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The Art of Health Promotion

practical information to make programs more effective



November/December 2004

Strategies for Health Promotion in Small Businesses

Kimari Phillips, MA, CHES, Daniel Stokols, PhD, Shari McMahan, PhD, CHES, Joseph G. Grzywacz, PhD

Setting the Stage

This article provides an overview of health promotion in small businesses including the prevalence and type of health promotion programs offered, the unique advantages and disadvantages of health promotion in these settings, and strategies for creating programs that meet their specific needs. Small businesses, with fewer than 500 employees, constitute an exciting yet challenging market for health promotion. While it is difficult to identify evidence-based best practices for health promotion in small businesses, there are some highly-promising strategies that warrant further implementation and evaluation. Small businesses need potent, yet simple and inexpensive strategies that focus on (a) organizational policies, (b) environmental health and safety, (c) employee lifestyle improvement, and (d) community collaboration. Once effective health promotion strategies are identified, the small business owner must lead and support the program and there must be at least one employee champion of the program to secure and maintain employee buy-in.

Larry S. Chapman, MPH

Introduction

The purpose of this article is to provide a brief overview of the unique advantages and disadvantages of health promotion in small business settings and to provide strategies and resources for creating programs that meet the

^a The North American Industry Classification System (NAICS), replaced the U.S. Standard Industrial Classification (SIC) system (effective 2/22/02). NAICS was developed jointly by the U.S., Canada, and Mexico to provide new comparability in statistics about business activity across North America. The NAICS definition of small business is based more on annual profits than number of employees.

specific needs of small businesses.^a Small businesses, with fewer than 500 employees, constitute an exciting yet challenging target of opportunity for workplace health promotion in the coming decades.¹⁻³ In the United States and Canada, small businesses represent over 97% of all employers and U.S. small businesses employ 51% of private-sector workers.^{4,5} However, small businesses have been largely overlooked in health promotion practice. Moreover, scant empirical research has been conducted concerning the prevalence and effectiveness of health promotion programs in small businesses.

Prevalence of Programs in Small Businesses

Several international, national, and regional surveys of occupational health have found that smaller businesses offer significantly fewer workplace health and safety programs to their employees than larger firms ($p < .05$).^{1,2,6} Although three of the five U.S. national surveys of worksite health promotion activities omitted businesses with fewer than 50 employees, their cumulative results provide



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a basis for tracking differences in the prevalence of Worksite Health Promotion (WHP) activities related to company size and industry as well as changes in WHP activities between 1985–1999.^{2,7–10} Overall, estimates from national surveys suggest that up to 90% of businesses offer at least one health promotion activity, but these figures are quite different for smaller businesses. Based on data from a telephone survey of 1,823 small businesses in Orange County, California, after omitting mandated safety programs only 45% of businesses employing 2–500 employees offer one or more health promotion programs and only 30% of businesses with 2–9 employees offered one or more health promotion programs, as opposed to 80% of businesses with 250–500 employees.⁶

The types of programs offered most frequently by small businesses with 15 or more employees are safety-related programs such as CPR, back injury prevention, hazard notification, and occupational safety and health.^{1,2} Similarly, larger businesses offer safety-related programs, but they are much more likely to also offer a variety of health promotion



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programs such as physical activity, nutrition, blood pressure and cholesterol screenings, and health risk appraisals.^{7,8} For example, one survey indicated that worksites with 750 or more employees were nine times as likely to offer cancer screening programs than businesses with fewer than 100 workers and about three times as likely to provide blood pressure control, physical fitness, and weight management programs.⁸

Advantages and Disadvantages of Health Promotion in Small Businesses

Employee health could mean the difference between profit and loss for small businesses, which measure success in thousands versus millions of dollars; therefore, small businesses have a clear incentive to adopt workplace wellness programs.¹² Moreover, small businesses are a highly vulnerable population relative to large companies because they employ a disproportionate number of workers who are uninsured or underinsured, low-income, or high-risk for chronic disease.^{1,13} This suggests that worksite health promotion programs aimed at preventing and reducing medical problems would be especially beneficial to small business employees.¹⁴ Most small business managers play multiple roles within their business, so they may be well-suited to take on the role of health promotion coordinator; however, they may also have a difficult time adding one more role to their busy repertoire.

Unique attributes of small businesses create an advantageous and high-leverage context for improving employee health in the U.S.^{1,15–17} Examples of such advantages (see Table 1) include having fewer people for the program to accommodate, visible and approachable top management, and close co-worker ties. Within small businesses, there are fewer layers in the decision-making process

and less organizational bureaucracy to go through in order to get a workplace health promotion program up and running quickly.

