

Health Improvement: *A Comprehensive Guide to Designing, Implementing and Evaluating Worksite Programs*



Introduction

In recent years, many large companies have implemented health promotion programs or comprehensive health improvement initiatives. More than 120 studies have documented the positive effects of health promotion on overall employee health and productivity, overall health costs and return on investment (ROI).^{1,2,3}

This issue brief, “Health Improvement: A Comprehensive Guide to Designing, Implementing and Evaluating Worksite programs,” is a resource for all employers interested in health improvement, regardless of whether the company is looking to design a new program altogether or thinking about options to improve or expand existing programs.

As a guide, it provides the following:

- Information on the structure of health improvement programs;
- The business case for health improvement;
- Examples of best practices; and
- The means for evaluation.

Definition of Health Improvement or Wellness

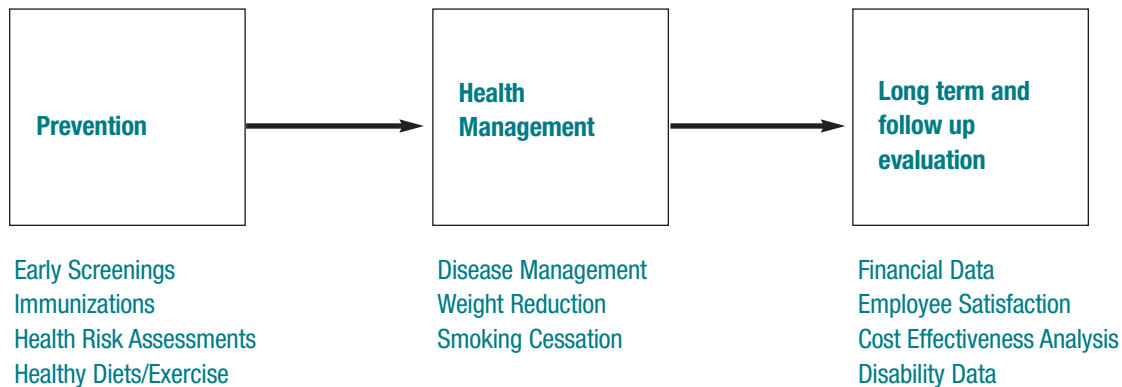
Because health promotion programs incorporate a variety of issues, a concrete idea of health promotion must be established. **Health promotion focuses on heightening awareness and enhancing prevention.** This is broadly defined, but not limited to, enabling individuals to increase control over and improve their health.⁴

Another definition: “Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change.”⁵

Health improvement programs include several approaches that are both behavioral and clinical. Behavioral interventions focus on reducing unhealthy lifestyle choices, such as smoking, poor nutrition and lack of physical activity. Clinical interventions include identifying and treating illnesses in their early stages when health can be dramatically improved and costly complications avoided.

In this guide, health improvement is considered comprehensively and across a broad continuum:

Figure 1. Health Improvement Continuum



Building on the definitions of health improvement listed above, health promotion initiatives are defined as those that integrate components of health promotion and disease prevention (i.e., smoking cessation, stress management, lipid reduction, etc.) into a coherent, ongoing program that includes evaluation and is consistent with corporate objectives.⁶

Business Case for Health Improvement

Health promotion and disease management programs at the worksite have grown substantially recently. Health care costs have been going up more than 10% each year for several years, and employers are very concerned about these sharp spending increases.⁷ Most of the money spent in the health care system treats costly illnesses and diseases.

- “Approximately 95% of the \$1.4 trillion that we spend as a nation on health goes to direct medical services, while approximately 5% is allocated to preventing disease and promoting health. This approach is equivalent to waiting for your car to break down before you take it in for maintenance.” Tommy Thompson, Secretary of Health and Human Services, April 2003
- 50 to 70% of all diseases are associated with modifiable health risks that are potentially preventable.⁸

In an effort to optimize employee health, reduce preventable health care utilization and enhance work performance—and in turn lower health care costs and improve employee satisfaction and retention—many businesses have instituted or are interested in developing health promotion programs for employees. Consider the following data:⁹

- 93% of employers report that they provide employee health promotion programs;
 - 28% offer health risk assessments (HRA), and 40% of these employers offer the assessments annually;
 - 75% offer screenings for blood pressure and cholesterol;
 - 72% offer periodic programs, ranging from health seminars to counseling on lifestyle habits; and
 - 42% use financial incentives and disincentives to motivate employees.

