

Worksite Wellness Initiatives in State Public Health Agencies: Arkansas Implements Healthy Employee Lifestyle Program

The Arkansas Department of Health launched a comprehensive worksite wellness program intervention supported by policy that rewards regular exercise, good nutrition, and other healthy lifestyle choices.

The [Arkansas Healthy Employee Lifestyle Program \(AHELP\)](#) currently promotes healthy living in over 23,000 employee participants. Launched in 2007, AHELP's mission is to create a worksite culture that supports healthy lifestyle choices, with the goal of increasing the number of participants who: (1) are at a healthy weight, (2) choose healthy food options, (3) participate in regular physical activity, (4) obtain annual age-appropriate doctor-recommended screenings, and (5) reduce or quit their use of tobacco products. AHELP is managed by the worksite wellness section (WWS), which is housed in Arkansas Department of Health's (ADH) chronic disease branch. WWS offers participating agencies and wellness coordinators technical assistance, training, site visits, and continued support. Importantly, the passing of legislation permitted the development of one particularly unique program component, a web-based behavior tracking program, which allows employees to be compensated for healthy behavior through paid time off. Additionally, two policies have been implemented, including the [Healthy Choices at Official Events \(HCOE\) policy](#) and the [Health and Sustainability Guidelines for Federal Concessions and Vending Operations](#).

Following Governor Huckabee's request that ADH serve as a role model in the state in 2004, various agencies came together to form a wellness committee. The support and strong partnerships with CDC, Arkansas Center for Health Improvement, Arkansas Department of Finance and Administration's Employee Benefits Division, Arkansas Administrative Statewide Information System Service Center, American Cancer Society, American Heart Association, Arkansas Blue Cross and Blue Shield, and many internal agency partners, permitted the development and execution of AHELP.

Steps Taken:

Several steps were taken to develop and implement AHELP. First, a wellness committee was formed to create and pilot the AHELP intervention for state agencies. Then, in 2005, Arkansas State Sen. Linda Chesterfield passed Act 724, which allows for (1) incentives for the improvement of state employee health, (2) leave for state employees who participate in the health employee program, and (3) walking areas for the state agency facilities establishing AHELP. Additionally, ADH received a grant from CDC and designed a web-based behavior tracking tool, which permits employees to receive paid time off for healthy behaviors. CDC also provided technical assistance in social marketing, using evidence-based worksite wellness strategies and evaluation with resources provided by [The Guide to Community](#)

- In 2012, 66.3 percent of adults in Arkansas were overweight with a BMI of 25 or greater and 30.1 percent were obese with a BMI of 30 or greater.¹
- AHELP pilot intervention assessment revealed that 26.2 percent of participants ate three or more servings of vegetables per day, compared to 13.6 percent at the beginning of the pilot.²
- Among AHELP participants, 17.3 percent ate three or more fruits per day, compared to 10.8 percent at the beginning of the pilot.²

[Preventative Services](#) to create AHELP. The one-year AHELP pilot intervention launched in February 2005 and consisted of three main approaches including:

1. Administration of a confidential health risk assessment (HRA) to provide employees with wellness reports on how to improve their health.
2. Rewarding healthy behaviors with points redeemable for incentives such as t-shirts, water bottles, and up to three days of paid leave.
3. Providing health education and peer support.

For an employee to enroll, they must complete a HRA, which evaluates diet, physical activity, other health risk factors, and readiness to make behavioral changes to participate in AHELP. WWS ensures the HRA is confidential because information sharing with employers and insurance companies often discourages participation. Following, the employee is encouraged to make positive health changes and report behavior using the web-based reporting system. This system allows employees to accumulate points, which they may use to take paid time off or receive other prizes.

The pilot intervention demonstrated positive behavioral change among 10,000 ADH and Arkansas Department of Human Services employees in 2006, which promoted the adoption of the program across Arkansas. WWS provides technical assistance to participating state agencies, boards, and commissions, and assists in helping to identify and train a worksite wellness coordinator or committee within that agency. Currently, WWS works closely with 80-100 coordinators, from 31 agencies and 300 worksite locations, to assist with various program activities including the HRA, educational opportunities, and various wellness events (e.g. team competitions). For instance, employees may participate in events including [Komen Race for the Cure](#), [Heart Walk](#), [Fight for Air Climb](#), [Maintain Don't Gain Holiday Challenge](#), and [Blue and You Fitness Challenge](#) to earn points.

Additionally, AHELP has nutrition and physical activity components including healthy food options at catered events, in vending machines, and at snack bars, as well as the integration of walking trails. WWS encourages the implementation of the HCOE policy to promote employee health. In 2014, the WWS began working with state agencies to promote the Health and Sustainability Guidelines for Federal Concessions and Vending Operations, which is based on the *Dietary Guidelines for Americans*. The goal of these guidelines is to assist contractors in increasing the offering of healthier and sustainable food and beverage choices. WWS provides technical support to participating agencies to secure nutritional policies, while the Arkansas Department of Human Services trains vendors on implementing the vending operations policy.