Conversely, disadvantages such as the absence of physical, financial, and human resources create a unique set of challenges for workplace health promotion in small businesses.^{1,11} Examples of such challenges (see Table 2) include geographical dispersion of work settings, non-existent budgets for health and safety programs, lack of personnel trained in health promotion, and a high proportion of underinsured workers, especially those that are contracted or employed part-time.

Best Practice Principles Unique to Small Businesses

There has been a lack of investment to date in implementing and evaluating health promotion activities in small businesses; consequently, it is difficult to identify evidence-based “best practices” for small business workplace health promotion.^{17,18} Our overview will discuss some “highly-promising and high-priority” strategies that warrant further implementation and evaluation. Examples of such strategies include those that (a) have already been tested in at least one small business with encouraging results and/or (b) from a conceptual or theoretical perspective would seem to have favorable prospects for future success.

Small businesses need potent, yet simple and inexpensive strategies that focus on (a) organizational policies, (b) environmental health and safety, (c) employee lifestyle improvement, and (d) community collaboration. We contend that even an annual employee picnic can be health-promotive, given its potential to increase social cohesion and boost employee morale and commitment to the business. Similarly, modest investments to enhance the physical work environment, such as adding

Table 1
Small Business *Advantages* in Workplace Health Promotion

-
- Visible, accessible, and approachable top management
 - Manageable number of people to accommodate
 - Usually sufficient to run programs that are relatively easy to plan and implement
 - Small work environment to keep safe, clean, organized, and hazard free
 - Little time and money required for communicating with employees about health and safety issues
 - Easy to integrate and link health promotion objectives with business outcomes
 - Interdependency among employees
 - Supportive social environment conducive to group participation
 - High rates of employee participation
 - Visible employee health improvements, since most employees interact with each other on a regular basis
 - Simple, inexpensive data gathering for program evaluation
 - Large and locally accessible marketplace for community health agencies and organizations to direct their free and low-cost services
-

plants and modifying the ergonomics of work stations, could significantly influence employee health. The following programming strategies seem promising and theoretically relevant for small business owners and employees, as well as health promotion practitioners working with them:

Strategy #1: Modify **organizational policies** to (a) demonstrate management's commitment to the priority of employee health and (b) achieve outcomes that improve the "bottom line" of the business, such as decreased absenteeism and employee turnover, improved business productivity, and reduced workers' compensation and health care costs.

Empirically-Based Examples:

- Integrate health promotion goals with organizational policies and mission¹¹
- Use the expertise of local health professionals and community health educators, to build the core competencies of managers to facilitate in-house health promotion programs. Such competencies include: (1) the ability to recognize and serve the needs of an increasingly diverse workforce; (2) a basic awareness of the benefits and value of workplace health promotion and an understanding of what defines a comprehensive program; (3) the ability to design, implement, and evaluate multi-compo-

nent programs; and (4) the capacity to integrate low-cost community resources into programs¹⁹

- Increase knowledge about the health and safety regulations pertinent to the business
- Purchase turnkey program kits and step-by-step programming guides^{16,20,21}

Theoretically-Based Examples:

- Provide work release time for employees to participate in on-site and off-site programs
- Offer a combination of on-site and off-site programs, guided self-help, and an assortment of print and video materials to accommodate different work schedules, learning styles, and literacy levels

Strategy #2: Implement **environmental health and safety** strategies that enhance the social climate and physical environment of the workplace to (a) encourage involvement in health promotion activities and (b) achieve outcomes such as a less hazardous work setting and a morale-boosting atmosphere.

Empirically-Based Examples:

- Integrate lifestyle change programs with existing health protection and safety programs^{19,22,23}
- Modify the physical work environment to ergonomically fit jobs and work stations to employees

Theoretically-Based Examples:

- Establish an ongoing employee health and safety committee or, for very small businesses, designate an individual employee to be responsible for health and safety programs
- Display health and safety information and, as appropriate, supply plants, natural light, and a clean setting for work and breaks

Strategy #3: Offer **lifestyle improvement** programs and materials to help employees (a) modify their health behaviors and maintain a healthy lifestyle and (b) achieve outcomes such as improved overall health, enhanced quality of life, and resistance to illness.

