

## Worksite Wellness Initiatives in State Public Health Agencies: Arkansas Implements a 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 goals 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 the Arkansas Department of Health's (ADH) Chronic Disease Branch. WWS provides participating agencies and wellness coordinators with 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 for employees to be compensated for healthy behavior through paid time off. Additionally, two policies are being 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 the wellness committee. The support and strong partnerships with CDC, the Arkansas Center for Health Improvement, the Arkansas Department of Finance and Administration's Employee Benefits Division, the Arkansas Administrative Statewide Information System Service Center, Corphealth Inc., the American Cancer Society, the 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 that permitted the development and implementation of AHELP. First, the wellness committee 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 the web-based behavior tracking tool, permitting 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

- According to CDC, in 2012, 66.3 percent of adults in Alabama were overweight with a BMI of 25 or greater and 30.1 percent were obese with a BMI of 30 or greater.<sup>1</sup>
- 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.<sup>2</sup>
- Among AHELP participants, 17.3 percent ate three or more fruits per day, compared to 10.8 percent at the beginning of the pilot.<sup>2</sup>

provided by [The Guide to Community Preventative Services](#) to create AHELP. The AHELP pilot intervention launched in February 2005 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.

First, the employee 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 promoting the adoption of the program across Arkansas. WWS also provides technical assistance to participating state agencies, boards, and commissions. WWS 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 assisting 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.

AHELP also includes nutrition and physical activity components such as healthy food options at catered events, in vending machines, and snack bars as well as the integration of walking trails. WWS encourages the implementation of the Healthy Choices at Official Events (HCOE) policy to promote employee health. In addition, beginning in 2014, the WWS works 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 will provide technical support to participating agencies to secure nutritional policies while the Arkansas Department of Human Services will train 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 notices regarding AHELP events and other information. It has generated several online resources including an online worksite wellness [toolkit](#) and [director's packet](#). Additionally, WWS and CDC have developed a mobile app based on the CDC Health ScoreCard assessment tool. The app helps identify gaps in organizations' wellness intervention, including nutrition. 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 facilitate

program implementation. Facebook is also being used to disseminate information to interested individuals. These tools and strategies have helped the program grow from 7,000 employees in 2007 to 23,000 employees in 2013.

## Results:

Since the program's inception, there has been a trend of participants logging points using the web-based reporting system without completing an HRA because of a computer malfunction. For this reason, there is little additional evidence of measurable health benefits over the course of the program. However, the issue is being resolved and soon employees will no longer be able to use the system without completing a HRA first. Despite an incomplete dataset, the pilot intervention 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. Most recently, the [2013 AHELP Evaluation Report](#) indicates that most ADH employees who participated in HRA engage in healthy eating behaviors and exercise at least two to three times per week. The report also indicates that self-reporting of alcohol consumption and smoking were low. Risk factors including BMI, total cholesterol, blood pressure and low HDL, illustrate that the risk for heart disease is marginally high for this population. Obesity is also highly prevalent among ADH employees and therefore is a significant cardiac risk factor.

## Lessons Learned:

Although the program has resulted in some improved health behaviors, full compliance has been a challenge. Initially, AHELP did not provide information for the employee to seek advice and counseling on health risks. While the HRA feedback displays the 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. This is because HRA information is confidential, making AHELP administrators unable to designate services to the actual employee. However, employee assistance programs (EAPs) offer promise of providing individual guidance and feedback on health improvements and behaviors. For example, employee access to counseling from certified wellness coaches for tobacco cessation, weight management, stress reduction, healthy eating, diabetes prevention, cardiovascular maintenance, and exercise permits individualized treatment. It is imperative for business leaders to offer EAPs to their employees so they may receive individualized assistance for behavior change.

The improper use of the AHELP tracking system has also been documented. For instance, points have been entered into the web-based tracking system that were not earned. Currently, efforts are being made to apply more accountability measures such as biometric screenings to supplement the self-reported HRA data.

It has also been difficult to determine whether policies, such as the HCOE Policy, are actually being implemented in the workplace. The promotion of policies and guidelines has been easy to implement at the agencies, but there has not been a way to track whether the policies have been used internally. For example, the administrator may follow the HCOE Policy, but all internal departments and their employees may not. WWS is 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.

Strong support of leadership within the state agency that adopts AHELP is vital to its success. WWS has observed that if coordinators do not actively promote AHELP, it is unlikely it will result in healthy behavior change among the agency's employees. WWS has asked agencies to include the specific duties of the coordinator in the job description so their role is served more effectively.

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