for their insurance program. What is your advice for a change of culture and what would be the best alternative to a cash incentive?

PFEIFFER: It sounds like you have an excellent, comprehensive program. It sounds like your incentive has been successful, so why change the incentive? Keep some kind of monetary incentive. This is what motivates your employees.

BAUN: Larry Chapman, MPH, has done a good job of discussing some of these issues both in “NWI Members [ASK THE EXPERT on Increasing Participation in Wellness Programs](#)” at the NWI-member website and in his interview on incentives with David Hunnicutt, president of the Wellness Councils of America (WELCOA). The best way to find the WELCOA interviews is to do a Google search using the search words “awelcoa,” and you will come up with all the expert interviews that WELCOA has done the last couple of years. You will also find David Anderson’s interview in that same section. His interview is called “Right on Target” and also discusses these issues.

I’d get an employee group together to discuss this issue and let them have the ownership and come up with ways to sell this concept of moving to another “currency.” Letting employees do the selling puts it on a different level, and the ownership is different.

Q21.

NWI MEMBER: To the experts, the age-old question of whether or not to offer incentives and penalties. At the 250-bed hospital where I work with 1100 employees, we can get people to sign up and go through testing, etc., by offering t-shirts, promotional items, but cannot get people to follow through with classes, no matter what the content is, location, time of class. They then failed miserably with the follow-up testing. Now I want to try to use a different tactic and tie in the cost of insurance premiums with healthy habits, and penalize those who practice unhealthy habits. Any thoughts? Also, we have no money to hire a consultant and just an in-house wellness committee.

BAUN: The literature has many examples of small worksites that have used the “stick” approach and have been moderately successful. The problem is that you have to spend all your time testing and making sure people are doing what they say they are doing. Your worksite is almost too big for this approach to be cost effective, although I’m sure that I could line up as many consultants that would agree with me as would disagree with me.

I work harder to see the issues around participation. At my hospital, participation is hard for many, so we bring the programming to them. We have found that even short programming is powerful. We use hallways, carts to work the floors and a wellness-wheels concept to get programs to the employees. I think if we are going to reach more, we need to do more reaching!

Start asking them what they need you to do! Show your program cares enough to do the reaching, and be persistent and you'll see success.

PFEIFFER: Stay away from penalties and focus on participation incentives including benefit credits.

Q22.

NWI MEMBER: What are your top three favorite incentive prizes for fitness program participants?

BAUN: This one is easy. See NWI Members [ASK THE EXPERT on Increasing Participation in Wellness Programs](#) with Larry Chapman, MPH, at the NWI member website. Also in 2003, Larry Chapman was interviewed by David Hunnicutt on incentives. The best way to find all this interview is to do a Google search using the search word "awelcoa," and you will come up with all the expert interviews that WELCOA has done the last couple of years.

The number one incentive is cash. Number two incentive is anything that "acts" like cash, such as coupons, certificates, etc. Number three depends on your population and what's popular. I like incentives that give employees pride and help me market my programs.

PFEIFFER: My favorite incentive prizes for fitness program participation are:

1. Lottery prizes for a special initiative (e.g., fitness weekend at a regional spa).
2. Gift certificates for fitness equipment.
3. Reserved parking spot for best improvement/participation.

Q23.

NWI MEMBER: How can employee wellness incentives be structured so they are not taxable to the employee?

PFEIFFER: Non-monetary incentives under \$50 (I think this is the limit) are nontaxable. It is important to consult with your compensation department.

BAUN: A good resource for this is "Worksite Health Promotion: Incentives—The Key to Stimulating Awareness, Interest, and Participation" by Nico Pronk, PhD, FACSM, FAWHP in the January/February 2004 issue of *ACSM'S Health & Fitness Journal*.

The bottom line is that you need to work closely with your compensation and benefits office and talk to them about how to "front load" incentives that have a cash value.

I think the larger challenge is coming up with incentives that have high value, but no real cash value – like breakfast with the CEO, or getting some time off "well days," or recognition that really changes the way people will see the person in the future.

I have a person that has become a "legend." She has lost 250 pounds in two-and-one-half years, and the cost to the institution has been zero.

PROGRAM EVALUATION/COST— BENEFITS/ROI

Q24.

NWI MEMBER: My administration has seen the results of two years of our wellness program through our statistician. We have statistically significant changes in body fat and glucose in our organization. Because of HIPPA, I cannot attach names to usage rates to reduced insurance costs/individual. I was asked, "How much money (not an estimate) have you saved us through our health promotion program this year?" Any help on this would be great.