There is also evidence that supports the health and cost benefits of health improvement at the worksite. Several comprehensive review and analysis articles have examined the short- and long-term effects of specific, targeted health promotion worksite programs. Improvements in health outcomes coupled with high returns on investment (ROI) are themes that run throughout the more than 120 research studies that have been conducted. Some major findings include the following:^{10, 11}

- **Overall, benefit-to-cost ratios** of \$3.48 in reduced health care costs and \$5.82 in lower absenteeism costs per dollar invested.

- **ROIs of at least \$3 to \$8 per dollar invested within 5 years of program implementation.**

- In addition, high ROI can be achieved with low participation. By improving health among only a small subset of employees (particularly those with high risk for chronic illness) and without exceptional participation rates among the entire employee population, many employers report a positive ROI. Therefore, increasing participation further could have a substantial effect on ROI.
- *An HRA and follow-up interventions can break even if only 1% of high-risk employees shift from “high” to “low” risk.*
- Factors not captured in that ROI include *absenteeism, lost productivity* and *disability*, which may account for 50% to 75% of total costs of illness.
- **Programs involving health enhancement and risk management** (e.g., focused on lifestyle behavior change): \$3 to \$6 ROI within 2 to 5 years.
- **Programs involving demand management** (e.g., self care, decision support): \$2 to \$3 ROI within a year.
- **Programs involving disease management** (e.g., monitoring and treating a specific illness such as Type 2 diabetes): \$7 to \$10 ROI within a year.
 - Disease management focuses on a relatively small population, but can generate a large return. However, it is important to note that gaining \$3 to \$6 per dollar on the entire employee population produces a higher total cost savings, as compared to gaining \$7 to \$10 per dollar on a smaller population subset (i.e., those with chronic illness).
- **Multi-component or comprehensive interventions** (i.e., programs that address several topics such as nutrition, exercise, disease management and smoking cessation simultaneously), rank higher in both clinical and cost-effectiveness as compared to programs that approach one disease or condition (e.g., smoking cessation).¹²
- **Individual counseling to improve health among high-risk employees**, within the context of *comprehensive* health improvement programming, is critical to health promotion success.¹³

Several companies with longstanding health promotion programs have gained national recognition for their success. Although each program has a different design, the results are impressive. For example, Johnson & Johnson saved \$225 per employee per year from the program, and Motorola reports an ROI of \$3.93 for every dollar invested. Table 1 provides a summary of several corporate worksite health improvement initiatives and their outcomes. Many of these companies have received C. Everett Koop National Health Awards, and detailed descriptions of their programs can be found at <http://healthproject.stanford.edu/koop/work.html>.

Table 1. Corporate Examples of Successful Health Improvement Programs

Company	Duration of Health Improvement Program	Type of Health Improvement Program	Outcomes (ROI, Cost Savings)
Caterpillar ¹⁴	1997-to present	HRA; personalized health education messages; identification of high-risk employees; targeted interventions; self-care book; newsletters; on-going evaluation	High participation among employees (96%) and spouses (74%); 23% decrease in direct medical costs; 1,144 participants quit smoking
CIGNA ¹⁵	1990s-to present	Breastfeeding; disability management; immunizations; and smoking cessation	Breastfeeding: Savings of \$300,000 in medical costs and fewer absences Disability: Savings of \$900 per participant Immunization: ROI \$3, savings of \$30 per participant Smoking cessation: Savings of \$949 per participant and ROI \$9.50
Citibank ¹⁶	1994-to present	HRA; targeted education and programming for high-risk employees; less intensive follow-up for low-risk employees; follow-up HRAs	ROI: \$4.56 to \$4.73 Costs increased 25% for participants, but 43% for non-participants
DaimlerChrysler ¹⁷	1990s-to present	Targeted education based on risks and interests; smoking cessation; weight management; cholesterol management; fitness; a variety of communication strategies; and one-on-one counseling	Average cost savings of \$200/participant/year
Dupont ¹⁸	1980s-to present	HRA with follow-up consultation; health education programs; stress management; cafeteria/vending machine modifications; and various contests and events	Decreased disability days (0.4 average decrease) ROI: \$1.42
General Motors ¹⁹	1996-to present	Newsletters; mailings; 24-hour phone line; HRAs	Savings of \$42 per person

Table 1. Corporate Examples of Successful Health Improvement Programs (continued)