Information sharing has largely contributed to the growth of this multi-faceted program. WWS maintains an online message board for participating agencies and sends email blasts to disseminate

AHELP Keys to Success

- Having legislation and policies (e.g. healthy catering and vending) in place to support healthy lifestyles for state employees.
- Providing technical assistance and support to worksite wellness coordinators in each state agency.
- Development of web-based app to help employees track healthy lifestyle behaviors.
- Providing peer-to-peer support through online message boards and quarterly meetings.
- Marketing evidence-based worksite wellness strategies to employees through social media and providing incentives for participation, including paid time off.

notices regarding AHELP events and other information. The program has generated several online resources including a worksite wellness [toolkit](#) and [director's packet](#). Additionally, WWS has developed a mobile app based on the CDC Health ScoreCard assessment tool. The app helps identify gaps in organizations' wellness intervention, including nutrition. This is used as an assessment tool for new and current participating AHELP agencies on an annual basis. The WWS assists with these gaps through technical assistance by implementing policy, environmental, and systems changes. The AHELP web-based tracking system allows participants to track their healthy behaviors, including fruit and vegetable intake, and educates participants on healthy eating through nutrition-focused webinars. Coordinators hold quarterly meetings to discuss best practices, evidence-based methods, and technical assistance, which facilitates program implementation. Facebook is also being used to disseminate information to interested individuals. These tools and strategies have helped grow the program from 7,000 employees in 2007 to 23,000 employees in 2013.

- The *Dietary Guidelines for Americans* recommends four to five servings of both fruits and vegetables per day (or two cups of fruit and 2.5 cups of vegetables for a 2,000 calorie diet).
- The goal is to make half your plate fruits and vegetables.

Results:

- The one-year [AHELP pilot intervention](#) (2005-2006) revealed that 26.2 percent of participants ate three or more servings of vegetables per day, compared to 13.6 percent at the beginning of the pilot. Furthermore, 17.3 percent of participants ate three or more fruits per day, compared to 10.8 percent at the beginning of the pilot. These results indicate that a web-based worksite wellness incentive program may improve dietary behaviors among working adults.
- The [2013 AHELP Evaluation Report](#) is an assessment of healthy behaviors and outcomes through HRAs self-reported by 2,174 ADH employees from 2010-2013. The report indicates that healthy food consumption for fruits (28%), vegetables (31%), grains (33%), dairy (35%), and high quality protein (39%) were in the range of five to seven times per week for most employees who participated in the HRA. Consumption of processed meats (69%), fried foods (70%), fats (68%), sweets and desserts (68%) averaged one to four times per week for a majority of employees. Most employees reported engaging in moderate-intensity aerobic activity two to three days per week (29.1%), with 27.9 percent reporting four to five days per week and 20.3 percent reporting up to six to seven days per week.
- The 2013 report also indicates that most employees self-report that they do not use cigarettes (67.6%) and do not have alcohol use problems (97.2%). Additionally, the average systolic blood pressure (122 mmHg) and total cholesterol (205.3 mg/dl) for employees who participated in the HRA were higher than normal. The average level of high-density lipoprotein (HDL) cholesterol (44.5 mg/dl) was lower than recommended while the average random blood glucose level (100.2 mg/dl) and diastolic blood pressure (79 mmHg) were in the normal range. Average body mass index (30.2) for both genders was in the obese range.

Lessons Learned:

Although the AHELP program has documented some improved health behaviors (e.g., increased consumption of healthy foods, decreased consumption of not-so-healthy foods, and increased engagement in moderate-intensity aerobic activity), employee use of the system has been a challenge. There have been issues with participants not completing an HRA and logging points in the web-based reporting system, while others are entering points that have not been earned. To address these issues, ADH has been working to fix the computer system so that employees must complete the HRA first. In addition, ADH is adding more accountability measures to supplement the self-reported HRA data. For example, some state agencies are conducting biometric screenings (blood pressure, body fat percentage, BMI, weight circumference, blood glucose levels, etc.) annually. This has been done through on-site screenings from local universities and hospital outreach programs. Immediately after the screenings the employee enters their data into the HRA for more accurate data entry and to increase employee completion of the HRA. By resolving these issues with the web-based system, ADH hopes to have more measurable data on the health benefits of the program.

Initially, AHELP did not provide information for employees to seek advice or counseling on various health risks. While HRA feedback displays an individual's overall wellness score, a summary assessment of risk in several categories, and a personal goal diary, it does not offer specific steps to address health risks. Due to HRA information being confidential, AHELP administrators have utilized the state's employee assistance program (EAP) to assist in providing individual guidance and feedback on health improvements and behaviors. EAP has linked employees to receive counseling from certified wellness coaches for tobacco cessation, weight management, stress reduction, healthy eating, diabetes prevention, and other individualized assistance.

Supportive leadership within ADH was vital to the adoption and success of AHELP and the healthy foods policies. Healthy behavior changes are unlikely if worksite wellness coordinators are not actively promoting AHELP, or administrators are not ensuring policies are being followed by employees in all internal departments. WWS is working with agencies to ensure specific duties of the worksite wellness coordinator are included in job descriptions so the role is effectively served. In addition, WWS is also working to ensure that vendor policies exercise more control over what is served at catered employee events, so that success is easier to track through vendor contracts.

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References

1. CDC. "Arkansas State Nutrition, Physical Activity, and Obesity Profile." *Overweight and Obesity*. September 2012. Available at <http://www.cdc.gov/obesity/stateprograms/fundedstates/pdf/arkansas-state-profile.pdf>. Accessed 11-12-2014.
2. Perez AP, Phillips M, Cornell C, Mays G, Adams B. "Promoting Dietary Change Among State Health Employees in Arkansas Through a Worksite Wellness Program: The Healthy Employee Lifestyle Program (HELP)." Available at http://www.cdc.gov/pcd/issues/2009/oct/08_0136.htm. Accessed 11-12-2014.