Index

‘50% Savings Rule’ (in plausibility tests) 336
‘100% Rule’ (in plausibility tests) 336
Abildgaard, J. S. 137
absenteeism 8, 16, 18, 68, 105–6, 192–3, 215, 290, 298, 350, 357–8
‘A/B testing’ 247
access to healthcare information 148–9 accessibility of programs 11, 180–83
ACSM’s Health & Fitness Journal 174
ACT (acceptance and commitment therapy) 219
‘action’ stage 221, 223–4, 229
administrative support, importance of 10
advocacy and lobbying (in Intervention Mapping) 40
Affordable Care Act (2014) 205, 277, 286–7
Agency for Healthcare Research and Quality’s Healthcare Cost and Utilization Project 337
Aldana, S. G. 193, 359
alignment, organizational 11, 62, 176–7, 304, 306
alternative medicine 273
American Psychological Association (APA) 7, 59, 60, 63, 290, 350
Anderson, D. R. 358
‘anticipated affect’ 32
Aon Hewitt survey 322, 331
ASAP (As-Soon-As-Possible) wellness tip classes 170, 180
assessment and recognition tools 200
Association for Worksite Health Promotion 167
‘attitude’ 32
auditing 331
Avey, J. B. 81
awareness 218–19
Baer, R. A. 218
Baicker, K. 192, 349, 351, 353, 356–7
Bailey, T. S. 360–61
Baker, K. M. 356
Bakker, A. B. 126
Ballard, D. W. 350
Bandura, A. 32, 228
Bartholomew, L. K. 30, 34–6
Baxter, S. 193
BCHD (Beach Cities Health District) 65–6
‘Be Well’ Committee 175, 181–2
‘Be Well’ recipe contest 182
‘Be Well with Bill’ (video clips) 184 behavioral science theories 30–33
benchmarking analysis 199–200 ‘Benchmarking best practices in workplace health promotion’ (article) 168
benefit plan design 286–7
Bensimon, P. 9
Berry, L. L. 8, 11, 17, 342
best-practice programs employee participation 353–5
evaluating programs 19, 355–9
and healthcare costs 349–50
healthy work environments 359–62
and productivity 350–51
and well-being measurement 62–3
Bethesda Hospital 69–70
‘Beyond Salad’ vegetarian club 182
biometric screening 283–4, 330
Biron, C. 125, 129, 132, 137, 358, 360
‘black box’ interventions 124–5
Blanchard, K. 9
blood pressure stations 183
Blue Cross Blue Shield 16
BMI (Body mass index) 16, 181, 231, 284–5
Corporate wellness programs