PFEIFFER: The good news is that you have some intermediate process data, but no real outcome data (e.g., mortality, morbidity, productivity). True outcome data is very difficult and expensive to measure. I suggest that you contact the University of Michigan Health Management Research Center (www.umich.edu/~hmrc) and review their cost-benefit report that is updated every year. This can provide you with valuable information on applying HRA data to cost savings.

BAUN: Cost issues are always tough, because there are so many other variables involved that you and your program have no control of. But, if I came into your program as a consultant, I'd first look at your program mix and see the kinds of things you are doing and then look at the kind of cost measures or data you have to review.

Let's start with your workers' compensation claims. Have they been reduced through your appropriate programming focused on muscle skeletal issues? Or maybe your pharmaceutical costs have been reduced on the average because of your work in depression. What has been the program's effect on absenteeism? That is a straight cost that you can calculate and is a true win if you have a good program mix.

Unless senior management is willing to invest some dollars in tracking and providing the measurement

expertise that these kinds of analysis take, there is very little you can do but what I have suggested. We have to be very careful not to over sell our programs abilities and our abilities to measure the bottom-line results. There are few true ROI studies in the literature, and the reason is that they cost too much to perform.

Q25.

NWI MEMBER: Our organization is in the process of developing metrics to evaluate our wellness philosophy. Our philosophy is comprehensive and based upon the six dimensions, not just physical health and wellness. We are interested in finding out the following from the experts: Are the six dimensions of wellness incorporated into your programs or do you focus primarily on health and fitness? If the six dimensions of wellness are incorporated into your programs, how do you measure the success of your programs? If health and fitness is the primary focus, how do you measure the success of your programs? What type have quantifiable information and studies that reflect the success of your programs? What is your process for setting metrics to evaluate results?

BAUN: I LOVE THIS QUESTION FOR IT GETS AT THE HEART OF THE NATIONAL WELLNESS INSTITUTE AND WHAT WE STAND FOR! The M. D. Anderson program also uses the six dimensions of wellness. I agree that it is much easier to measure the physical side, but there are creative ways to get at the others. Emotional for us deals with stress, and that has many measures. Occupational deals with work environment, job satisfaction and workers' compensation claims – again, all within reach of measurements on employee satisfaction and the workers' compensation numbers. Social/family – a little harder to get at, but again many work-life surveys can help you get at this issue and how your programming is helping. Intellectual wellness – again looking at employee development and growth all measured through appropriate survey tools. Spiritual wellness is a little harder, but at M. D. Anderson, one of our values is caring. This talks a lot about the spiritual side and gets measured within our population.

Not sure if any of this has helped, but I can tell you I feel good about the mix of measurements I use to tell the participants and management our wellness program makes a difference.

PFEIFFER: When I was managing programs in the 70s and early 80s, the primary focus was on physical fitness and cardiovascular risk factors. Still today, many programs still focus on these areas. The

development of a “wellness dashboard” that can be used in management presentations is a much more balanced approach to evaluating personal process outcomes, but may be too soft for management.

A critical measure is participation rates for your programs. I would measure this as much as possible. However, participation needs to show eventual improvement and impact on desired objectives. One method to compare apples to oranges (e.g., exercise versus smoking) is using the PIPE method developed by Nico Pronk, PhD, FACSM, FAWHP, vice president of Health Partners Center for Health Promotion in Minneapolis. This evaluation method looks at penetration, impact, participation, and effectiveness. Moreover, it provides a quotient that can be used to compare all your programs. [Editor's Note: The PIPE method is described in the article “Designing and Evaluating Health Promotion Programs” by Pronk in *Disease Management Health Outcomes*, 11(3). To request an offprint, email nico.p.pronk@healthpartners.com.]

Q26.