Empirically-Based Examples:

- Help employees become educated health care consumers by providing them with culturally and linguistically appropriate self-care guides, thereby reducing unnecessary utilization of medical and emergency services²⁴
- Extend personal invitations to employees who rarely attend health and safety programs, and use personalized follow-up to keep participants engaged in healthy behaviors
- Utilize peer coaching and "buddy systems" to encourage and sustain positive health behaviors

Table 2
Small Business *Challenges* in Workplace Health Promotion

-
- Lack of time—workplace health promotion is often a low priority for management, as production schedules and cost issues take precedence
 - Overburdened by safety and health regulations and legislation
 - Poor financial support—lower profit margins limit funding for workplace health promotion
 - Rising employer health costs
 - Downsizing and shifts toward part-time, temporary, or contract workforce
 - Difficulty working programs around work shifts and production schedules
 - Employee turnover
 - Lack of formal departments and in-house experts responsible for workplace health promotion
 - Constrained by the group-size requirement (usually 50+ employees) of many health plan-sponsored workplace health promotion programs
 - Diversity and geographic dispersion of physical work settings such as offices, factories, warehouses, restaurants, schools, retail shops, vehicles, residences, satellite locations
 - Large percentage of workers with low socioeconomic status
 - Large percentage of employees without health insurance and employee benefits
 - Aging and ethnic diversification of the U.S. workforce
-

Theoretically-Based Examples:

- Include significant others and dependents in the lifestyle improvement process
- Address employees’ work and home life balance issues, including the specific needs of caregivers, parents, aging workers, disabled workers, and ethnically diverse employees

Strategy #4: Utilize free and low-cost **community resources** and partner with other businesses to (a) conduct joint programs and (b) achieve outcomes such as improved health and safety within the vicinity of the workplace.

Empirically-Based Examples:

- Utilize “virtual” forms of programming such as web-based health risk appraisals, e-mail newsletters and health tips, phone and e-mail health coaching, distance learning courses, and e-health physician consultation²⁵⁻²⁷
- Contract with local health promotion specialists to conduct preventive care services, health education, and referral to appropriate wellness activities or medical treatment^{28,29}

- Contact local universities to offer the business as a field study site for students who can plan, implement, and evaluate on-site programs³⁰
- Collaborate with other businesses, a local wellness council, or a local chamber of commerce to negotiate group discounts on products and services such as health insurance or on-site health screenings³¹⁻³⁴
- Partner with a mentor business that has an established workplace health promotion program³⁵

Theoretically-Based Examples:

- Contact public health and safety agencies and community-based organizations that provide free and low-cost screenings, educational materials, and guest speakers
- Access the Internet to find free and low-cost resources such as speakers bureaus, instructional materials, and community education schedules (see Table 3)

Although some of the strategies listed above are suitable for businesses of any size, some are clearly more practical for small businesses. In order to determine which programming strategies are especially suited to small businesses, we can differen-

tiate them based on criteria such as feasibility, amount of resources required, cost, formality, and sustainability of the strategy. For example, providing work release time for employees to participate in programs is an appropriate strategy for any size business, whereas small businesses might be less likely than large businesses to have health concepts integrated into their organizational policies or mission. Similarly, small businesses are less likely to utilize “virtual” programs available on the Internet, because a large percentage of their employees may not have access to computers and the Internet at work. In contrast, it may be easier for small versus large businesses to include significant others and dependents in the lifestyle improvement process and to partner with other businesses and agencies within the community to conduct health promotion programs. Overall, because their financial and time resources are in limited supply, the most appropriate strategies for small businesses include those that (1) integrate health promotion programs with their existing schedule of meetings and (2) utilize free and low-cost resources that are readily available from community health agencies.

Table 3
Internet Resources for Small Businesses

<p>AllBusiness.com— Champions of Small Business www.allbusiness.com</p> <p>Business Owners' Idea Café— Small Business Ideas, Grants, & Plans www.businessownersideacafe.com</p> <p>Canadian Centre on Substance Abuse www.ccsa.ca/ilolitre.htm</p> <p>Entrepreneur.com *search archived "Health Promotion" articles www.entrepreneur.com</p> <p>National Small Business United www.nsbu.org</p> <p>Partnership for Prevention www.prevent.org/publications.htm</p> <p>Small Business Resources http://smallbusinessresources.com</p> <p>U.S. Business Advisor: Workplace Issues *sponsored by U.S. Small Business Admin. www.business.gov</p> <p>Washington Business Group on Health www.wbgh.org</p> <p>Workz.com—Helping Small Businesses Grow and Prosper Online www.workz.com</p>	<p>BenefitMall.com— Employee Benefits for Small Business www.benefitmall.com</p> <p>BusinessWeek Online: Small Business www.businessweek.com/smallbiz/index.html</p> <p>ChamberBiz— The Ultimate Small Business Resource www.chamberbiz.com/</p> <p>Health Canada Online— Small Business Health Model www.hc-sc.gc.ca/hppb/ahi/workplace/pube/smallbusiness/healthmodel.htm</p> <p>The New York State Small Business Development Center www.smallbiz.suny.edu</p> <p>SmallBizSavings—The Online Purchasing Alliance for Small Business Buyers www.smallbizsavings.com</p> <p>University of California, Irvine Health Promotion Center www.healthpromotioncenter.uci.edu</p> <p>U.S. Chamber of Commerce www.uschamber.org</p> <p>Wellness Councils of America www.welcoa.org</p>
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Prime examples of these "small-business friendly" strategies include the formation of a company sports team or walking program, the organization of "healthy pot luck lunches" on a weekly or monthly basis, and leading brief stretching and movement breaks throughout the work day and during meetings.³⁶

