

Putting the Community Guide to Work at Workplaces: Partnering to Reach Employers



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Eustacia Mahoney
 Former Director of Mission Product Development
 American Cancer Society (ACS)

More Information

The University of Washington Health Promotion Research Center
<http://depts.washington.edu/hprc>

American Cancer Society—Workplace Solutions
<http://www.acsworkplacesolutions.com>

Public Health—Seattle & King County
<http://www.kingcounty.gov/healthservices/health>

Community Guide Worksite Health Promotion
<http://www.thecommunityguide.org/worksite>

CDC Workplace Health Promotion
<http://www.cdc.gov/workplacehealthpromotion>

More than a third of working-age people live with one or more chronic diseases.^{1,2} The impact of chronic disease could be reduced by promoting healthy behaviors—such as quitting tobacco and being physically active—through using recommendations of the Community Preventive Services Task Force (Task Force) found in the Guide to Community Preventive Services (The Community Guide). But getting this useful information into the hands of those who could assist many people isn’t easy. One approach is to help employers use The Community Guide to improve the health of their workforces. In partnership with the American Cancer Society (ACS), the University of Washington Health Promotion Research Center (HPRC) – supported by the Centers for Disease Control and Prevention (CDC) – developed Workplace Solutions and HealthLinks, programs that promote use of The Community Guide to employers.

Why Promote The Community Guide to Employers

Employers are well-positioned to both educate workers and modify policies in the work environment to make it easier for employees to practice healthy lifestyles. Many employers are motivated to put workplace wellness programs in place to address their own mounting healthcare and productivity costs.³ For example,

- Lost work days and lower worker productivity linked to personal and family health problems cost employers an estimated \$1,685 per employee per year, or \$225.8 billion annually.¹
- A healthy workforce is more productive, uses fewer healthcare resources, is absent less often, and thereby reduces organizational costs.⁴

Teaming Up to Reach Washington Employers

Limited resources often prevent local public health initiatives from reaching employers on the scale needed to reduce levels of chronic disease. Working with voluntary organizations that have statewide or national reach can be an efficient way to take proven practices to broad audiences. ACS has long-standing relationships with employers, thousands of staff located across all 50 states, and one of the best-recognized brands for health in the U.S. Their workplace initiatives offer a model for large-scale dissemination and use of The Community Guide. HPRC and ACS have combined efforts and resources to produce worksite health promotion programs for nearly a decade. They used the following evidence-based recommendations from The Community Guide to design Workplace Solutions for large employers. Workplace Solutions focuses on the following concepts:

- Worksite programs to control overweight and obesity
- Reducing client out-of-pocket costs for tobacco cessation therapies
- Client reminders and small media to increase cancer screening
- Creation of or enhanced access to places for physical activity, with informational outreach activities
- Point-of-decision prompts to encourage use of stairs
- Individually-adapted health behavior change programs to increase physical activity
- Reducing out-of-pocket costs to increase cancer screening



www.thecommunityguide.org

What is The Community Guide?

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based recommendations about public health interventions and policies to improve health and promote safety.

The Community Preventive Services Task Force (Task Force)—an independent, nonfederal, unpaid panel of public health and prevention experts—bases its recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, scientists and subject-matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.

Workplace Solutions for Large Employers, HealthLinks for Smaller Employers

In a 2005 Workplace Solutions pilot study in the Pacific Northwest, Workplace Solutions was associated with a significant increase^{*} in the number of evidence-based best practices put into place at eight large companies with a total of 264,834 employees.⁵ “The fact that the ACS Workplace Solutions package of practices is based on the recommendations of The Community Guide provides credibility,” said Eustacia Mahoney, ACS’s former director of mission product development. “It makes Workplace Solutions much easier to promote to employers.” ACS now implements Workplace Solutions across the U.S., reaching more than 2.5 million employees.