NWI MEMBER: We are in the proposal stage of planning to implement a comprehensive worksite health promotion program at Franciscan Skemp Healthcare. We have approximately 3,200 employees covering 13 different locations. About 65 percent of the staff is covered by our insurance plan. My VP's are asking how we will measure the success of our program—specifically HRA and lifestyle coaching. They wanted to measure utilization rates but not all employees are covered by our insurance—and there are concerns about using absenteeism rates because we track unscheduled PTO in a way that we can't determine if the employee is using it for themselves or to care for a sick child. They also discussed tracking pharmaceutical claims, but if an employee ends up needing medication as a result of an HRA screening claims will in fact increase. So, I'm wondering if you can help me determine clear measurements that can be used to track ROI. I've read numerous studies, but I'm not sure how these companies are getting pure numbers. Is tracking HRA results over time enough? Can risk factors be equated to dollars so we can track employees risk over time and link them to cost savings? What are the most beneficial ways of tracking ROI when implementing a health and productivity management program? In the end, the big question is "How will we know it's working?"

PFEIFFER: Your questions cannot be fairly answered within this format. However, let me try to get you steered in the right direction.

An integrated database that captures health, disability, worker's compensation, absenteeism, HRA data, preventive screening data is the direction that ROI studies are headed today. However, most organizations do not have the resources to develop a data warehouse, let alone evaluate these variables.

I would focus on HRA/screening data first. Review the studies that have come out of the University of Michigan's Health Research Management Center (www.umich.edu/~hmrc/). They have developed excellent tools to extrapolate HRA data to other health and productivity management measures.

BAUN: We are all asking the same question, and there are probably many right answers – but what you need is the right answer for your location and your management and more important your participants.

So, let's first consider the way you are using ROI. Very few programs have the resources to truly do ROIs. We look at various parts of what makes up an ROI measure, but can't afford to really do the entire process. What you are looking for is a measurement that is realistic and one you can afford to do over time. I think many programmers reach too high and need to get what I call into the "tree level" and out of the "clouds." Tree-level measurements deal with what's happening at a department or division level. It usually easier to track absenteeism at this level, and they usually have a good feel for the high cost of back problems or stress issues.

HRAs give you data that you can match against whatever economic data you can get at, but many times we don't have this data in a form we can use it. So it's back to tree data and the things you do have control of and can track easier. I remember a back-awareness program we initiated for employees on Tenneco oilrigs. One trip to the oilrigs to get a feel for the issues with an artist, and we programmed for a year with supervisors' help. In the end the cost savings from that program was \$1,000,000 from the reduction in back injuries from the year before to the year of programming. Not fancy ROI, but a hit with management.

I'd suggest looking at smaller pictures, since it appears that the larger picture might be harder for you to really get at.

[EDITOR'S NOTE: Also see 2004 *Wellness Management* interview with Larry Chapman, MPH, on "[ASK THE EXPERT on Measuring the Return on Investment for Worksite Wellness Program](#)" at the NWI-member website.]

REACHING HIGH-RISK EMPLOYEES

Q27.

NWI MEMBER: I recently found out that almost half of the men and a large number of the women at the institution where I teach are in the high risk-category for heart disease, and yet, casual conversations reveal that taking time for exercise and healthy lifestyle choices is just not a priority. I understand the mindset but cannot accept it! Any suggestions as to how to approach this would be welcome. Do you recommend starting at the grass-roots level? Or should this be a top-down administrative type of effort?

PFEIFFER: The primary questions are: What is your current programming? What is your current level of management support?

I assume that an organizational assessment has revealed your organization's high-risk status. If so, what are the planned interventions as the follow-up? Are there environmental supports for exercise and healthy-food selections? Is there any peer support system in place?

BAUN: This is a cultural question. If your institution needs top-down approval to value things, then go for the top. But if your institution is like many academic institutions and the grass roots RULES, then let the grass-roots effort swing the day.

Usually, it is a little of both that get people moving. What's important in your programming or marketing efforts is to remember to start with low expectations – just get them out of their chairs, get them to wear a pedometer, get them to take three flights of stairs, get them to not take the escalators. Pride rules when you start people thinking about upping their physical activity efforts, and many success stories helps build the pride and value along the way.

COACHING/COUNSELING

Q28.

NWI MEMBER: How effective have you found face-to-face counseling is compared to phone and Internet counseling?

BAUN: I don't know of any articles that give us a full answer in the current literature. This is really a question about the balance between high-tech and high-touch program mix. I have been programming for 27 years. The last 10 years have been a real

challenge because of the high-tech options we now have, but it still comes down to the mix. Victor Strecher, PhD, MPH, at the University of Michigan, has many publications that provide a glimpse into Internet counseling and tailored communications. See website <http://healthmedia.umich.edu/>.

