

Commit To Be Fit at Microtek Medical: A Worksite Health Education Program

Joyce Yates, Ed.D., CHES
Coordinator of Graduate Studies in Health Education
Mississippi University for Women

Melissa Corrigan, M.A., M. S., CHES
Graduate
Master of Science in Health Education
Mississippi University for Women

Abstract

“Commit To Be Fit” (CTBF) is a health education program that was implemented as a pilot study for worksite health promotion and disease prevention at Microtek Medical, Inc. in Columbus, Mississippi. This program was developed through collaboration of various health entities and Mississippi University for Women’s Master of Science Program in Health Education. The CTBF worksite health promotion program consisted of employee health activities and awareness strategies that addressed disease prevention.

Introduction

Worksite health promotion programs have been in existence since the mid 1970’s.¹ Although results have shown a significant impact and the number of employers offering worksite programs have increased over the years, there remains room for growth and development of such programs.² Currently, approximately 50% of large company employers with at least 750 employees, offer some sort of health promotion program. Smaller companies offer less health worksite opportunities.³ According to *Healthy People 2010*,⁴ one of the strategies to improve the nation’s health is to increase the proportion of worksites that offer a comprehensive health

promotion program to their employees. Benefits associated with worksite health promotion programs include, but are not limited to: improved employee morale, reduced turnover, reduced absenteeism, increased worker productivity, health care cost containment, improved employee health status, and improved company image.⁵

Studies show that employees with the unhealthiest lifestyle behaviors have the greatest medical expenses. Poor lifestyle habits can lead to chronic diseases such as heart disease, cancer and diabetes. Behaviors such as tobacco use, poor nutrition and lack of exercise can be changed through implementing health promotion programs; therefore, decreasing health risks for diseases and reducing health care costs. An investigation of worksites in the US showed that “health and fitness plans could improve the health of about 53% of employees.”⁶ Additionally, the benefits of a wellness program exceed the costs of health care and decrease the amount of insurance claims of participating employees.⁷

Strategies

The human resource director at Microtek Medical, Inc. in Columbus, Mississippi contacted the director of Commit To Be Fit (CTBF) to partner in a pilot program for health awareness at the worksite. The Mississippi University for Women's Graduate Program in Health Education collaborated with the following entities to provide the CTBF Education Program at Microtek Medical, Inc.: The Partnership for A Healthy Mississippi, Mississippi Health Department District IV, The Mississippi University for Women's Counseling Department and Baptist Memorial Hospital Golden Triangle. Programs, health screenings and health information were disseminated by these partners. Graduate students in the health education program planned, researched, and developed health awareness materials to meet the disease prevention needs specified by each participating employee. These materials and programs helped create new health awareness at the worksite. After careful planning, programs were developed and Health

Education Graduate students began dispersing materials to create new health education awareness at the worksite. The Microtek Medical CTBF conceptual framework (Figure 1) was developed as a model which hypothetically explains the program's main strategic components and how these components influence predictor variables.⁸

Commit To Be Fit (CTBF) Initiative

The CTBF Worksite Health Program recommended 12 interventions for implementation during the worksite health promotion year. These activities followed a schedule that was collaborated through the industry administration and the graduate program. The following health strategies were offered: "Kick Off" Wellness Presentation, Health Information, Fitness Testing; Health Screenings, Smoking Cessation Program, Nutrition and Weight Control Presentation, Stress Management, Tobacco Cessation Support and Follow-up Program, Nutrition and Defensive Dining, "Know Your Numbers" campaign, Healthy Habits for Life, and Noon Walks.

Presentations and programs were provided through collaborations with university experts, health coalitions, local hospital affiliations, and graduate students in the Health Education Master's Program. Participants were allowed to attend meetings without work penalties. Advertisement of activities and sessions were distributed in employees' mailboxes and posters of upcoming events were located at various places within the worksite buildings. The human resource director at the industry would send e-mails to employees announcing the upcoming health program, event, or activity session.

Programs

After researching health education materials, recruiting collaborating partners, and planning various health awareness sessions, programs began at the worksite setting. The target group was employees who participated in any one session of the health information and awareness programs that were offered. For the worksite health program "kick-off day"

employees were given free time to attend a presentation on general health and well being and free water bottles were given as an incentive for beginning the program. Also, at this first event, the participants were surveyed on their three greatest health concerns. The results of the survey revealed the concerns in this order 1) exercise (100%) 2) nutrition (93%) and 3) stress management (89%). The Microtek Medical employee also completed a health behavior risk survey that asked generalized questions about health habits and well being.

Graduate students in the Master of Science Program in Health Education were then assigned several employees each to communicate health information via e-mail and hard copy distribution. The Microtek Medical health project was a perfect tool tailored to develop the graduate student as a health educator.

The CTBF health education/promotion program provided diverse, factual, researched information on the areas of health that were discussed and agreed upon by the human resource administrator and the director of the CTBF Health Education Program. Involving graduate assistants and interns in the worksite program helped mesh a partnership communication atmosphere that was conducive to nurturing positive health habits and supplying knowledge that was crucial to the adoption of healthy lifestyles that promote disease prevention.

