A Guide to Workplace Health Promotion

by

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Abstract

Employers are increasingly implementing workplace health promotion programs to address declining health of their employees and rising healthcare costs. This heightened interest has been coupled with increased scrutiny from critics who cite return on investment analyses as validation for valuing workplace health promotion. The objective of this paper is to investigate the guidelines for developing effective workplace health promotion programs using WHO's Healthy Workplace Model and a compilation of literature on workplace health promotion. The result is a guide to planning, implementing, evaluating, and sustaining workplace health promotion programs along with the conclusion that comprehensive programs sustainably embedded in a culture of wellness have valuable positive impacts on organizations and their employees.

A Guide to Workplace Health Promotion

Introduction

Workplace health promotion involves strategies initiated by an employer to positively impact the health and wellness of their employees (Goetzel et al., 2014). The targeted population can subsequently extend to the dependents of employees and therefore, the greater community. The World Health Organization (WHO) defines a healthy workplace as "one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of workers and the sustainability of the workplace" (Burton, 2010, p. 2). The CDC defines a comprehensive worksite health promotion program as a "coordinated and comprehensive set of strategies designed to meet the health and safety needs of all employees. These strategies include programs, policies, benefits, environmental supports, and links to the surrounding community" (Centers for Disease Control and Prevention [CDC], 2014, p. 58). Many other variations of these definitions exist that share similar components, such as a definition from the Harvard Business Review that identifies workplace wellness as "an organized, employer-sponsored program that is designed to support employees (and sometimes their families) as they adopt and sustain behaviors that reduce health risks, improve quality of life, enhance personal effectiveness, and benefit the organization's bottom line" (Betty et al., 2010, p. 4).

Other terms such as workplace wellness, worksite wellness, corporate wellness, and employee health management are used to describe workplace health promotion. Just as a

standard term and formal definition has not been agreed upon, the spectrum of what these programs entail is extensive and can vary from a single, specific intervention to a more comprehensive and broad approach (Elliot et al., 2014; Mercer, 2014). Wellness initiatives can include a variety of components, such as gym membership discounts, access to on-site exercise facilities, biometric screenings, disease management programs, health coaching, smoking cessation programs, weight management programs, vaccination programs, wellness challenges, employee assistance programs (EAPs), health risk assessments (HRAs), and health-promoting policies (CDC, 2014; Mujtaba, 2014; Pronk, 2014). To foster a more comprehensive approach to workplace health promotion, it is important to combine a variety of these features within a supportive system that nurtures health and wellness (CDC, 2014).

Employers are increasingly providing wellness programs for their employees in response to declining health and rising healthcare costs. Workplace health promotion aims to support the well-being, and consequently the performance of individual employees and the business as a whole (Sherman & Lynch, 2014). According to the National Study of Employers, about 60% of employers in the United States provided wellness programs for their employees in 2014, up from 51% in 2008 (Matos & Galinsky, 2014). A study conducted by the RAND Corporation has determined that of U.S. employers with 50 or more employees, about 50% initiated workplace health promotion programs in 2012, thereby targeting about 75% of the U.S. workforce (Mattke et al., 2013). Among large

employers with more than 50,000 employees, more than 90 percent offered workplace health promotion programs (Mattke et al., 2013).

Concurrent with this rising trend is the debate surrounding the effectiveness of workplace health promotion programs. This paper examines various components of employee health and wellness that influence the effectiveness of workplace health promotion. The WHO has developed a comprehensive framework (see Figure 1) for creating healthy workplaces. The framework outlines key aspects that facilitate effective and sustainable programs. At the center is the company culture, which is made up of "ethics and values," "leadership engagement," and "worker involvement" (Burton, 2010, p. 3). The framework also incorporates continuous improvement and sustainability by displaying the process of implementing workplace health promotion programs in a cyclical manner (Burton, 2010, p. 3; Mattke et al., 2013; Goetzel et al., 2014).