PFEIFFER: I am biased to face-to-face counseling because of the ability to be spontaneous based on the nature of the encounter. This "walking your talk strategy" brings a real face to one's programming/intervention efforts. Antidotal evidence at General Motors indicates that face-to-face programming has been more effective than telephonic. This option requires a greater staffing commitment and may be a major barrier to many large organizations. Telephonic and online counseling provides greater reach; however, they can create access and time barriers to coaching.

Q29.

NWI MEMBER: What evidence is out there regarding the ROI and economic impact of utilizing coaching as a part of worksite wellness programs? I know the coaching experts cite many examples of improved performance in coaching, but I'm wondering what evidence exists specifically to its integration into wellness and health promotion programs and if it's been shown financially to be "worth a company's investment."

BAUN: I use a wellness coach/counsel model and have five wellness coaches that spend 50 percent of their days in one-on-one or group coaching. But, besides the undocumented success of my program, I can't give you any worksite ROI references that focus on the coaching model. This model is too new.

I have cited the motivational interviewing literature in building support or justification for my five wellness coaches and the time we spend in individual coaching/counseling.

PFEIFFER: I am not aware of any ROI data regarding the coach/counsel model. However, I am convinced that if resources are available that on-site counseling is the best approach to motivate employees to adapt and maintain desired behaviors.

[**EDITOR'S NOTE:** Also see the "[ASK THE EXPERTS on Coaching for Wellness](#)" at the NWI-Member website.]

SMOKING CESSATION PROGRAMMING

Q30.

NWI MEMBER: Can you identify worksite wellness tobacco-free or smoking-cessation programs or campaigns that have a success record?

BAUN: Free and Clear (www.freeclear.com) is one of the best-documented programs and has many years of successful experience. I have also used the American Institute for Preventive Medicine materials/programs and found them very effective for self-help and group-lead programs. As in any successful program, offering multiple levels of programming (awareness, behavioral change, environmental support), applying a readiness model, and using a variety of different professionals (wellness coaches, psychotherapists, nurse practitioners, physicians, dietitians, health educators, etc.) to deliver the program makes a significant difference in initial interest, compliance and success.

PFEIFFER: There are a number of programs available through not-for-profit (e.g., American Lung Association, American Cancer Society) groups and commercial companies. Usually, all organizations claim a 20 percent to 30 percent success rate after six months. However, as with weight-management programs, long-term outcomes are limited, and most experts agree that maintenance is a major weakness in programming technology.

I agree with Bill that there needs to be a multi-pronged approach to addressing health risks such as smoking, obesity, and alcohol dependence. This requires a "different strokes" program philosophy—which provides real options in relation to an individual's preferred learning style and integrates behavioral techniques (e.g., stages of change) into the intervention.

Q31.

NWI MEMBER: In our area, a company recently announced that they will not hire anyone who smokes. Certainly mentioning the high cost of health care, missed work days and all that goes with it. Those employees that are onboard will be grandfathered through; however, there will be no new hires that are known to smoke. It appears there is litigation resulting from this action.

Question: If you were consulting with a company, certainly you would recommend "in-house" smoking cessation programs for employees, but how might you advise the CEO who asked for

advise regarding new hires and trying to turn the culture around?

PFEIFFER: I support reinforcing coping skills for existing smokers to stay smoke free during the workday. As a company policy, I do not see any litigation issues if current smokers are not discriminated against or a hostile work environment is created. These policies need to be stated in print including the company's approach to existing smokers.

BAUN: Wow – another great question! I face this issue, and I find that new hires coming into an environment that is “cruel” to smokers are usually at the highest stage of readiness. We ask our employees if they smoke at hire, and if they do, if they would like immediate help to quit. Over 65 percent of them want help.

I'd tell a CEO, I don't think you can tell a person they can't smoke EVER, just not at work, but you can tell them at the point of hire, you are ready to help them quit. Then set up a very intense program to do just that. This probably means some work time involved in counseling and classes. An in-house smoking cessation program is not enough. It's got to sound to the new hire and CEO that more customized help is available for the new hire and of a higher intensity.

REACHING DESK-BOUND EMPLOYEES

Q32.

NWI MEMBER: What kinds of activities and/or forms of wellness information have you found most useful for those individuals who will not allow themselves to leave their desk – oftentimes not even to eat lunch? These personalities are completely dedicated to their work and always under deadlines that MUST be met or fines are assessed by the state.