Conclusion

Small businesses remain an untapped yet promising and strategic market for health promotion. This overview is meant to serve as a launching point for future health promotion research and practice to (a) develop new workplace health promotion training resources designed specifically for small businesses; and (b) continue expanding community resources and support networks for small business workplace

health promotion. It is essential that the field of health promotion continue tracking and documenting the prevalence and types of health programs, policies, and insurance plans offered by size of business in order to (a) evaluate the quality, health benefits, and cost-effectiveness of these programs; and (b) inform policy makers, program planners, and funding agencies about their relative efficacy. With these invaluable data, the field also can begin building a picture of health promotion in very small businesses, with fewer than 20 employees. These "micro" businesses comprise 89.3% of U.S. small businesses and provided over 77% of the 12 million net new jobs in the U.S. between 1992–1996—yet they have been the most underrepresented in workplace health promotion research and practice.^{37,38} In conclusion, it is important to note that health promo-

tion strategies, regardless of how well they are designed, can only be effective in a small business if the owner leads and supports the program and if there is at least one employee champion of the program to secure and maintain employee buy-in.

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Resources

Internet

- See Table 3.

Technical

- *Health Promotion: Sourcebook for Small Businesses* (1998)¹⁶
- *Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small* (2001), by the Partnership for Prevention (http://www.prevent.org/Winword/Healthy-Workforce_2010_pdf.pdf)
- *Managing Health Benefits in Small and Mid-Sized Organizations* (1999), by P Halo. (www.amacombooks.com)
- *Managing Health at Work: A Guide for Managers and Workplace Health Specialists* (1998), by C Wilkinson. (Routledge)
- *Manager's Guide to Workplace Wellness* (1998)²⁰
- *Promoting Employee Health: A Guide for Worksite Wellness* (1999), by RC Anderson. (American Society of Safety Engineers)
- *The Wellness Outreach at Work Program: A Step-by-step Guide* (1995), by JC Erfurt, A Foote, MA Heirich, and BM Brock [NIH Publication No. 95-3043]. (National Institutes of Health)
- *Workplace Wellness Program Kit Series* (2002)²¹

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Selected Abstracts

Assessment of occupational safety and health programs in small businesses.

Barbeau E, Roelofs C, Youngstrom R, Sorensen G, Stoddard A, LaMontagne AD.

BACKGROUND: Occupational safety and health (OSH) programs are a strategy for protecting workers' health, yet there are few peer-reviewed reports on methods for assessing them, or on the prevalent characteristics of OSH programs, especially in small businesses. **METHODS:** We adapted an occupational safety and health administration (OSHA) survey instrument to assess: management commitment and employee participation, workplace analysis, hazard prevention and control, and education and training. This was supplemented by a series of open-ended questions. We administered the survey in 25 small worksites. **RESULTS:** Scores for each element ranged widely, with distribution of most scores being positively skewed. Barriers to addressing OSH included lack of time and in-house expertise, and production pressures. External agents, including corporate parents, liability insurers, and OSHA, played an important role in motivating OSH programs. **CONCLUSIONS:** Small businesses were able to mount comprehensive programs, however, they may rely on outside resources for this task. Being small may not be a barrier to meeting the requirements of an OSHA program management rule.

Am J Ind Med. 2004 Apr;45(4):371-9.

Small firms' demand for health insurance: the decision to offer insurance.

Hadley J, Reschovsky JD.

This paper explores the decisions by small business establishments (< 100 workers) to offer health insurance. We estimate a theoretically derived model of establishments' demand for insurance using nationally representative data from the 1997 Robert Wood Johnson Foundation Employer Health Insurance Survey and other sources. Findings show that offer decisions reflect worker demand, labor market conditions, and establishments' costs of providing coverage. Premiums have a moderate effect on

offer decisions (elasticity = -.54), though very small establishments and those employing low-wage workers are more responsive. This suggests that premium subsidies to employers would be an inefficient means of increasing insurance coverage. Greater availability of public insurance and safety net care has a small negative effect on offer decisions.

Inquiry. 2002 Summer;39(2):118-37

Health promotion programme in the private workplaces in Singapore: a prevalence survey.

