

The Evidence Basis for Workplace Health Promotion Policy Components

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BACKGROUND

- Workplace Health Promotion (WHP) policies refer to a coordinated and comprehensive set of strategies which include programs, policies, benefits, environmental supports, and links to the surrounding community designed to meet the health and safety needs of all employees.
- The evidence base is comprised of subject matter expertise and literature on WHP.
 - Consists of chronic disease prevention vs. infectious disease due to the nature of WHP
- The Health ScoreCard (HSC) was created by the CDC to assist employers in assessing the implementation of evidence based practices in their organizations.
- In 2012, 55% of large employers offered a wellness program, with most as health promotion strategies.¹

RESEARCH QUESTION

This research explored the evidence base for WHP policies at the organizational level. The results can be used to enhance existing and future policies regarding worker health.

METHODS

Applied previously developed QuIC Evidence Assessment method²:

- Identified subset of WHP components based on the HSC
- Collected empirical and non-empirical evidence from 2000 and later, including published peer-reviewed and gray literature from subject matter experts in the field and health databases (e.g. PubMed)
- Classified evidence according to the components
 - Evidence was classified using NVivo 10™
- Completed quality and public health impact evidence assessments
 - Evidence quality domains: *study type, source, practice- or theory-basis, and research-basis*
 - Public health impact domains: *health, equity, efficiency, and transferability*
- Determined evidence strength categories based on scores from assessments
 - Categories: *emerging, promising, or best*

1. Matthe, S., Liu, H., Caloyeras, J. P., Huang, C. Y., Van Busum, K. R., Khodyakov, D., & Shier, V. (2013). *Workplace wellness programs study*. RAND Corporation.
 2. Barbero, C., Gilchrist, S., Schooley, M. W., Chiriqui, J. F., Luke, D. A., & Eyley, A. A. (2015). Appraising the evidence for public health policy components using the quality and impact of component evidence assessment. *Global Heart, 10*(1), 3-11.

Fig. 1. WHP Policy Component Evidence Strength Categorizations

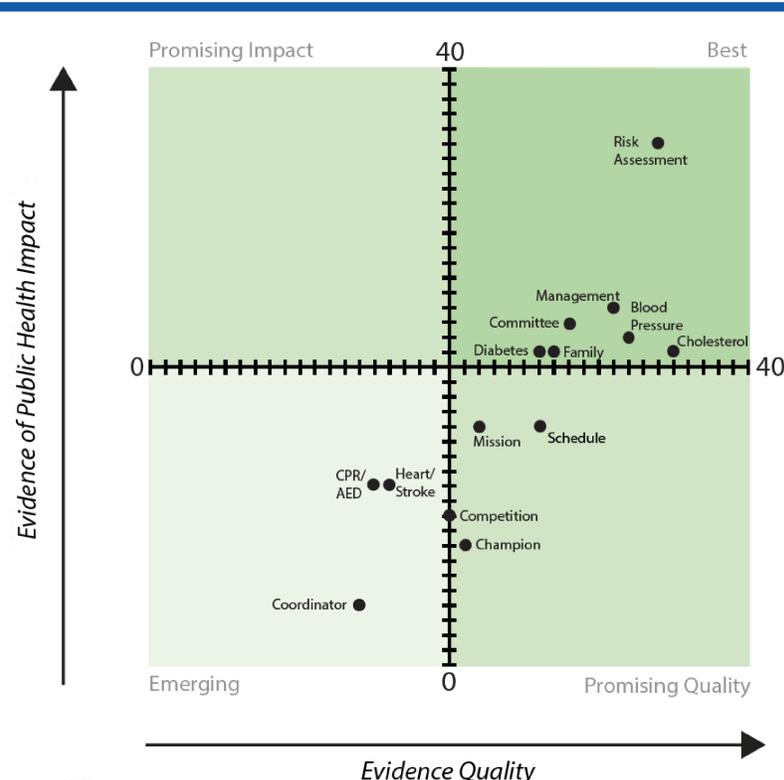


Table 1. WHP Policy Component Descriptions

Component (# pieces of evidence)	Description
Risk Assessment (29)	Health risk assessment with feedback
Management (25)	Involvement of management/leaders
Committee (12)	Active health promotion committee
Blood Pressure (16)	Targets high blood pressure
Cholesterol (17)	Targets high cholesterol levels
Family (11)	WHP policies available to family members
Diabetes (12)	Targets diabetes
Schedule (11)	Flexible work schedule policies
Mission (8)	Employee health in the mission statement
Champion (9)	A strong WHP advocate or role model
Heart/Stroke (4)	Education of the signs of a heart attack or stroke
CPR/AED (3)	CPR training or AEDs on-site
Competition (4)	Competitions within organization
Coordinator (2)	Dedicated on-site staff for WHP coordination

RESULTS

- Strength Categories (Fig. 1)
 - 7 components with *best* evidence
 - 3 components with *promising quality* evidence
 - 4 components with *emerging* evidence
- Classification
 - Targeting High Blood Pressure had the most evidence, with 35 pieces of evidence.
 - Coordinator had the least evidence with 2 pieces of evidence.
- Assessments
 - Quality: 11 pieces evidence pieces with highest level of study type (systematic review)
 - Impact: 7 components with the lowest equity and low transferability scores

DISCUSSION & FUTURE IMPACT

- This evidence assessment has implications for the development of organizational policies that facilitate the adoption of WHP strategies.
- Policies should have strategies that include *best* components, such as offering health risk assessments with feedback.
 - Offering health risk assessments with feedback has the highest score and is recommended by the Community Guide.
 - Components with the highest impact scores are expected to be the most effective.
- Research should focus on components with little evidence, such as the employment of a dedicated on-site staff for WHP coordination.
 - Strength categories correlate with the amount of evidence available.
 - Researchers should work to increase the rigor of their studies in order prove the effectiveness of including these components in workplace health policies.
- More studies on outcomes of WHP policies for minority and underserved groups are needed across different types and sizes of workplaces.

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