Company	Duration of Health Improvement Program	Type of Health Improvement Program	Outcomes (ROI, Cost Savings)
GlaxoSmithKline ²⁰	1996-to present	Comprehensive health and health improvement intervention program, attracting participation from high-risk employees	Average annual savings: \$613 per participant
Johnson & Johnson ²¹	1980s and 90s-to present	Interventions before, during and after major health events, including HRA; identification of high-risk groups; health education; occupational illness and emergency care; counseling and EAP; substance abuse management; and a return to health improvement program	Lower health care costs, hospital admissions, hospital stays Cost savings: \$225/employee/year
Motorola ²²	1996-to present	Disease management; immunizations; screenings; HRAs; 24-hour phone line; on- and off-site wellness centers; children's program; stress management	ROI: \$3.93 overall ROI for immunization program: \$1 to \$1.20
Northeast Utilities ²³	1992-to present	HRA; incentive programs; telephone lines; disease management; smoking "quitlines;" newsletters; intranet	\$1,400,000 cost savings in 2 years ROI: \$1.20
Pfizer ²⁴	Late 1990s-to present	HRAs; health education; disease management; medical clinics; fitness centers; on-site physical therapy; ergonomics; disability; EAP	Ergonomics ROI: \$3.51 Physical therapy ROI: \$3.61 Fitness centers ROI: \$4.29
Union Pacific Railroad ²⁵	1992-to present	Cardiovascular program: monthly counseling by phone or in person, or referral to medical care	ROI: \$3.24 overall
UNUM Life Insurance ²⁶	1984-to present	Comprehensive program including EAP; occupational health and safety; flexible work policies; health education; screening; exercise; and work environment	Annual cost savings of \$132,000 to \$237,000 for smoking cessation ROI: \$1.81 on medical claims

By offering health improvement programs, employers are not only providing an additional service for employees, but they are also gaining financially. Furthermore, the impact of a health improvement program goes beyond decreased health care costs and ROI. A health improvement program can affect all of the following areas:²⁷

- Productivity:
 - Absenteeism
 - Desire to work
 - Morale
 - Physical and emotional disabilities
 - Recruitment success
 - Turnover
- Health care:
 - Life insurance costs
 - Medical care costs
 - Other insurance costs
 - Type of medical claims
 - Workers' Compensation claims
- External image:
 - Community perception
 - Current and potential clients
 - Current and potential employees
 - Product sales

Design of a Health Improvement Program

How a health improvement program is structured will significantly influence its success. When being developed, a program should be tailored to the specific employee population, and feasible processes and available staff should be taken into consideration as well.

Step 1: Complete a Needs Assessment

Before implementing any program, a needs assessment should be completed to understand the specific challenges and opportunities within the company, including current health habits and interests.²⁸ A needs assessment can include the following aspects:

- Current health status (i.e., cholesterol levels, body mass index (BMI), blood pressure);
- Lifestyle decisions (i.e., smoking, diet);

- Views of the organization; and
- Ideas about effective programs that would encourage their participation.

This baseline information will also be critical in evaluating a health improvement program (see section on *Evaluation*, page 12).

Understanding the needs of your employee population and organization can be helpful in designing a health improvement program. For example—

- The health promotion program can be targeted to addressing specific **health conditions**, such as diabetes, from several perspectives—fitness, nutrition and tailored disease management.
- Or a health promotion program can focus on specific organizational problems, such as low morale, by choosing types of interventions that motivate employees to action and provide support—recreational programs, EAPs, dependent care and incentive programs.

Step 2: Structure the Program

A list of important options to consider include the following:

- **Types of programs/activities**
 - Nutrition and weight management
 - Specific disease management (e.g., type 2 diabetes, heart disease)
 - Tobacco use cessation
 - Control of alcohol use
 - Substance abuse cessation
 - Mental health
 - Immunizations
 - Occupational safety
 - Employee assistance programs (EAPs)
 - Health education programs and materials
 - Health risk appraisals and screenings
 - Dependent care
- **Level of intensity of interventions**
 - Health education materials to employees (paycheck stuffers, intranet information, pamphlets, etc.)
 - One-time health risk assessments
 - Annual health screenings with follow-up for high-risk employees

