

WORKSITE WELLNESS PROGRAMS— What Works and What Doesn't Work

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(1) FOR OBTAINING A "NEEDS ASSESSMENT" OF THE WORKFORCE

—A profile of the target workforce, in terms of health risk factors and interests in wellness activities.

WORKS

Wellness Screening

Conducted in-person, one-to-one, with measures of blood pressure and cholesterol, and other health risk information such as smoking, height, weight, exercise, etc. In addition, the wellness screening may include surveys of interest in wellness programs.

DOESN'T WORK

Self-Administered HRAs (Health Risk Appraisals)

Filled out by the employee without professional assistance, with only self-reported estimates of blood pressure and cholesterol, and with no immediate opportunity for the employee to enroll in appropriate wellness activities.

(Refs: 1-5)

(2) FOR REACHING THE "EAGER" EMPLOYEES

—Recruiting the highly motivated employees to participate in wellness program activities.

WORKS

Signing up employees "on the spot" for appropriate wellness activities (at the time of screening), and making follow-up phone calls to alert them to the time and place of the activities.

DOESN'T WORK

Depending only on the media to publicize and promote the wellness activities, and individual mailings to the homes of employees, informing them of wellness activities.

(Ref: 5,6)

(3) FOR REACHING THE "RELUCTANT" EMPLOYEES

—Recruiting the unmotivated or resistant employees to participate in wellness program activities.

WORKS

Aggressive outreach and follow-up with at-risk employees, via phone calls and in-person visits.

DOESN'T WORK

Continued use of the media and mailings to the homes of employees.

(Refs: 5-11)

(over)

What Works (continued)

(4) FOR SUCCESSFULLY GETTING THE "AT RISK" EMPLOYEES TO ENROLL IN APPROPRIATE WELLNESS PROGRAM ACTIVITIES

—*Such as smoking cessation, weight loss, cholesterol reduction, blood pressure control, etc.*

WORKS

Offering the "menu approach" to employees that have been recruited for specific wellness activities (e.g., smoking cessation, weight loss, nutrition, stress management, etc.) *The menu approach includes three different intervention modalities listed below.*

DOESN'T WORK

Offering only health improvement classes. At any one time there may not be enough participants to make up a full class, and many lose interest if they have to wait. Some work schedules do not allow class participation, and some people do better in guided self-help.

(Refs: 5-11)

THE "MENU APPROACH" TO WELLNESS INTERVENTIONS

- (1) One-to-One Guided Self-Help Strategies
- (2) Personalized, Mini-Group Interventions
- (3) Full-Group Interventions (Classes)

(5) FOR SUCCESSFULLY ENGAGING EMPLOYEES IN CHANGING THEIR HEALTH BEHAVIORS—*To behaviors that are conducive to a risk reduction and health promotion life style.*

WORKS

Continued outreach and follow-up with at-risk employees, and use of "engagement" strategies tailored to the individual (with subsequent follow-up contacts to prevent relapse.)

DOESN'T WORK

Continued dependence on classes, with little or no personalized follow-up or engagement strategies, and relatively little activity to prevent false starts or relapse.

(Refs: 5-19)

(6) FOR CHANGING THE CORPORATE CULTURE TO SUPPORT WELLNESS

WORKS

First implementing a variety of health improvement programs and organizing the worksite for wellness activities, then using the impact and momentum of the programs to introduce health-related changes in the work environment.

DOESN'T WORK

First attempting to introduce changes in the work environment, before launching health improvement programs and allowing time for the impact of the program to be felt.

(Refs: 5,8,9,20,21)

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