BAUN: We have plenty of these types at M. D. Anderson, and the way we reach them is to GO TO THEM! We teach them desk exercises to stretch their back, hips, and shoulders. We show them exercises to tighten their tummies. We talk to their bosses about the need for these individuals to take one- to three-minute breaks every 60–90 minutes to get the circulation going and blood actually getting back into their brains – PRODUCTIVITY! We have used cute things they can keep at their desk as reminders, things that fit next to their computers and don't take up much room on the desk. I like the idea of screen savers

that remind people of healthy choices, but have never used one so don't know the effectiveness. But I can tell you that getting in the department, talking to them as a group, and getting management to understand that even a few minutes up makes a big difference – goes a long ways.

PFEIFFER: I agree with Bill that you must go to the desk bound as much as possible. In addition, online health- and productivity-related content is appropriate for this population. I once developed a desk-stretch program for a large corporation's payroll department. We trained peer leaders to lead five-minute stretch breaks, twice per day. We got manager buy-in, and in fact, they participated at the designated times (10:30 am and 2:30 pm).

PROGRAMMING FOR THE CORRECTIONS WORKSETTING

Q33.

NWI MEMBER: I work in corrections and want to start a wellness program for corrections officers, incorporating physical fitness, healthy eating and stress management. The challenge is officers have a paid lunch, so they don't have anytime to workout during work. Also, due to federal prison rules and regulations, they can't bring pedometers into the facility. Officers do not have access to the Internet either. Any suggestions would be very helpful.

BAUN: I've worked with similar challenges and found have a couple of suggestions:

1. Start with a good orientation that they can share, management buys into and has high value for their jobs and quality of life.
2. After the orientation, provide some individual coach counseling that helps individuals understand the barriers and the concept of choice.
3. Put programs together that they can take home, but get tracked and valued at work.
4. Team things or buddy things always work in these types of settings.
5. Put a program calendar together that they will see is not a “one shot,” but provides them support over the year.
6. Management buy-in should be easy for their alertness, as addressing fatigue is so very important.
7. I did some work in the Oklahoma prison system, so you might call them and see what their experience has been.

PFEIFFER: I would try to piggyback on existing time slots that could accommodate wellness messages/ tips. For example, does each shift start or end with a department orientation? If so, can you get three minutes per meeting that can be used to promote a wellness concept. Can managers be trained to deliver each module or can modules be videotaped and played?

Because you cannot use pedometers, doesn't mean you cannot have COs keep activity logs of total minutes walking. These can be converted to step equivalents.

Finally, I would try to program through the homes. I suspect that stress is pretty high and it doesn't stay at the correction facility. Work/life balance programs would seem to be a natural choice.

INSURANCE BENEFITS FOR WELLNESS

Q34.

NWI MEMBER: How can we get insurance companies to pay for PREVENTION?

PFEIFFER: Most health plans provide some version of prevention in the name of preventive screenings. Unfortunately, this is as far as most companies go in reinforcing health maintenance.

BAUN: There is some legislation that is going through several states to force this issue, but in the past these have been pushed aside. I am an optimistic. Years ago nicotine replacement therapy (NRT) was not covered. Some insurance now offers coverage for obesity treatment. Years ago it was a fight to get cardiac rehab covered, and now it is usually covered. I could go on and on. Someday the cry/screams will be loud enough, and those of us that pay these companies will get our way!

WELLNESS STRATEGIES FOR CHRONIC FATIGUE

Q35.

This is a wellness challenge I was asked about—if a person has chronic fatigue probably due to swing shift work for many years, what is recommended as a wellness prescription to counter the effects or reduce symptoms? The

individual is nearing retirement and wants to recover and enjoy better health.

PFEIFFER: Chronic fatigue calls for careful monitoring by the individual for symptoms. Modified physical activity regarding frequency, duration, and intensity needs to be coordinated with medical staff as well as nutritional counseling. In all, it is a trial-and-error proposition.

BAUN: Chronic fatigue, as I am sure you are aware, is not a disease, but a characteristic and complex array of symptoms that mimic other illnesses. Some believe that it is linked to infection or Epstein-Barr virus or CMV (members of the herpes virus family).

We have had some success with a good nutritional assessment and getting this person back to good nutritional eating, making sure they get plenty of water, getting enough fiber, avoiding processed food and caffeine products, and really working on sleep. When this person retires, they will need to get the help from a wellness coach to get them started. You can give them the vision and hope for a higher quality life.

ASK THE EXPERTS

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