- Decision support tools (online information, physician support, etc.)
- Dedicated case managers
- **Location of programs**
 - On-site
 - Discounts to facilities off-site
- **Management of program**
 - Vendor for different components (i.e., smoking cessation, online decision support)
 - One vendor to manage all aspects
 - On-site management by health improvement or medical department staff
- **Incentives/Disincentives**
 - Financial rewards for participation
 - Discount on health care premiums
 - Bonus into health savings account
 - Reduced premiums
 - Co-pay reductions
 - Cash awards
 - Financial rewards for health outcomes
 - Reaching healthy weight
 - Lowering cholesterol
 - Walking 10,000 steps per day
 - Other types of rewards
 - Employee awards and recognition
 - Gifts (t-shirts, mugs, etc.)
 - Lottery chances
 - Gift certificates
- **Communications**
 - Pamphlets
 - Posters
 - E-mails
 - Newsletters
 - Intranet
 - Meetings, fairs, community activities

Step 3: Integrate the Program into the Corporate Framework

A comprehensive health improvement program promotes social, mental and physical health through a combination of programs such as the ones listed above. A company will

be more effective when proactively integrating a comprehensive health improvement program into the overall corporate structure in three ways:²⁹

1. **Raise awareness** among employees to increase their knowledge about important health care issues.
2. **Inspire behavioral change** to endorse healthy lifestyles and decisions.
3. **Create a supportive environment**, from top management on down, to sustain healthy changes at the company.

Step 4: Optimize Participation

An effective health improvement program does not require 100% participation from employees. In fact, targeted programs that reach the right people with the right interventions can affect change and reduce costly health care conditions. Although building solid participation can be a challenge, there are several important strategies for accomplishing this.³⁰

- **Manage all segments of the population.** This includes the employee population in its entirety, the important “champions” of the health improvement program who promote the program successfully and even groups that may detract from the program.
- **Conduct regular needs assessments.** This ensures that the program is adapting to changing interests and concerns.
- **Create and maintain a worksite culture of good health.**
- **Position the program powerfully.** Communicate the health promotion messages and program results to all employees, and create a “brand identity” to make the program distinctive.
- **Target communications.** Personalized messages to employees have increased participation five-fold in some worksite programs.
- **Include one-on-one outreach.** This can substantially increase participation and follow-up rates among employees.
- **Offer a variety of intervention options.** This helps to ensure that each employee can find an aspect of the program or a method of participation (i.e., internet-based, phone-based, etc.) that works best for them.
- **Use incentives wisely.** For example, offering financial encouragement can greatly increase the rate of participation in an HRA. But an incentive higher than \$25 for completing the assessment may reduce the cost-effectiveness of the program.

- **Be sure to measure participation continuously.** Document how many people complete the initial assessment, how many drop out of the program and how many complete the follow-up.

Recently, researchers have compiled expert opinions about which aspects of a health improvement program were the most effective. Table 2 summarizes the expert opinions, from both academics and practitioners, about effective health improvement strategies at the worksite. In general, the most successful programs involve more intensive interventions, with support at every management level.

Table 2. Effective Strategies for Health Improvement Programs³¹

Health Improvement Program Area	Effective Strategies	
Program Management	<ul style="list-style-type: none"> • Building top management support • Integrating program with organizational/business goals • Creating a sound communication process • Institutionalizing the program with the culture 	<ul style="list-style-type: none"> • Securing mid-level management support • Ensuring multi-level program development • Developing a sense of program ownership with employees
Behavior Change	<ul style="list-style-type: none"> • Enhancing self-efficacy • Creating supportive cultures • Tailoring messages and content • Providing individual counseling 	<ul style="list-style-type: none"> • Offering incentives and rewards • Implementing a long-term follow up process • Encouraging personal goal-setting • Recognizing stages of change
Recruitment and Participation	<ul style="list-style-type: none"> • Incentive recruitment features • Personal contact or word of mouth • Targeted personal invitations • Group and peer-level invitation process 	<ul style="list-style-type: none"> • Formal invitation from senior management • Reminder calls • Personal mailing
Ongoing Communication	<ul style="list-style-type: none"> • Targeted personal communication • Announcements at meetings • Health newsletter • Broadcast e-mail messages 	<ul style="list-style-type: none"> • Printed flyers or announcements • Program brochures • Payroll inserts • Intranet web site

Evaluation

Before implementing a health promotion program, it is essential to incorporate into it the necessary evaluation mechanisms. Every company will need to collect the appropriate data before and during the interventions in order to effectively determine success.

The three major areas of evaluation are the following:³²

1. **Program structure:** the basic framework of the program
2. **Program process:** how well the program is run
3. **Program outcomes:** whether the program met the set objectives

Table 3. Health Improvement Program Evaluation Questions³³

Common Evaluation Questions

Structure

- What is included in the program? What is the intervention?
- Where does the program take place?
- How is the program delivered? What content is included?
- Who manages the program?