Chew L, Cheah C, Koh YH.

A postal survey was conducted in 4,479 private companies with at least 50 employees in 1998 to determine the prevalence and the scope of workplace health promotion programme in these companies in Singapore. The self-administered questionnaire mailed to the study population covered five areas viz, organisational details, workplace health policies, health promotion and related activities, workplace health facilities and the source of assistance for the programme. The overall response was 49.5%. Parkinson's definition of workplace health promotion was used in the analysis to determine the prevalence of the programme. The data was collated on DBase IV and analysed using SPSS computer programmes. About one third of the respondents covering an estimated 26% of the private sector workforce had a comprehensive workplace health promotion programme as defined by Parkinson. This prevalence was a function of workforce size and industry type. Workplaces with larger workforce size ($p < 0.001$) and those from the manufacturing and human/health service sectors ($p < 0.001$) were more likely to have such programmes compared to their smaller counterparts and other industries respectively. The management remained the main driver behind these programmes. Many of the programmes were centred around health promoting policies and facilities with emphasis on occupational health, safety and smoking issues. A significant proportion of workplaces surveyed had in place a comprehensive workplace health promotion programme. However, more could still be done to encourage its uptake such as training for facilitators, consultation, grant provision etc.

Small workplaces remained an untapped market for such programmes.

Singapore Med J. 2002 Jan;43(1):018-24.

Surveillance of safety and health programs and needs in small U.S. businesses.

Lentz TJ, Sieber WK, Jones JH, Piacitelli GM, Callett LR.

This article provides an overview and assessment of the prevalence of safety and health programs and their related needs in a national sample of small U.S. businesses. The intention is to provide researchers, business leaders and policy makers with a perspective for viewing the health related aspects of small business environments.

Appl Occup Environ Hyg. 2001 Nov;16(11):1016-21.

Health promotion programs in small worksites: results of a national survey.

Wilson MG, DeJoy DM, Jorgensen CM, Crump CJ.

PURPOSE: This study documents the prevalence of workplace health promotion activities at small worksites with 15 to 99 employees. **DESIGN:** A random sample of U.S. worksites stratified by size and industry ($n = 3628$) was drawn using American Business Lists. **MEASURES:** Each worksite was surveyed using a computer-assisted telephone interview system to document activities related to health promotion and related programs, worksite policies regarding health and safety, health insurance, and philanthropic activities. **SUBJECTS:** Participation varied by industry and size, with an overall response rate for eligible worksites of 78% for a total sample of 2680 worksites. **DATA ANALYSIS:** Data were analyzed using SUDAAN statistical software. **RESULTS:** Approximately 25% of worksites with 15 to 99 employees offered health promotion programs to their employees, compared with 44% of worksites with 100+ employees. As with the larger worksites, the most common programs for worksites with 15 to 99 employees were those related to occupational safety and health,

back injury prevention, and CPR. The majority of worksites in both size categories had alcohol, illegal drug, smoking, and occupant protection policies. The majority of both small and large worksites also offered group health insurance to their employees (92% and 98%, respectively), with many of the worksites also extending benefits to family members and dependents (approximately 80% for both business sizes). **CONCLUSIONS:** The results indicated that small worksites are providing programs to their employees, with a primary focus on job-related hazards. Small worksites also have formal policies regarding alcohol, drug use, smoking, and seatbelt use and offer health insurance to their employees at a rate only slightly lower than that of large worksites.

Am J Health Promot. 1999 Jul-Aug;13(6):358-65.

Status of health promotion programme implementation in small-scale enterprises in Japan.

Muto T, Hsieh SD, Sakurai Y.

This study was conducted to determine the status of the implementation of health promotion programmes (HPPs) in Japanese small-scale enterprises (SSEs). A survey was conducted in 1996 using a questionnaire mailed to all the member construction companies ($n = 772$) of a health insurance society, and a response rate of 84% was obtained. Health examination was most frequently conducted (90%), followed by exercise/fitness programmes (17%), smoking measures (12%), health guidance (11%) and nutrition education (6%). Mental health programmes and the government-advocated Total Health Promotion Plan (THP) were implemented at less than 2% of SSEs. The implementation rates for these programmes, except for smoking measures and the THP, were higher at large enterprises than at SSEs. The employment rate for occupational physicians (OPs) was 9% and 49% at SSEs and large enterprises, respectively. The activity most frequently conducted by OPs was health examination, followed by curative services and health education. Advising employees to undergo re-examination or more valid examination after the annual health examination was most frequently conducted by non-health professionals.

Occup Med (Lond). 1999 Feb;49(2):65-70.