BNQ (Bureau de Normalisation du Québec) 121, 122, 133, 360
Bond, F. W. 132
branding programs 204, 208–9, 249, 253, 267–8, 332
BRAVOe (Bethesda Recognizes and Values Our Employees) program 69–70
Briner, R. B. 104
Brun, J.–P. 131
BSwift Wellness & Benefits Administration Benchmarking Study (2013) 283
building skills 225–6
bundled case rates 157–8, 160
Burke, Dr. Thomas 165, 167, 169, 171, 172–3, 181, 184, 189
Burke, R. J. 105
Burton, W. N. 350
business case, building 12, 191–3, 211–12
‘business ethics and legality’ (healthy workplace component) 199
buying programs 326
Byrne, D. W. 15
Campbell, Q. 353, 355
Caouette, M. –E. 360
Capital Metropolitan Transit Authority 15–16
capitation model 157
carbon dioxide emissions 42
Carter, M. 195, 199–200, 359
CBA (cost–benefit analysis) 222, 301, 302, 312, 335, 338
CDC (Centers for Disease Control and Prevention) 9, 277, 284, 285
CEA (cost-effectiveness analysis) 301, 302–3, 312, 323, 335, 358
CEO Cancer Gold Standard accreditation program 172, 176, 180, 184
C. Everett Koop National Health Award 62
Chan, D. 89
Chapman, L. 171, 174, 192
characteristics of ‘successful’ corporate wellness programs 11–12, 21
cholesterol/triglyceride screening 285
clinical referral approach 244–5, 247
‘clinician’ role 264
COEs (centers of excellence) 157, 160
cognitive function/physical activity link 307
Colella, A. 50–51
‘collaboration’ 222–3
‘collective efficacy’ 85, 88, 89–90, 228
collective psychological resources 85–6
communication 11, 70, 244, 245, 246–7, 329
Comprehensive Mental Health Action Plan (WHO) 121
comprehensive programming 227–8
concept approach (in Intervention Mapping) 36
‘consciousness raising’ 222–3
consciousness-raising methods (in Intervention Mapping) 39
‘consumerism’ benefit plan model 286
‘contagion’ processes 85
‘contemplation’ stage 221, 223, 229, 274
content experience 254–5
‘contingency management’ 224
‘Control Group Equivalency Rule’ (in plausibility tests) 337
Cooper, C. L. 103
corporate social responsibility 43, 45, 48, 50
cost containment (in healthcare systems) 152–9
cost shifting 147, 152
Council for Disability Awareness 192
‘counterconditioning’ 224
CPS (Coleman Professional Services) 64–5
creativity 262–4, 270, 273–5
‘Crimson Couch’ programs 208
CSA (Canadian Standards Association) 121
CSEs (core self-evaluations) 82
‘culture of health’ 308–9
‘cycle of care’ 151–2, 153, 157, 158
‘data’ (MDACC operational segment) 173–4, 185–8
Davis, L. 15–16
Dawkins, S. 350
DCS (Demand-Control-Support) model 123
Index

369
decision latitude 120, 123
defining corporate wellness programs 8
DeJoy, D. 331
delivery and measurement (recruitment strategy step) 244
demographics, employee 196, 232–3, 245–7
depression 107–8, 120–21, 127, 191, 206
‘description’ 218
design/development of programs 324–32, 341–3
‘designer’ role 264
development phase (of health promotion strategies) 34
diabetes 6, 249–53
diagnosis phase (of health promotion strategies) 34
DiClemente, R. J. 31
direct marketing approach 245–7, 248–9, 250, 253, 254
direct-consensus approach 89–90
directing care 155, 160
disabilities, employees with 48–51, 120, 192
dLife 241, 242, 249–53, 254
Dollard, M. F. 110, 115–16, 126, 127, 360–61
DPS Health 241, 242, 247–9, 254
‘dramatic relief’ 223
Dunn, A. L. 12–13
Dunning, Matt 322
‘early adopters’ 267
Edington, D. W. 9
Egan, M. 131
EHM (employee health management) programs 277–8, 288, 297, 309
email outreach 245–7, 248–9, 250
Emmons, K. M. 13
employee advocates 175–6
employee growth and development 64, 66–7, 71–2
employee participation
and best-practice programs 353–5, 361–2
and design/development of programs 5, 327, 329, 343, 352
dLife case study 241, 242, 249–53, 254
DPS Health case study 241, 242, 247–9, 254
and engagement 241–2, 246, 247–8, 249–53, 255–6
and evaluating programs 299, 340–41
and goal setting 225
and health behavior 219–20, 226–9, 232
and health promotion 250–51
and health risk assessments 14, 16–17, 282
identifying candidates 327, 352–3
and implementing programs 263, 264, 267, 273–5, 332–3
importance of 353–5, 361–2
and incentive schemes 331–2
and low levels of 14, 22, 216
and managing expectations 323–4
and marketing/communications plans 267
MD Anderson Cancer Center employee wellness program 170–71, 180–83, 185–6
and motivation 340–41, 353–4
and outreach 241, 242, 243, 245, 246–7, 248–50
and productivity 350–51
and psychologically healthy workplaces 64–6, 67, 71
and recruitment 241, 242–7, 255–6
research evidence 14–17
and ‘selection bias’ 299
employee recognition 60–61, 63, 64, 69–70, 72
employment security (human resource management strategy) 3
‘end-user’ role 264
environmental assessment 199
environmental conditions and behavioral science theories 30–33
community/society theories 33–4
and health behavior 29–34, 45, 51
and health promotion 29–31, 33
and inclusive organizations 43, 45–52
and Intervention Mapping 29, 33, 34–45, 51
role in promotion of health 28–9
Ronald J. Burke and Astrid M. Richardsen - 9781783471706
Downloaded from Elgar Online at 07/22/2019 05:07:44AM
via free access
organizational theories 33, 34
and sustainable organizations
45–52
‘environmental reevaluation’ 223
ERI (Effort–Reward Imbalance) model
123
evaluating programs
and best-practice programs 355–9
and business results 303–6, 315
development process 310–13
and employee participation 299, 340–41
and engagement 307–9, 314–15
and healthcare costs 297, 298–302, 315–16, 356–7
human capital investment 302–3, 309, 310, 312, 314
and human capital outcomes 304–6, 307, 308, 311
importance of 297
methodology of 298
plausibility tests 335, 336–7
program impact estimates 337–8
recommendations for practitioners 309–15
and return on investment 298–303, 309, 314, 315–16, 335–6, 339–40, 357
shortcomings of 18–19, 20, 22
and value of investment 302–4, 306–9, 315–16
evaluation phase (of health promotion strategies) 34
evaluation plans 34–5, 44, 211
‘Every Metric Cannot Improve Rule’
in plausibility tests 336
exclusion from the labor market 45–6, 47–8
expertise 254