Process

- How many people participate?
- Do participants complete the program?
- Are participants satisfied?
- Which aspects of the program are best attended?

Outcomes

- Does the program improve knowledge about health issues?
- Does the program change behavior?
- Does the program save the company money?
- What is the return on investment (ROI)?

As mentioned above, there are several financial measures, such as the following, that are available for evaluating health improvement programs.³⁴

- Absenteeism
- Disability
- Productivity
- Turnover
- Workers' Compensation
- Medical care utilization and cost

These measures come from a variety of data sources, including the following:

- Personnel records/human resources files
- Payroll files
- Disability
- Insurance claims
- Self-report data
- Supervisory ratings
- Medical records
- Benefits consultant reports

Using an experimental or quasi-experimental design will give the best results for evaluation. For example, the better a company can do in collecting a representative sample of their employee population, creating suitable comparison and control groups to investigate, controlling for any confounding factors using statistical methods, and achieving high participation and follow-up rates, the better will be the evaluation data and subsequent conclusions. (See Goetzl & Ozminkowski for more detailed information).

Summary

Worksite health improvement programs raise awareness and improve prevention among employees through a variety of interventions and messages. Many corporations have already implemented successful health promotion programs, and more companies are looking to initiate their own approach to health improvement. These programs are effective at improving health conditions, lowering risks for serious illnesses, improving employee morale, and saving money on medical claims, absenteeism and disability. When thinking about beginning or improving a health improvement program, it is essential to have a detailed plan for its structure and evaluation. Below is a checklist of major tips for employers.

Tips for Employers

- Create an employee health promotion committee to get the program started, with representatives from the union as well as from various corporate departments, including education, human resources, communication, benefits and information technology.
- Design a comprehensive program covering a variety of health topics and interventions. Aim to manage illness and disease (such as disease management and clinical screenings) as well as promote healthy lifestyles (fitness, nutrition and stress management).

- Use a targeted approach to identify and monitor high-risk employees.
- Consider implementing personalized messages, incentives and a unique brand identity to the program to obtain meaningful participation.
- Gain senior leadership support, and integrate corporate policies into the program.
- Strive to implement a health promotion program that raises awareness and knowledge among employees, changes their behavior toward healthier decisions, and supports their new lifestyles in an environment that will maintain improved health.
- Evaluate not only the financial and health outcomes of the program, but also the structure and process of the health improvement initiative (such as participation, satisfaction and management).
- Use a structured design (with control groups, detailed analysis, etc.) when implementing the program to collect the best data for evaluation.

Resources for Employers

1. American Journal of Health Promotion publications: <http://www.healthpromotionjournal.com/publications/index.htm>
2. Department of Health and Human Services: "Prevention Makes Common 'Cents'" <http://aspe.hhs.gov/health/prevention/>
3. The Health Project: <http://healthproject.stanford.edu>
4. Wellness Council of America: <http://www.welcoa.org/>

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About the Center for Prevention and Health Services (CPHS)

The Center houses the Business Group's projects and resources that relate to the delivery of preventive and other health services through employer-sponsored health plans and worksite programs. Through the Center, employers can find practical toolkits to address preventive health and health promotion issues at the worksite. Employers will find current information and recommendations from federal agencies and professional associations, model programs from other employers, and the latest clinical and health services research results. In addition, the Center provides opportunities for employer participation in teleconferences and in-person solutions workshops. Currently, the Center has initiatives in racial and ethnic disparities in health and healthcare, terrorism and public health emergency preparedness, maternal and child health, preventive services, health services research and quality, health and work performance, benefit design and health promotion programs.

For more information, visit <http://www.businessgrouphealth.org/prevention/index.cfm> or contact Ron Finch, EdD, Director, at finch@businessgrouphealth.org.

About the National Business Group on Health

The National Business Group on Health, formerly the Washington Business Group on Health, is the national voice of large employers dedicated to finding innovative and forward-thinking solutions to the nation's most important health care issues. The Business Group represents 200 members, primarily Fortune 500 companies and large public sector employers, who provide health coverage for more than 50 million U.S. workers, retirees and their families. The Business Group fosters the development of a quality health care delivery system and treatments based on scientific evidence of effectiveness. The Business Group works with other organizations to promote patient safety and expand the use of technology assessment to ensure access to superior new technology and the elimination of ineffective technology.

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