Preferred components of an occupational health service for small industry in New Zealand: health protection or health promotion?

Dryson E.

Two hundred workers in small industry in New Zealand completed an interviewer-administered questionnaire about worksite occupational health services. The majority (71%) saw a need for these. Only 15% considered that they should include general health advice. The component with the highest approval was specialist referrals (95%), followed by biological monitoring (80%), occupational health education (77%), local environmental issues (77%) and workplace environmental monitoring (74%). General health education and health promotion ranked lowest at 65% and 55%, respectively. There was no difference between occupational groups except for general health education ($P = 0.003$), which the administrative group rated lower (41%) than the other groups did (66-83%). The most favoured single component in a protection/prevention service was biological monitoring (42%), and the most favoured component in a service dealing with non-work-related issues was local environmental issues (37%), with counselling and lifestyle issues the least favoured (9% each). There were statistically significant differences ($P = 0.03$) between occupational groups for non-work-related services. The results of the survey suggest that there is little demand for health promotion activities but good support for a protection/prevention service in small industry.

Occup Med (Lond). 1995 Feb;45(1):31-4.

The challenge of marketing wellness programs to small versus large firm employees.

Andrus DM, Paul R.

The authors extend prior research by examining employee attitudes towards wellness programs among thirty-eight large and small companies in five states. Program

components that were considered to be most desirable by workers at different sized companies are identified in a series of regression models. The results indicate that different sized firms can emphasize general wellness and aerobic exercise programs during the design phase of employee wellness programs. However, employees at large companies were more interested in early detection programs than small firm employees.

Health Mark Q. 1995;13(1):87-103.

Cigarette smoking control strategies of firms with small work forces in two Northeastern States.

Flynn BS, Gurdon MA, Secker-Walker RH.

PURPOSE. Cigarette smoking control strategies of firms with small work forces were assessed and compared with those of larger firms. **DESIGN.** A cross-sectional telephone survey was conducted in 1990 among private employers systematically selected from a proprietary database. **SETTING.** These firms were located in four counties of two northeastern states. **SUBJECTS.** Interviews were conducted with managers of 470 small ($< \text{or} = 25$ employees; $n = 262$), medium (26-50; $n = 87$), and larger (> 50 ; $n = 121$) firms. **MEASURES.** Interviews assessed characteristics of the firms and their cigarette smoking policies and cessation programs. **RESULTS.** Small firms differed from larger firms in several areas. They were less likely to have written policies, used fewer methods to communicate their policies, and their policies were consistently less restrictive. Small firms also offered less assistance to employees who wished to quit. **CONCLUSIONS.** The less restrictive smoking policies reported here may be relatively ineffective in protecting nonsmokers in small firms. Small firms may encounter difficulties introducing more restrictive smoking policies because of the relative closeness of employee relations, smaller work spaces, and inability to deliver smoking cessation services to employees. Methods should be developed to assist managers of smaller firms to implement stronger smoking policies and to devise ways of making cessation assistance more easily available to their employees.

Am J Health Promot. 1995 Jan-Feb;9(3):202-9, 219.

#Closing Thoughts

Larry S. Chapman, MPH



Our four guest authors have provided an excellent overview of the major issues involved in delivering health promotion to small employers and small

worksites. Their judicious view of the empirical and theoretically possible programming strategies offers very relevant considerations for those who seek to serve this particular sector of the employer community. The abstracts from Japan and New Zealand highlight that fact that this challenge is not limited to the American workplace; it is a global challenge.

Also in support of the authors' main contention, approximately 56% of the U.S. labor force works for employers with fewer than 100 employees. (National Data Book, 2003¹). In addition a sizable proportion of employees that work for larger employers do so in worksites that approximate the size of small employers. These remotely located, small pockets of employees of medium, large and very large organizations offer programming challenge that are remarkably similar to those of small employers. Obviously for any society-wide health promotion effort, we must find programming methods and strategies that are practical and effective for individuals that work in small worksite settings.

However, it's also important to remember that the challenges of serving small worksites are also very similar to those associated with serving all the individual members of a given community. For the non work-

ing populations, they are frequently located in remote and living space related locations rather than remote and small worksites. This is particularly true with the trend toward self-employment and working out of one's home. Approximately 80% of the members in a typical community are either employees, family members of an employee, retirees or family members of a retiree or currently unemployed and looking for a job. (National Data Book, 2003¹). Therefore, the methods we use to effectively serve small businesses, and particularly *very* small business, those with fewer than 10 employees, are likely to be methods that will also allow us to serve virtually everyone in a given community.