Fabius, R. 302
facilitation methods (in Intervention Mapping) 39
family history questions 283
feasibility studies 323–4
fee for service model 157
financial incentive schemes 219–20, 230, 286, 332
financial risk 287–90
financial stress 289–90
flexible work arrangements 61–2, 68–9, 73, 114
focus groups 195
focus of programs 328, 351
‘Food for Thought’ (wellness newsletter) 184
Gallup (pollsters) 60, 308
‘gate keeper’ role 264
general theory approach (in Intervention Mapping) 36
GES (Groupe Enterprises en Santé) 122
Gifford, Brian 322
Giga, S. I. 103
GINA (Genetic Information Nondiscrimination Act, 2008) 283
Glanz, K. 31
Global Plan of Action on Workers’ Health (WHO, 2008–17) 193
GM (General Motors) 14–15
‘Go Red Heart Week’ program 187
goals of corporate wellness programs 322, 323–4
goal-setting 40, 225, 231
Goetzel, Dr. Ron 176, 324, 325, 341–2, 352, 356
Golaszewski, T. 10, 17
Gollwitzer, P. M. 32–3
Gordon, J. 115–16
government interest in corporate wellness programs 9–10, 21
Grawitch, M. J. 63
Grossmeier, J. 19, 358, 359–60
HA (health assessment) 329–30, 333–4
Hall, G. B. 126, 127
Harris, J. 186
Harvard Business Review (journal) 174, 179
Hasson, H. 131
HDHP (high deductible health plan) 286–7
HDL (high density lipoprotein) 280
Health Affairs (journal) 299
health behavior and awareness/knowledge 218–19
building skills 225–6
Index