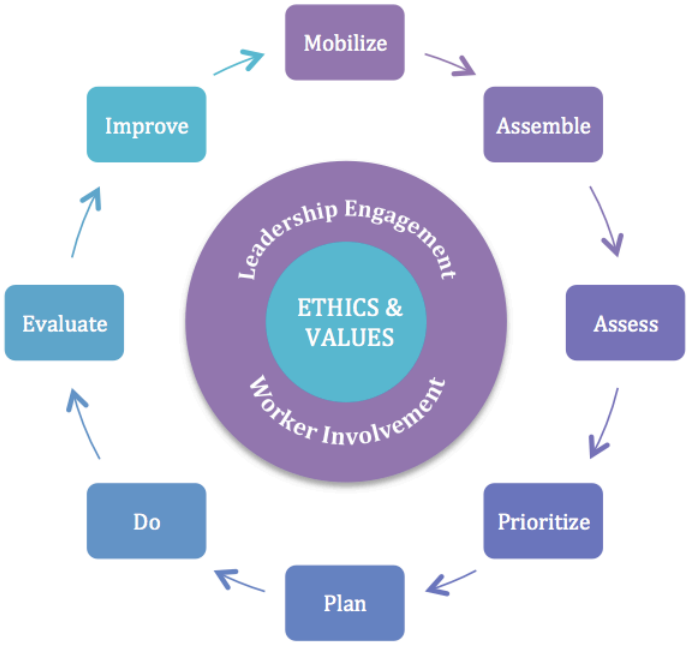

Figure 1: Adaptation of the WHO Healthy Workplace Model (Burton, 2010)

Steps to Building an Effective Health Promotion Program

The effectiveness of workplace health promotion programs is often valued based on the return on investment, or ROI, which is often cited as the evidence used to determine whether or not a particular program works and has been contributing to the recent debate surrounding wellness programs. However, the outputs to be assessed are intricate and not limited to the financial savings highlighted by ROI calculations. Outputs of workplace health promotion programs can be valued by understanding the changes in individual health and well-being of employees, individual performance of employees, and the business performance of the organization as a whole (Sherman & Lynch, 2014). Inputs are multidimensional and depend on various factors that determine the comprehensiveness of the program design and implementation (Mattke et al., 2013). The process of effectively transforming inputs into outputs using workplace health promotion strategies is described in the following steps.

Step 1: Mobilize

As outlined by the WHO framework for creating healthy workplaces (Figure 1), the first step is to mobilize (Burton, 2010). This involves gaining support, commitment, and resources for a workplace health promotion program from all parties involved, including leaders and stakeholders. In addition to being a key part of the mobilization process, leadership support is also graphically presented at the core of the framework, demonstrating how essential it is to the success of any workplace health promotion

program (Burton, 2010). A study conducted by Linnan and colleagues (2008) found that the most common perceived barriers to implementing successful workplace health promotion programs included lack of management support and staff resources, which is why mobilization of key players is such a crucial step to ensuring the successful adoption of health promotion in the workplace.

For this first step, gaining support from leaders from all relevant levels involves identifying what will influence them. This may begin by tapping into leaders' values, specifically their ethical duty to provide employees with a safe workplace and their "corporate social responsibility" to improve population health by improving the health of their employees (Burton, 2010, p. 5). Leaders may also be interested in aligning their organization's goals with national priorities, such as those highlighted by the Healthy People 2020 objectives. These include Objective 12 under the Physical Activity topic area, which is to "increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs"; Objective 8 under the Educational and Community-Based Programs topic area, which is to "increase the proportion of worksites that offer an employee health promotion program to their employees"; and Objective 9 under the Educational and Community-Based Programs topic area, which is to "increase the proportion of employees who participate in employer-sponsored health promotion activities" (United States Department of Health and Human Services, 2010).

Additionally, information should be collected and presented according to what senior leaders and stakeholders may value, whether it is quantitative or qualitative data, in order to encourage buy-in and ensure allocation of resources for workplace health promotion. As we will see, information collection is an ongoing theme that will play a significant role in different capacities throughout the process. Lagrosen and colleagues (2015) have identified four dimensions for leadership commitment, which include "empathy," "presence and communication," "integrity," and "continuity" (p. 168). When leaders have empathy for their employees, they are driven to create a culture of wellness and incorporate health promotion into the core values of the organization. To put the passion into sustainable practice, health promotion should be embedded into the organization's goals, strategic plan, and policies (O'Donnell, 2015).