Health Promotion at Bill's Auto Repair

In attempting to think "out of the box," in regard to how we deliver health promotion to the small worksite, let's take a look at the characteristics of an "ideal" health promotion program for a fictional small employer. Let's start with a pretty common fixture in most communities, an auto repair business. Bill's Auto Repair shop employs four full time workers in addition to the 62 year old, owner who is still recovering from coronary bypass surgery, whose name is amazingly enough, . . . Bill. Tom is the senior mechanic, 52 years of age, married, kids grown, slightly overweight, lifetime one pack a day smoker, with periodic bouts of elevated blood pressure and a worsening chronic bronchitis. Evan is the mechanic in training, a 32 year old, ex-military, past high school athlete with a young family that is beginning to experience periodic knee pain from an old football injury. Sean is the general helper and works

mostly at Bill's direction during work hours; a 22 year old, single, high school drop out with severe allergies and sporadic debilitating migraines. Finally, the front desk person is Evelyn, a 43 year old single parent with two middle school boys who does the accounting, scheduling and phone work. Evelyn was recently diagnosed with latent onset diabetes and has been struggling with her weight, food issues and lack of exercise for years.

Using the framework that our four authors presented earlier, the following is an "ideal" health promotion approach for Bill's Auto Repair.

Organizational Policies

□ Since Bill owns "Bill's Auto Repair" he established the previous year a set of general policies that support regular breaks, a separate area for breaks, the value of good health, alcohol and drug issues, all applicable state and national workplace safety policies and a "no smoking on the premises" policies.

□ Bill also offers his employees a health benefit program, but the most recent health plan renewal for their pretty traditional health benefit plan just came in with a 26% increase and in talking with the health plan's employer account rep he found out that there is a new program offered by the health plan that includes a variety of interesting features. After talking with his employees, Bill decided to move to the new plan offered by his insurer. The new plan includes the following features:

□ Beginning January 1, each employee is provided with a Health Savings Account (HSA) and a high deductible health plan. The deductible for Sean is \$1,000 and everyone

else with family coverage has a \$2,000 deductible.

- Each employee pays \$225 a month for the high deductible health plan.

- Bill provides \$750 per employee a year for each person's HSA divided into 12 equal amounts at the time of their monthly pay check.

- The health plan has a generous preventive medical benefit that is 100% paid by the health plan.

- Each employee is able to use pre-tax dollars to make additional deposits into their HSA up to the federal maximum contribution amount.

- Bill's cost for the new health plan is approximately 11% lower than their previous health plan even with all the new account contributions.

Environmental Health and Safety

- Bill knows how important a clean workplace, safe treatment of materials and fluids, and injury prevention is for his employees and has implemented a number of changes.

- Even though the repair shop is very small, Bill has asked each employee their ideas about what could be done to make the workplace safer.

- Once a month Evelyn reminds Bill to have lunch brought in for employees and a staff meeting is held to discuss general work issues with periodic discussion on safety and wellness issues.

- Some materials on home, vehicular and recreational safety are also provided periodically during the year by the shop's health plan.

- Additionally, Bill also received a "Wellness Tool Kit" for small business in the mail from their health plan that contains several small posters on health issues, a couple of medical self-care books, a first aid kit, and some suggestions about how to lay out walking trails, what training programs are available at a central location and some suggestions about injury prevention and health protection.

Employee Lifestyle Improvement

- As part of the health plan coverage requirements, each employee and their spouse must complete a 64 question health risk assessment at the beginning of each benefit year. If an employee refuses to do so then they do not receive any employer contribution into their HSA.

- At the start of the program each employee receives a kit at home that contains the paper HRA for themselves and their spouse, a Business Reply Return Envelope for returning the completed HRA(s), a medical self-care book, a copy of the 8 page wellness newsletter that will begin arriving monthly at their home the following month, an 18 page self-directed change guide for the specific health behavior that fits the appropriate level of readiness indicated in the individual's HRA. Bill, and Evelyn received one on physical activity; Tom one on high blood pressure control, Sean one on stress management, and Evan, one on flexibility and strength training. Each of them also received a refrigerator magnet with the number of a 24/7 health advice and Employee Assistance, and a cover letter with instructions on how to access a web-based health management website. The website has highly interactive behavior change modules that can be used at any time and a diary that can be used to keep track of physical activity, food consumption, relaxation, quiet time and progress toward personal wellness objectives.

- When each employee (and their spouse) has completed their HRA and returned it to the insurer in a self-addressed Business Reply Envelope they receive a personalized 24 page health report within 7 days that highlights their health issues and lays out a variety of recommendations for health improvement. Also on the back two pages of their personal report there is information designed for the individual's primary care physician and they are encouraged to take it with them on their next visit to their doctor.