health improvement programs
business case for 191–3, 211–12
characteristics of successful programs 193–201
and health behavior 191, 195, 199, 205, 206–7, 208, 211, 212
practical examples 201–11
health insurance 8, 18, 61, 65, 322, 333, 334, 349
health promotion
and best-practice programs 62–3, 349, 351, 352, 359–61
defining 322–3
and employee participation 250–51
and environmental conditions 29–31, 33
and health behavior 216–17, 218, 220, 221, 225, 227, 229–33
Intervention Mapping 34–45
MD Anderson Cancer Center employee wellness program 167–9, 171
and psychologically healthy workplaces 66
rationale for programs 324–5
and sustainable organizations 45–52
and well-being measurement 60
Health Promotion in the Workplace (book) 322–3
Health Promotion Sourcebook for Small Businesses (book) 168
health risk assessments (HRA)
alternative measurement tools 284–5
application of 278–82
‘belief’ in 280–82
benefit plan design 286–7
and design/development of programs 327, 329–30
and employee participation 14, 16–17, 282
failure of 290–91
and financial risk 287–90
and health behavior 278, 280, 282, 286–7, 288, 289–90
and healthcare costs 277, 280, 285, 288
and MD Anderson Cancer Center employee wellness program 169, 179, 180, 181, 185, 186
healthcare costs
and best-practice programs 349–50
and chronic conditions 192, 277
cost containment 152–9
cost shifting 147
and evaluating programs 297, 298–302, 315–16, 356–7
and goals of corporate wellness programs 322
health insurance 349
and health risk assessments 277, 280, 285, 288
and lifestyle choices 6–7
and mental health 325
and program development 325–6
and return on investment 359–60
and value-based healthcare 145, 146
healthcare systems 145–6, 147–50, 153
HealthPartners research study (2011) 280
healthcare competition 146–9, 151–2
healthcare systems 145–6, 147–50, 153
health insurance 8, 18, 61, 65, 322, 333, 334, 349
health promotion
and best-practice programs 62–3, 349, 351, 352, 359–61
defining 322–3
and employee participation 250–51
and environmental conditions 29–31, 33
and health behavior 216–17, 218, 220, 221, 225, 227, 229–33
Intervention Mapping 34–45
MD Anderson Cancer Center employee wellness program 167–9, 171
and psychologically healthy workplaces 66
rationale for programs 324–5
and sustainable organizations 45–52
and well-being measurement 60
Health Promotion in the Workplace (book) 322–3
Health Promotion Sourcebook for Small Businesses (book) 168
health risk assessments (HRA)
alternative measurement tools 284–5
application of 278–82
‘belief’ in 280–82
benefit plan design 286–7
and design/development of programs 327, 329–30
and employee participation 14, 16–17, 282
failure of 290–91
and financial risk 287–90
and health behavior 278, 280, 282, 286–7, 288, 289–90
and healthcare costs 277, 280, 285, 288
and MD Anderson Cancer Center employee wellness program 169, 179, 180, 181, 185, 186
and mental health 325
and program development 325–6
and return on investment 359–60
and value-based healthcare 145, 146
healthcare systems 145–6, 147–50, 153
HealthPartners research study (2011) 280
health improvement programs
business case for 191–3, 211–12
characteristics of successful programs 193–201
and health behavior 191, 195, 199, 205, 206–7, 208, 211, 212
practical examples 201–11
health insurance 8, 18, 61, 65, 322, 333, 334, 349
health promotion
and best-practice programs 62–3, 349, 351, 352, 359–61
defining 322–3
and employee participation 250–51
and environmental conditions 29–31, 33
and health behavior 216–17, 218, 220, 221, 225, 227, 229–33
Intervention Mapping 34–45
MD Anderson Cancer Center employee wellness program 167–9, 171
and psychologically healthy workplaces 66
rationale for programs 324–5
and sustainable organizations 45–52
and well-being measurement 60
Health Promotion in the Workplace (book) 322–3
Health Promotion Sourcebook for Small Businesses (book) 168
health risk assessments (HRA)
alternative measurement tools 284–5
application of 278–82
‘belief’ in 280–82
benefit plan design 286–7
and design/development of programs 327, 329–30
and employee participation 14, 16–17, 282
failure of 290–91
and financial risk 287–90
and health behavior 278, 280, 282, 286–7, 288, 289–90
and healthcare costs 277, 280, 285, 288
and MD Anderson Cancer Center employee wellness program 169, 179, 180, 181, 185, 186
healthcare competition 146–9, 151–2
healthcare costs
and best-practice programs 349–50
and chronic conditions 192, 277
cost containment 152–9
cost shifting 147
and evaluating programs 297, 298–302, 315–16, 356–7
and goals of corporate wellness programs 322
health insurance 349
and health risk assessments 277, 280, 285, 288
and lifestyle choices 6–7
and mental health 325
and program development 325–6
and return on investment 359–60
and value-based healthcare 145, 146
healthcare systems 145–6, 147–50, 153
HealthPartners research study (2011) 280
Corporate wellness programs