Small and mid-size employers are less likely to provide workplace wellness programs due to limited resources. Yet, low-income workers are concentrated in small workplaces, and they report more chronic diseases than other workers.⁷ HPRC and ACS also wanted to help smaller employers use evidence-based employee wellness strategies. Through funding from the WA State Department of Public Health, HPRC pilot-tested HealthLinks, a version of Workplace Solutions tailored for small employers. HealthLinks provides materials on many of the topics above, but specifically focuses on nutrition, physical activity, and smoking cessation.

HealthLinks Pilot-Testing Yields Positive Results

In 2009, HealthLinks was piloted in 23 worksites in mostly rural Mason County, WA. Results were promising; companies participating in HealthLinks showed significant increases[†] in physical activity programs, health behavior policies, and health information communication.⁷ According to HPRC Director Dr. Jeffrey Harris, “Successful workplace wellness programs rely on both demand and supply. In Mason County, ACS staff members were able to identify the demand among small, low-wage workplaces. Mason County Health Department was able to supply a county-wide version of ACS Active for Life, a group physical activity program developed to be consistent with Community Guide recommendations.”

When Public Health – Seattle & King County (PHSKC) received a grant from CDC’s Communities Putting Prevention to Work (CPPW) initiative, they funded HPRC in 2012 to more broadly test HealthLinks in King County, WA. Companies participating in HealthLinks more than doubled in both the number of new physical activity programs and health-related communications, and increased adoption of evidence-based health behavior policies. Elaine Cummins, former CPPW project officer at PHSKC, remarked on the level of expertise brought to the project by ACS. “ACS was able to adjust the intervention to fit the culture and diversity of each business and each industry. They are helping us effectively disseminate the wellness program to a target audience that is extremely challenging for public health agencies to reach.”

* Increased from 38 to 61 percent

† Increased from 29 to 51 percent, 40 to 46 percent, and 40 to 81 percent, respectively

Lessons Learned

- **Apply The Community Guide in worksite settings of all sizes.** Those looking for evidence-based workplace wellness intervention strategies can find them in The Community Guide and adapt them to meet their needs.
- **Consult researchers for connections.** Academic researchers may be able to connect with national organizations and health departments that have the infrastructure and resources to reach out to and assist worksites.
- **Partner to expand reach.** State and local health departments can spread effective public health practices to underserved populations by partnering with voluntary organizations that have common interests.

1 Chronic conditions: Making the case for ongoing care; Johns Hopkins University Partnership for Solutions. September 2004. <http://www.partnershipforsolutions.org/DMS/files/chronicbook2004.pdf>. Accessed Nov 2011.

2 Tu HT, Cohen R. Financial and health burdens of chronic conditions grow. Center for Studying Health Systems Change (HSC). Track Rep. 2009; 24: 1-6.

3 Harris JR, Huang Y, Hannon PA, Williams B. Low-socioeconomic status workers: Their health risks and how to reach them. J Occup Environ Med. 2011;53(2): 132-8.

4 Goetzel, RZ, Ozminkowski RJ. “The health and cost benefits of work site health-promotion programs.” Annual Review of Public Health 29, (2008): 303-323.

5 Kaiser Family Foundation. Kaiser/HRET survey of employer-sponsored health benefits, 2011; <http://ehbs.kff.org/>. Accessed September 2011.

6 Harris JR, Cross J, Hannon PA, Mahoney E, Ross-Viles S. Employer adaptation of evidence-based chronic disease prevention practices: a pilot study. Prev Chronic Dis Jul 2008;5(3): http://www.cdc.gov/pcd/issues/2008/jul/07_0070.htm. Accessed November 2011.

7 Laing SS, Hannon PA, Talburt A, Kimpe S, Williams B, Harris JR. Increasing evidence-based workplace health promotion best practices in small and low-wage companies: pilot study in Washington State. Prev Chronic Dis April 2012 9: <http://dx.doi.org/10.5888/pcd9.110186>. Accessed April 2012.