Both senior leaders and direct-supervisors should be present and engaged in order to effectively communicate their role as champions of wellness (Mattke, 2013). This means being visible in the development process as well as the implementation process to generate enthusiasm in employees. Evidence from studies conducted by the RAND Corporation determined that, despite strong support from senior leaders, employees may be hesitant to participate in wellness initiatives if mid-level managers and direct supervisors are unaccommodating (Mattke, 2013). This demonstrates the need for leaders to be supportive of their employees by factoring in integrity into their leadership style. The final dimension outlined by Lagrosen and colleagues (2015) is continuity, which expresses the need for

leadership commitment to be sustained over time so that buy-in and trust from employees is maintained.

Step 2: Assemble

The next step according to the WHO framework is to assemble a team of individuals, such as a wellness committee or an employee advisory board, who will be responsible for the development and implementation of workplace health promotion programs (Burton, 2010; McCoy et al., 2014). The CDC recommends that organizations using their Worksite Health Scorecard should assemble members from an already existing worksite health promotion committee if there is one, in addition to human resource managers, health benefits managers, health education staff, occupational nurses, medical directors, wellness directors, health promotion coordinators, and building facilities managers (CDC, 2014). Although the makeup of the team will vary based on the type, sector, and size of the organization, the most important consideration is to ensure a diversity of representation from multiple levels and departments of the organization (Burton, 2010). Each individual brings a unique perspective and set of experiences that will help shape initiatives that most effectively cater to the organization's employees. For example, the RAND Workplace Wellness Programs Study interviewed an employer who strategically included a remote worker, or "telecommuter," in the wellness team to be perceptive to the needs of remote workers when designing their initiatives (Mattke et al., 2013).

If applicable, partnerships with outside entities such as trade unions, community organizations, and medical providers can be beneficial (Pronk, 2014). A study conducted by Ken Zula and published in The Journal of Applied Business Research (2014) surveyed organizations that sought engagement from additional parties, including outside hired professionals, benefits brokers, wellness vendors, and other external consultants. Partnerships with external providers and stakeholders can enrich a wellness program with opportunities that the organization may not have been able to offer on its own (Zula, 2014). In addition to securing adequate personnel, it is crucial to ensure sufficient resources to support the wellness committee in its efforts to improve workplace health promotion.

Step 3: Assess

The formation of a diverse and inclusive wellness team will help an organization with the next step of assessing current workplace practices, policies, and needs of the organization, as well as collecting baseline data that will guide the planning process and aid in evaluation (Burton, 2010). By conducting an environmental scan, an employer is able to gauge what organizational supports may or may not already be in place and to what extent they impact workplace health promotion. Areas to focus on can include nutrition, physical activity, tobacco control, lactation support, weight management, stress management, occupational health and safety, and other health risks and disease management (CDC, 2014). Considering the various components of a comprehensive assessment, a wellness

team comprised of individuals from various parts of the organization is crucial to get a more accurate appraisal.

Baseline data is essential for benchmarking and future evaluation (Burton, 2010). Organizations should collect information regarding individual health and wellness, individual productivity, and organizational productivity (Sherman & Lynch, 2014). An effective workplace health promotion program is customized for its target population. Therefore, organizations should gather data to analyze employee demographics, such as age, gender, and job type, and collect additional information using surveys, focus groups, and interviews with employees (Ozminkowski et al., 2004; Mattke et al., 2013; Burton, 2010). These tools will highlight characteristics of the workforce to better understand what elements of a potential program will be most effective and serve as baseline data regarding health behaviors, such as physical activity levels, fruit and vegetable consumption, or tobacco use (McCoy et al., 2014). Possible indicators for individual health may include biometric testing results, health risk assessments, or healthcare utilization (Goetzel et al., 2014). According to the RAND Employer Survey, approximately 80 percent of employers who offer health promotion programs using screening activities such as surveys, biometric testing, and health risk assessments to identify priority health risks (Mattke et al., 2013). Additionally, productivity is often measured using rates of absenteeism and presenteeism and is among other performance metrics like customer satisfaction, work output, work quality, engagement level, and overall profitability that are used to prioritize and evaluate interventions (Sherman & Lynch, 2014).