and psychologically healthy workplaces 66
value considerations 282–4
‘Healthy Aging’ workshop 179
‘healthy back’ class 175, 179
‘Healthy Enterprise’ standard
certification steps 122–3
creation of 122
and healthy work environments 360
implementing 133–4
preliminary study results 135–7
and psychosocial safety climate 123,
124, 129–30, 133–4, 135
and readiness for change 123, 124,
125–6, 133–9
study background 124–6
study methodology 133–4
Healthy Kids Club 179
healthy work environment 12–14,
108–11, 193–201, 359–62
Heckman, James J. 341
HEDIS scores (diabetes data) 250
‘helping relationships’ 224
Henke, R. 192
HERO (Health Enhancement Research
Organization) scorecard 325
high compensation contingent on
performance (human resource
management strategy) 3
High-intensity Behavior Change
Program (dLife) 251–3
Highmark Inc. 16–17
high-tech programming 180, 184
high-touch programming 180, 184
HLM (hierarchical linear modelling)
90
Hochart, C. 16
holistic approach 101, 105, 114, 290,
361
Holt, D. T. 130
‘hope’ 80, 82, 83, 84, 87–8
human capital investment 302–3, 309,
310, 312, 314
human capital outcomes 304–6, 307,
308, 311
human resource management 3–4, 8–9,
112, 113
‘human sustainability’ 4
Hunnicutt, D. 168, 169
Hunt, B. 51
Hunt, C. S. 51
HWBC (health and well-being
committee) 135
hypertension 6, 15, 183, 284
identifying candidates 327, 352–3
identifying centers of excellence 155
‘implementation intentions’ 33
‘implementation of procedures’ (in
PSC hierarchy of control) 113
implementation phase (of health
promotion strategies) 34
implementation plan (in Intervention
Mapping) 34–5, 43–4
implementing programs
challenges to 259–61
and client types 258
and creativity 262–4, 270, 273–5
culture and climate 265–6
and defining ‘wellness’ 257–8, 261–2,
268
and employee participation 263, 264,
267, 273–5, 332–3
and health behavior 257, 260–61,
268, 273–4
impact of wellness programs 260,
272
managing expectations 261–2
marketing/communications plans
266–8, 269–70
and medical validity 272–3
‘One Message, Many Voices’
approach 268–71
ongoing management 273–5
problem solving 334–5
program reporting 333–4
resource assessment 262–4
and target audience 258, 273–4
incentive schemes 14, 20, 22
and designing programs 269
and employee participation 331–2
and employee recognition 69–70
financial 219–20, 230, 286, 332
and health risk assessments 282,
286–7, 288–9, 291
and value-based healthcare 149–50,
154–7, 157
WellBAMA programs 205–6,
209–10
inclusive organizations 43, 45–52

Ronald J. Burke and Astrid M. Richardsen - 9781783471706
Downloaded from Elgar Online at 07/22/2019 05:07:44AM via free access
Index