Implementation

After the top three needs were assessed (exercise, nutrition, and stress management) by Microtek Medical, Inc employees at the “kick-off” day, goals were set and behavior change contracts were signed that day by employees. During the planning process the following steps were taken: Needs assessment, issues to be addressed, goal setting, development of strategies, implementation of strategies, and evaluation.^{2,5}

Consent forms were signed and baseline health screenings were administered by health care providers from the local hospital. The committobenefit.org website was available for the

employees to log in their workouts and dietary intake. Also, a health risk assessment was available at this website for any employee to access.

Incentives are an important means to greater motivation and cooperative appeal for a health and wellness program.⁹ Extrinsic rewards create enthusiasm for continued hard work and healthy changes. At Microtek Medical the following incentives were awarded: water bottles distributed at the first health presentation, a \$5.00 corporate discount off membership at the YMCA, company time to participate in on site health programs, designated walk area for employees to walk before, during break times, and after work and two rounds of paid cholesterol testing.

Greater opportunities for employees in the incentives/rewards portion of the CTBF Health Promotion Program may have supported greater results. Many times companies offer increased reward vacation days or half days, monetary bonuses or material gifts such as MP3 players, computers, and media-type equipment. These types of company incentives insure continued interest in a program that would normally wane without great personal employee intrinsic motivation. Research supports the fact that prize opportunities provide motivation for worksite employee participants.¹⁰

Theories that were important in the planning, implementation and evaluation process for the CTBF worksite health education program were the Social Learning Theory and the Health Belief Model. Theory must be considered when seeking to effectively reach participants in eliciting health behavior change. The Social Learning Theory, later redesigned by Bandura (1986) and renamed the Social Cognitive Theory, is complex because of its many constructs. However, it is essential in understanding the ongoing interaction between an employee and the environment in which the person lives and works and how that influences the person's behavior.

The Health Belief Model is one of the earliest designed models (early 1950s). The relevance of this model in a worksite health promotion program is to help understand the reluctance of people to participate or access disease prevention services.⁹

Conclusion/Results

Process evaluations were administered three times throughout the program. Qualitatively, impact evaluations (surveys) were administered following each intervention, and qualitative interviews of both participants and non-participants were administered at various intervals during the interventions. A health behavior inventory was administered before the beginning of the CTBF program and at the end of the program. The post test was immediately given after the last intervention. The post test was the impact evaluation of the program. Percentage improvements are shown (Figure 2). At various intervals during the implementation of the Microtek CTBF program, interviews were scheduled with employees participating in the interventions. Questions were broad in scope, such as, “How successful is the CTBF program to you?” Graduate students were trained to ask general “how” and “why” questions. These qualitative interview sessions were the process evaluation needed to inform the program developers of the positive and negative aspects of the health promotion interventions. Also, changes were made if problematic situations were addressed in these interviews.

Company reports allowed a snap shot view of achievements in health care claims. Microtek Medical showed a decrease in health care claims during the year of the worksite wellness program CTBF. Variables were not isolated so this could be due to various factors. However, the assumption that the health education program produced awareness information that supported less absenteeism and decreased health claims is valid. CTBF was implemented in the year 2003-2004. The following is the report of decreased health claims during that time period: 2002-2003 difference in the increase of total claims paid from 2002 to 2003 was over \$1000,

2003-2004 difference in the increase of total claims paid from 2003 to 2004 was under \$1000, 2004-2005 difference in the increase of total claims paid from 2004 (up to June/05) to 2005 was over \$1000.

Despite the multiple programs and outcome measures, the program was a success as 18% of program participants reported reaching their health goals. Results showed that participants' use of tobacco decreased 16%, nutrition habits improved 11%, exercise behaviors improved 2%, emotional health improved 16%, and disease prevention practices improved 2%. The success and effectiveness of the program can be attributed to creating awareness about the program for employees, increasing employee knowledge, and offering a variety of programs, activities and health screenings. Participants attended lecture-type programs, participated in fitness assessments and health screenings, and received printed information to support and assist in making health behavior changes, all of which supported the success of the program. Program visibility played an integral part in the success of the program as well as time, location, and cost. All programs were held during work hours at the worksite and were provided at no cost to the employees. Two free cholesterol screenings per participant were funded by the employer. Regardless of the convenience of the program to participants, there was a decrease in attendance over time. The Center for Prevention and Health Services¹¹ recommends the following for maintaining and optimizing participation: manage all segments of the population, conduct regular needs assessments, create and maintain a worksite culture of good health, position the program powerfully, target communications, include one-on-one outreach, offer a variety of intervention options, use incentives, and continuously measure participation.

According to Seehafer,¹² a 1999 meta-analysis of 22 studies showed that worksite health promotion makes fiscal sense. It is a 300% return on an investment. Seehafer goes on to say that

it makes business sense to encourage and assist employees to live healthier lifestyles. Health programs that are offered to the worksite commonly include exercise, nutrition awareness, weight management, smoking cessation and stress reduction. Companies are now looking for behavior change specialist instead of a director of fitness or exercise. Companies seek to hire a health professional that understands behavior change theory. University and college collaborations may be tremendous resources for worksite wellness promotion by providing interns and graduates for program direction who have been trained in the health education/promotion fields. Prevention is the key to combating rising health care costs.¹²

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