- Bill, Tom and Evelyn, because of the information provided in their HRA, are all contacted by a health educator at home on a week night within ten days of receiving their personal report, to follow-up on some of their major health risks. Each establishes a different sequence of follow-up coaching calls and a set of personal health improvement goals. Bill is working on some dietary changes leading to healthy eating and an exercise program. Tom's goals include having his doctor prescribe blood pressure medication, beginning to reduce the number of cigarettes he smokes each day and starting some morning stretching. Evelyn's goals include using the website to do more nutritious meal planning for her and the boys and to start a walking program to help with her diabetes.

- In the third month of the new program, each of Bill's employees received a letter with information on a new wellness incentive program that will be introduced at the time of the completion of the next HRA in November. Each employee who meets any eight out of ten of the following wellness criteria receives a \$300 annual discount on the premium on their high deductible health plan. This means that they go from \$225 a month premium contribution level to \$200. The actual cost of the health promotion program is \$340 per employee per year and it is rolled into the premium Bill pays for the health plan for his employees.

- The wellness criteria include:

- #1 No tobacco use in the previous 6 months *or* completion of an approved smoking cessation program during the same time period.

- #2 Body Mass Index (BMI) in a healthy range for age and gender *or* participation in an approved weight management program.

- #3 Completion of the 2 hour "Health Challenge" consumer training workshop offered by the shop's health plan *or* completion of the "Health Challenge" Webinar on the health plan's website.

#4 A minimum average of two times a week use of a fitness facility or completion of a web-based activity diary for the previous 6 months.

#5 Completion of the recommended preventive screening from the previous HRA or obtaining an authorized statement from a personal physician confirming that preventive screenings are up-to-date or completed.

#6 Participation in at least one community wellness event. (i.e., walking event, fund raising event, fun run or educational seminar on a wellness topics)

#7 Agreement to wear a seat belt 100% of time the individual is in a motor vehicle for the coming year.

#8 Use of the medical self-care text at least twice since January 1.

#9 Personal medical expenses (for the employee only and not including any preventive services claims cost) of less than \$250 since January 1.

#10 No work loss time due to an injury since January 1.

Community Collaboration

The local town where the repair shop is located recently completed a sidewalk expansion program that has doubled the number of miles of sidewalks in the community. Also the local hospital conducts a quarterly community fitness event that Bill has provided a financial contribution to support. Also the City government provides an annual recognition award for businesses that conduct wellness programs with a small business category that covers employers

with fewer than 10 employees. Bill's will be receiving recognition and an award for their health promotion activities within the small worksite category.

Epilogue

At the end of the first year of the new program offered by their health plan, Bill had dropped 13 pounds and was feeling much better due to some dietary changes and a regular walking program with his wife. Tom has started a regular fitness program and is feeling better and has shifted to smoking a pipe rather than cigarettes. Tom also has experienced a decline in episodes of bronchitis and is considering ending tobacco use on his next birthday. Evan has started a weight training program and is getting some physical therapy for his knee pain. He has recently gotten married and his wife really enjoys the wellness newsletters and the website healthy recipe planner. Sean has found out how to lessen the severity of his allergies and migraines by taking some proactive self-care steps from the medical self-care book that was distributed with the initial kit. Evelyn has developed a more disciplined exercise and dietary plan and is finding her diabetes symptoms residing and her weight is moving slowly toward her desired goal.

The first year Bill, Tom and Evelyn each met eight out of ten of the wellness criteria and received a \$300 per year discount off their premium contribution. Sean and Evan each met six and seven criteria and received a \$50 "Nice-Try" merchandise coupon to Home Depot and are planning how to meet the minimum

number of eight criteria for next year. All the employees of Bill's appreciate the way the program's have improved the quality of their lives and are looking forward to the next year's health promotion efforts.

This scenario for health promotion in a small worksite has the potential to be applied to large organizations as well as individuals living just about anywhere as long as we know their name, their mailing address, their home phone number and possibly their email address. It also helps enormously if they are connected to or can utilize web-based information sources.

The scenario for Bill's Auto Repair may seem far-fetched, but all of these health promotion activities are happening right now in our communities, they just have not been brought together. As our vision for how to deliver health promotion to small worksite evolves, we will likely find that what seemed like "science fiction" at one point in history often becomes "science fact" in another.

^a The North American Industry Classification System (NAICS), replaced the U.S. Standard Industrial Classification (SIC) system (effective 2/22/02). NAICS was developed jointly by the U.S., Canada, and Mexico to provide new comparability in statistics about business activity across North America. The NAICS definition of small business is based more on annual profits than number of employees.

Reference

1. US Government. *National Data Book: 2003*. Washington, DC: Government Printing Office; 2003.