increasing stakeholder influence (in Intervention Mapping) 41
‘indirect relationships’ 247
‘individual factors’ (in PSC hierarchy of control) 114
information medium 17–18
Infrastructure (of UA health improvement program) 202–3
‘innovators’ 267
Institute for Healthcare Improvement 149
Integrated Benefits Institute 322
‘intention–behavior gap’ 32
international growth of corporate wellness programs 18, 21
International Heart and Stroke Foundation (Canada) 6–7
Intervention Mapping 29, 33, 34–45, 51
interventions
and best-practice programs 358, 360–62
classes of 103–5
complexity of organizational interventions 121
and health behavior 216–17, 218, 221–2, 223, 228, 229–33
and ‘Healthy Enterprise’ standard 122, 133–7
and healthy work environments 12–13
and process evaluation 124–5, 129–30, 358
and psychological capital 79, 83–5, 86–95
and psychosocial risk management 108–11
and psychosocial safety climate 101, 105–8, 111–16, 124–30
and readiness for change 130–32
WellBAMA wellness program 206–7
‘involve workers and their representatives’ (healthy workplace component) 195–99
IPE (intervention process evaluation) 129–30, 358
IPU (integrated practice unit) 155, 156
Isaac, F. W. 13

‘It’s Not a Diet, It’s a Lifestyle’ class 182
itemized budgets 209–10
IVR (interactive voice response) outreach 249, 250
Jackson, J. 15
JD-R (job demands-resources) model 107, 127
‘job design’ (in PSC hierarchy of control) 114
job satisfaction 66, 68, 80, 91, 94, 357–8
Johnson & Johnson 13–14, 165, 170
Joint Consensus Statements 174, 204–5
‘Just 4U’ awareness program 182

Karanika-Murray, M. 125, 129, 132, 137, 358
Karasek, R. 110, 127
Kaufman, A. 353, 354–5, 358–9
Kelly, R. K. 195, 199–200, 359
key stakeholder interviews 195
key strategic elements (of corporate wellness programs) 11
knowledge 218–19
Kok, G. 29
Kompier, M. A. J. 103

LaMontagne, A. D. 104
Lang, M. 16
Langer, E. J. 218
leadership
and evaluating programs 312, 313, 314–15
and health behavior change 233
as healthy workplace component 194–5
importance of 10, 13
and MD Anderson Cancer Center employee wellness program 174–6
and psychosocial safety climate 113
‘leadership commitment and engagement’ (healthy workplace component) 194–5
‘leadership ownership and support’ (MDACC operational segment) 173–8
Leading by Example (series of publications) 194
‘Leading by Example’ 172
Leapfrog Group 149, 153
Lencioni, P. 9
Lerner, D. 351, 356
Lewin, K. 130, 220–21
Lewis, Al 335, 336–7
LifeSteps Program 14–15
lifestyle choices 6–7, 61, 63, 218, 221, 222–3, 227, 233–4
‘Lifestyle Habits’ ('Healthy Enterprise’ standard) 122, 133, 134, 138
Lincoln Industries 16
Liu, H. 15
‘Live it – Rock Steady’ support groups 182
‘Live It Lose It’ weight management program 182
Live Well: Healthy Working Families (employee wellness program) 66
Loehr, J. E. 307
long-term improvement (outcome measurement) 158
low-intensity outreach 251
Luthans, F. 84
‘maintenance’ stage 221, 229
Management Standards for Work-related Stress 121
‘manager, supervisor, team leader actions, and support’ (in PSC hierarchy of control) 113
‘Managers Forum’ 169, 174–5, 176, 184
managing expectations 261–2, 323–4
marketing and communications plan 208–9, 210, 266–8
Martin, A. 350
Mayo Clinic Diet 182
McEachan, R. R. 36, 43
McGlynn, E. A. 14–15
MD Anderson Cancer Center employee wellness program and accessibility 180–83 and communication 183–5 and compliance 177
Index

‘Multiple Violations Rule’ (in plausibility tests) 337
Munir, F. 36

National Business Group on Health 9, 282
National Cancer Act (1971) 166
National Cancer Institute 172
National Committee for Quality Assurance 149
National Institute for Occupational Safety and Health 350
National Quality Forum 149
National Standard on Psychological Safety and Health in the Workplace 121
Naydeck, B. L. 16–17
NEDD (Northeast Delta Dental) 68–9
needs assessment (in Intervention Mapping) 34–5, 37
‘neighborhood’ concept 175
Neira, Dr. Maria 191
Nelissen, P. 48–50, 51
Neville, B. H. 16
‘New Year, New You’ project 186
‘Nexus Rule’ (in plausibility tests) 337