Step 4: Prioritize

The next step defined by the WHO framework is to prioritize issues by taking into consideration the gaps identified during the assessment process (Burton, 2010). As recommended by the CDC, it is important for interventions to be "relevant, feasible, and consistent" with the organization and its employees (CDC, 2014, p. 7). Some important considerations when ranking solutions include how pertinent the intervention is to the health and safety of employees, how costly the problem that is going unaddressed is, how beneficial it would be to implement a solution to the problem relative to other problems, how feasible it would be to implement the solution, how supported the solution would be by leaders and employees in the organization, and how interventions would achieve the organization's short and long-term wellness goals (Burton, 2010; CDC, 2014). Additional factors that influence the design of a workplace health promotion program may include the size of the organization or employee demographics, such as age, gender, or job type (Mattke, 2013). For example, the trend of working adults who are delaying retirement is contributing to aging workforces (Pitt-Catsouphes et al., 2015). Organizations facing this trend may choose to prioritize strategies, such as chronic disease management and moderate-intensity physical activity promotion, to facilitate the health needs and productivity of older employees, while also reducing healthcare costs and injury-related costs (Pitt-Catsouphes et al., 2015).

Step 5: Plan

The results from the assessment and prioritization phases guide the planning phase, which is the next substantial step during which organizations determine how to address their needs (Burton, 2010). All activities in the plan must be accompanied with a detailed budget and a list of all personnel and resources that will be needed (Burton, 2010). Planning interventions also involves researching evidence-based practices, developing corresponding goals, assigning timelines to those goals, developing communication strategies, preparing evaluation plans, and considering unintended consequences (Goetzel et al., 2014; Cawley, 2014). Management should also incorporate the goals into the organization's strategic plan, incorporating both short-term and long-term objectives.

Quantitative and qualitative data gathered using surveys, focus groups, and interviews can help determine what types of programs employees may be more receptive to (Burton, 2010). This information is useful in guiding organizations to design workplace health promotion programs that will engage their employees. As in the prioritization phase, age can also be an important consideration when it comes to the planning of interventions. For example, older employees may be less engaged in some cases and thus, underutilize programs that are offered (Merril & Hull, 2013). Findings have indicated that older adults may feel discouraged and out-of-place in fitness center. To address such concerns, programs can be designed to pair employees with coaches and trainers who are closer in age to them, promote activities in groups, or design fitness facilities to be more responsive to older adults (Merril & Hull, 2013). Other findings have shown that older adults prefer

activities that help both the body and the spirit, so workplace health promotion programs could combine physical activity challenges with social causes that lead to self-fulfillment (Pitt-Catsouphes et al., 2015). Likewise, millennials increasingly joining the workforce may promote employers to adopt specific strategies to engage younger employees in workplace health promotion programs.

The size of the organization is another factor to consider when developing a workplace health promotion program. Smaller organizations may face more barriers to implementing a comprehensive program and have, consequently, been found to provide fewer program components (Linnan et al., 2008). Limitations may include inadequate financial resources and a lack of facility space, time, and dedicated wellness staff (McCoy et al., 2014). Smaller settings may also trigger employees to be concerned with how well their privacy is being protected when it comes to potentially identifiable health information. On the other hand, a small setting may also lead to a higher sense of accountability and promote higher rates of participation (McCoy et al., 2014). Engaging employees in the development of workplace health promotion is important because leaders in larger organizations are often perceived as “bureaucratic”, while leaders promoting wellness in smaller organization may be perceived as “paternalistic” (McCoy et al., 2014, p. 585). Organizations facing unique challenges based on their size can try to overcome certain barriers during the planning phase by adapting wellness health promotion programs to better fit their capacity.

