

Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing

Organizational Culture and Leadership

1. Effective programs thrive in organizations with what has been called a “**Human Centered Culture.**” These workplaces have policies and program elements that encourage active worker participation, input, and involvement. A Human Centered Culture is built on trust, not fear.
2. **Leadership commitment to worker health and safety**, reflected in words and actions, is critical. The connection of workforce health and safety to the core products, services and values of the company should be acknowledged by leaders and communicated widely. In some notable examples, corporate Boards of Directors have recognized the value of workforce health and wellbeing and made it a key operating principle for which organization leaders are held accountable.
3. **Mid-level management engagement.** Supervisors and managers at all levels are involved in promoting health-supportive programs. They are the key to integrating, motivating and communicating with employees. Mechanisms are also important that ensure that employees are not just recipients of services but have opportunities to contribute to program design and implementation.

Program Design

4. **Integrate systems.** Program design involves an initial inventory and evaluation of existing programs and policies relevant to health and wellbeing and a determination of their potential connections. In general, better integrated systems perform more effectively. The first step should be to integrate the often separately managed programs (health promotion and wellness, disease management, disability management, risk management, employee assistance and behavioral health, and health/sickness insurance) into a comprehensive health-focused system. This system should then be coordinated or integrated with an overall health and safety management system. Programs should reflect a comprehensive view of health: behavioral health/mental health/physical health/spiritual health are all part of total health. No single vendor offers programs that fully address all of these dimensions of health. Therefore, it is important to meet the challenge of integrating data systems across vendors and with internal data systems.
5. **Establish clear principles** to guide program design and resource allocation. Adopt accountability systems to reflect these principles. Prevention is more efficient and effective than treatment. Changes in the work environment (such as reduction in toxic exposures or improvement

- in work station design and flexibility) affecting all workers pay greater dividends than relying solely on individually focused change strategies that must be embraced by each affected individual to succeed.
6. The overall **work experience is central** to successful worksite programs. Willingness to engage in worksite health-directed programs may depend on perceptions of whether the work environment is truly health-supportive. Individual interventions can be linked to specific work experience. Change the physical and organizational work environment to align with health goals. For example, blue collar workers who smoke are more likely to quit and stay quit after a worksite tobacco cessation program if workplace dusts, fumes, and vapors are controlled and workplace smoking policies are in place.
 7. **Tailor programs to the specific workplace** and the diverse needs of workers. Workplaces vary in size, sector, product, design, location, health and safety experience, resources, and worker characteristics such as age, training, education, cultural background, and health practices. Successful programs recognize this diversity and are designed to meet the needs of both individuals and the enterprise. Effective programs are responsive and attractive to a diverse workforce. One size does not fit all—flexibility is necessary. Successful programs are inclusive and recognize and address disparities and diversity.
 8. **Consider incentives and rewards** in program design. Incentives and rewards for individual program participation may encourage engagement, although poorly designed incentives may create a sense of “winners” and “losers” and have unintended adverse consequences. Vendors’ contracts should have incentives and rewards included for progress toward program objectives and should focus on outcomes that are important to the enterprise and under the vendor’s control.
 9. **Find and use the right tools.** For example, a Health Risk Appraisal instrument that assesses both individual and work-environment health risk factors can help establish baseline workforce health information, direct environmental and individual interventions, and measure progress over time. Evidence-based approaches are optimal.
 10. **Recognition of complexity.** Successful programs reflect an understanding that the interrelationships between work and health are complex. New workplace programs and policies modify complex systems. Uncertainty is inevitable; consequences of change may be unforeseen. Interventions in one part of a complex system are likely to have predictable and unpredictable effects elsewhere. Failure is common. Programs must be evaluated to detect unanticipated effects and adjusted based on analysis of experience.
 11. Program design to assure **sustainability** is critical. Short-term approaches have short-term value. Sustainability is best achieved if the programs are aligned with the core product/values of the enterprise. There should be sufficient flexibility to assure responsiveness to changing workforce and market conditions.

12. Ensure **confidentiality**. Be sure that the program meets regulatory requirements (e.g., HIPAA, State Law, ADA) and that the communication to employees is clear and concise on this issue.

Program Implementation and Resources

13. **Be willing to start small, scale up.** Although the overall program design should be comprehensive, starting with modest targets is often beneficial if they are recognized as first steps in a broader program. For example, target reduction in injury rates or absence. Consider phased implementation of these elements if adoption at one time is not feasible. Use (and evaluate) pilot efforts before scaling up. Be willing to abandon pilot projects that fail.
14. **Staffing.** Identify and engage appropriately trained and motivated staff. Select qualified vendors.
15. **Resources.** Allocate sufficient resources, including staff, space, and time, to achieve the results you seek. Direct and focus resources strategically, reflecting the principles embodied in program design.
16. **Communication.** Effective multi-channel communication to all stakeholders is essential. The messages and means of delivery should be tailored and targeted to the group or individual and consistently reflect the values and direction of the programs. Communicate early and often, but also have a long-term communication strategy.
17. Build **accountability** at all levels into program implementation. Accountability reflects leadership commitment to improved programs and outcomes and should cascade through an organization starting at the highest levels of leadership.

Program evaluation

18. **Measurement.** Develop objectives and a selective menu of *relevant* measurements, recognizing that the total value of a program, particularly one designed to abate chronic diseases, may not be determinable in the short run. Integrate data systems across programs and among vendors. Integrated systems simplify the evaluation system and enable both tracking of results and continual program improvement.
19. **Establish feedback loops.** Adjust or modify programs based on established milestones and feedback from analyzed experience.
20. **Report on progress.** Provide periodic updates to the organizational leadership and workforce. Maintain program visibility at the highest level of the organization through data-driven reports that allow for a linkage to program resource allocations.