Furthermore, planning and developing a workplace health proportion program involves determining what type of strategies will be pursued. A comprehensive program commonly focuses on both primary and secondary prevention. Primary prevention often comes in the form of lifestyle management programs, such as those that promote nutrition, physical activity, and smoking cessation. The goal of these programs is to target health risk factors like obesity, sedentary lifestyle, or tobacco use in order to prevent the development of chronic diseases, such as diabetes, cancer, heart disease, hypertension, etc. According to the RAND Employer Survey, lifestyle management programs are offered by about 77 percent of employers with a health promotion program. On the other hand, 56 percent of these employers offer disease management programs that aim to provide secondary prevention for employees who have already developed a chronic condition (Mattke et al., 2013).

Both primary and secondary prevention interventions are important components of an effective program, although participation rates may vary. Not only is disease management less commonly provided than lifestyle management, participation in these programs has been found to be lower as well (Mattke et al., 2013). The RAND Employer Survey determined that 87 percent of employees participated in lifestyle management programs, while only 13 percent participated in disease management programs (Mattke et al., 2013). Taking into account the various factors that may contribute to differences in program outcomes, organizations should supplement the planning of interventions by developing corresponding goals that the organization hopes to achieve and eventually

evaluate (Burton, 2010). Particularly, goals should be specific, measurable, achievable, realistic, and time-framed.

Incentives are another important factor in designing a workplace health promotion program. Two types of programs are participatory programs and health contingent programs (Figure 2). Participatory wellness programs either reward participants for participating in a program or may not offer rewards at all (Elliot et al., 2014). On the other hand, health contingent wellness programs only offer rewards to participants who meet a certain standard (Elliot et al., 2014). A standard may pertain to health outcomes or health behaviors, as established by the most recent wellness provisions of the Affordable Care Act (ACA) that went into effect starting in 2014. Health behaviors are important in activity-only programs, which incentivize participants to perform certain activities that will promote wellness, such as nutrition or physical activity programs. Programs that are outcome-based provide incentives to participants who have achieved a certain level of health outcome (Elliot et al., 2014). Since it is possible that certain health outcomes may have genetic or environmental components, activity-based incentives may be preferred as compared to outcome-based incentives (Cawley, 2014; Lesser & Puhl, 2014). The RAND Employer Survey determined that approximately 69 percent of organizations with workplace health promotion programs (and at least 50 employees) used financial incentives, but only 10 percent used outcome-based incentives (Mattke et al., 2013).

	Without Standard	With Standard
Health Behaviors	Participatory programs	Health contingent, activity-only programs
Health Outcomes	Not applicable	Health contingent, outcome-based programs

Figure 2. Participatory versus health contingent programs

According to the ACA regulations, health contingent programs can offer financial incentives in the form of rewards or penalties of up to 30 percent of healthcare coverage to participants. Rewards are often offered as a discount on the cost of an employee's health insurance plan, whereas penalties impose an additional surcharge to the cost of the plan. The potential for rewards or penalties is even higher for tobacco cessation programs that are allowed to offer incentives of up to 50 percent of the cost of the health insurance plan. Of the total number of workplace health promotion programs that offer incentives, approximately 84 percent offer only rewards and refrain from imposing penalties (Mattke et al., 2013). This trend may be changing as indicated by a study conducted by Hewitt that found that, while 83 percent of surveyed organizations offered incentives, 58 percent plan to begin imposing penalties in the next few years (Mihelich, 2013). Even when penalties are not imposed, incentives in the form of rewards may be perceived as disincentives for those who do not qualify since they have to pay the full cost of coverage. Overall, the regulatory guidelines for providing incentives are relaxed. Therefore, it is important for employers to plan using evidence-based strategies and refer to best practices to ensure that incentives do not negatively affect the success of workplace health promotion efforts (Cawley, 2014;

Pomeranz, 2014). Organizations should also consider using non-insurance related incentives such as subsidized healthy meals, gym membership discounts, employee recognition, gift certificates, and other prizes (CDC, 2014; Lesser & Puhl, 2014).

Success is also influenced by how effectively a program is communicated to the target population (Mattke et al., 2013). A thoroughly planned workplace health promotion program will lack value without effective communication strategies that inform employees about the program, its purpose, and why they should participate. This information should be delivered in a personalized manner using diverse modes to most efficiently reach employees (Zula, 2014). One study found that employers are using various modes of communication to attract participants, using printed materials like posters or flyers, meetings, wellness fairs, newsletters, the internet, and email campaigns to spread the message (Zula, 2014). Communication strategies can be tailored by the organization to best match their employees' preferences, but one thing that should remain consistently incorporated is leadership engagement. Messaging from leaders to employees is very impactful and helps to build a strong culture of wellness that is so crucial to an effective workplace health promotion program.

Step 6: Do

The next stage of the process is to implement the program as planned. The key during this step is to maintain leadership engagement, foster a culture of wellness, and

ensure a supportive environment for employees to participate and benefit from what workplace health promotion programs have to offer (Pronk, 2014).

Step 7: Evaluate

Once a workplace health promotion program has been implemented, the organization should begin the essential evaluation process by assessing the program structure, evaluating the process, and evaluating the outcomes (Burton, 2010; Goetzel et al., 2014). A structural assessment is similar to the initial assessment conducted in step three of the WHO framework (Burton, 2010). Its purpose is to evaluate the organization's workplace health promotion program and determine how comprehensive and evidence-based the organizational supports are (Goetzel et al., 2014). Employers may choose to use assessment tools, such as scorecards or checklists, similar to the Worksite Health ScoreCard developed by the CDC (2014). Goetzel and colleagues (2014) outline important factors to consider and evaluate when conducting a structural assessment, such as program delivery, types of interventions, incorporation of evidence-based practices, relevance and alignment of interventions with the target population, appropriateness of incentives, allocation of staff and resources, maintenance of evaluation methods, and the integration of wellness within the organizational culture.

A process evaluation is conducted to determine how well the program is being executed according to the program plan. Important considerations when conducting a process evaluation include employee engagement, leadership engagement, program

participation and completion rates, program satisfaction, program consistency, effectiveness of communication strategies, and program sustainability (Goetzel et al., 2014). In order to gauge program satisfaction, employers can solicit feedback from employees through questionnaires, interviews, focus groups, etc. (Zula, 2014). Engaging employees will help guide continuous improvement of program components. An outcomes evaluation is meant to assess the impact of the program on the organization and its employees and determine the extent to which the organizational goals have been achieved for both short and long-term objectives (Goetzel et al., 2014). Outcomes may include improved individual health and well-being, enhanced individual and organizational performance, and financial savings in terms of healthcare costs (Sherman & Lynch, 2014). Although a majority of employers surveyed by the RAND Wellness Study believe that their workplace health promotion programs had a positive effect on health behaviors, health risks, medical costs, absenteeism, and productivity, only about half conducted a formal evaluation (Mattke et al., 2013).

Outcomes evaluation of workplace health promotion programs takes into account the impact on individual health and well-being. To evaluate how health and well-being have improved, follow-up data on the health behaviors, health risks, and biometric outcomes of participants should be collected and compared to the baseline data gathered during the assessment phase. For example, a study conducted by the Mayo Clinic used BMI data from electronic health records to assess the impact of employee attendance at the on-site fitness center (Borah et al., 2015). Well-being takes a broader approach to health and

encompasses an individual's physical, behavioral, financial, social, and professional welfare (Sherman & Lynch, 2014). A study conducted by Kim and colleagues (2015) views comprehensive workplace health promotion programs as "resource investment opportunities" (p. 68) and concluded that such programs contribute to an increase in wellness self-efficacy of participants, making them more psychologically available to improve their physical, cognitive, and emotional well-being. This increased psychological availability was also found to have a positive effect on career satisfaction (Kim et al., 2015)

In regards to measuring individual work performance, common metrics include productivity, individual work output, quality of work, disability rates, supervisor evaluations, customer satisfaction, etc. (Sherman & Lynch, 2014; Goetzel et al., 2013). Productivity can be expressed by measuring absenteeism, which is the loss of work due to sickness or injury, and presenteeism, which is the diminished performance at work due to sickness or injury (Chen et al., 2015). A study by Chen and colleagues (2015) concluded that the perception of a supportive, healthy workplace may lead to decreased presenteeism, regardless of whether or not employees experienced health risk reduction. This again shows the positive impact of a strong culture of wellness. Organizational performance metrics, such as workforce output and quality, workforce engagement, and customer retention, may be more challenging to quantify and associate with health promotion due to the various market forces that play a role in these outcomes (Sherman & Lynch, 2014).

Workplace health promotion programs contribute to health risk reduction, which can ultimately lead to lower healthcare expenditures for organizations (Ozminkowski et al., 2004). The return on investment (ROI) may be calculated by dividing the benefits (medical cost savings) by the costs or using the economists' method ([benefits – costs] ÷ costs), resulting in a dollar amount that represents how much money is returned for every dollar that is invested. A recent systematic review conduct by Baxter and colleagues analyzed 51 studies and calculated the overall weighted ROI to be $2.38 (Baxter et al., 2014). Baxter and colleagues (2014) also determined that the positivity of ROI findings often depends on whether costs include only direct costs of the program or also incorporate indirect costs into calculations. Another study estimated the ROI of Johnson and Johnson's long-standing wellness program and found that it ranged from $1.88 to $3.93 (Henke et. al., 2011).

Nonetheless, limited research exists to make a strong claim about the ROI of health promotion programs, and the studies that have been conducted lack strength and consistency in program design (Goetzel et al., 2014). Results of ROI analyses depend on the quality and design of the study, as well as the quality and comprehensiveness of the program that is being studied (Baxter et al., 2014). As O'Donnell (2015) suggests, employers are investing in workplace health promotion to improve the health of their employees in a cost-effective manner and are conducting evaluations to ensure that their investment is being spent well, not exclusively that it is saving money. Therefore, growing support for workplace health promotion programs is widely based on soft data that gives value to the investment into health promotion beyond solely costs and financial savings.

Step 8: Improve

Finally, the ultimate step is the improvement process, during which the program is revised or enhanced to be more effective by incorporating evaluation findings (Burton, 2010). This also serves as the initiation step for beginning the cyclical process once again (Figure 1). If the costs associated with the program are posing challenges for the organization, they may explore ways to alter the program while maintaining effectiveness. For example, the CDC recommends that awareness campaigns and wellness events can be a cost-effective alternative to offering individual coaching to employees (Caloyeras et al., 2014). If participation or employee engagement is low, other appropriate changes should be made to the program design, implementation plan, or communication strategies. The RAND Wellness Study found that even organizations that opted out of conducting formal evaluations still gave significant value to continuous improvement by implementing changes that arose from employee feedback and additional needs assessments (Mattke et al., 2013). Continuous improvement not only improves effectiveness of workplace health promotion programs, but also promotes sustainability.

Conclusion

The process to building a successful workplace health promotion program discussed in this paper can be adapted to fit the needs of organizations striving to improve employee health and well-being and lower healthcare costs. In regards to the recent controversy questioning the value of workplace health promotion programs, assessing the hard return

on investment may be too narrow of an approach, especially when the evidence base is neither strong nor consistent. Costs can instead be justified using soft data that demonstrate the impact on employees and the organization as a whole, such as health risk reduction, increased employee satisfaction and self-efficacy, and lower absenteeism and presenteeism.

Furthermore, for the steps to be most effective, it is essential for the social and physical environment of the organization to foster collaboration, continuous improvement, and a culture of wellness. An organization with multi-level leaders who continuously engage in health promotion, a wellness team that continuously advocates for wellness initiatives, and employees who continuously feel supported broadens the approach from purely a workplace health promotion program to an overall healthy workplace, leading to a more impactful and holistic approach.

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