NHWP (National Healthy Worksite Program) 9–10
Nielsen, K. 129, 131–2, 137, 361
Northcraft, G. B. 89
Nyman, J. 341

obesity
and BMI screening 284–5
DPS Health case study 247–8
and healthcare costs 349
increase in 6
and lifestyle choices 6
and managing expectation 261
and MD Anderson Cancer Center employee wellness program 181–2, 187–8
rise in 280
‘observation’ 218
occupational health psychology 7–8

OHPW (Office of Health Promotion and Wellness) 202–3, 204, 205, 206–7, 208–11
OHS (occupational health and safety) 102, 108, 110, 111–13, 115
‘One Message, Many Voices’ approach 268–71
‘optimism’ 80, 81, 82, 83, 84, 87–8
‘opting in’ 250, 252
‘opting out’ 251, 252
O’Reilly, C. A. 3
organizational culture/climate 226–7
organizational diagnosis/feedback (in Intervention Mapping) 41
organizational financial performance 3, 4
organizational interest in corporate wellness programs 9, 21
‘organizational workplace policy and procedure’ (in PSC hierarchy of control) 113
Oude Hengel, K. M. 36
outreach 241, 242, 243, 245, 246–7, 248–50
outreach strategy (recruitment strategy step) 243, 245, 246, 250
Ozminkowski, R. 325, 353, 354, 357
Pacific Business Group on Health 149
Paradis, M. –E. 360
Parks, K. M. 357–8
participatory problem–solving (in Intervention Mapping) 40
Partnership for Prevention 172, 194, 301
partnerships 11, 254
patient advocacy 156, 160
‘pay for performance’ 150, 153
PCI (PsyCap intervention) 83–5, 86–8, 90–95
PCP (primary care physician) 160
PCQ (Psychological Capital Questionnaire) 90–91
PepsiCo 15, 192
‘perceived behavioral control’ 32
‘perceived benefits’ 32
‘perceived social norm’ 32
performance guarantees 157
Person, A. L. 353
Pfeffer, J. 3, 4
PHM (population health management) 154–5, 159
physical activity/cognitive function link 307
Pignata, S. 360–61
‘pillars of employee health’ (of UA health improvement program) 203
planned behavior, theory of 31–2
‘planner’ role 264
planning, importance of 352–3
plausibility tests 335, 336–7
POB (positive organizational behavior) 80, 81, 83, 350
point-of-contact exploratory (recruitment strategy step) 243, 245, 246
poor quality (in healthcare systems) 149
Portage Area Senior Services 64–5
positive psychology 350
positive social networks 228–9
‘precontemplation’ stage 221, 223, 229–30, 273
‘preparation’ stage 221, 274
presenteeism 8, 13, 192, 298
‘prevention paradox’ 300–301
Preventive Services Task Force 285, 330
price competition 147
price transparency 156
PRIMA-EF (Psychosocial Risk Management Excellence Framework) 111
primary interventions 103, 104
problem solving 334–5
process compliance 150, 151, 153
process evaluation 124–5, 129–30, 131–2, 187, 211, 298, 358, 361
Prochaska, J. O. 221, 224, 273
productivity-related outcomes 307
‘program design, planning and delivery’ (MDACC operational segment) 173–4, 178–83
program development (in Intervention Mapping) 34–5, 43
program impact estimates 337–8
program objectives development (in Intervention Mapping) 34–5, 37–8
program reporting 333–4
promotion processes 67
Pronk, N. P. 174, 352, 359
‘propensity to succeed’ analyses 335
prosocial motivation 48–50
provider consolidation 147–8
providing opportunity 226–9
Prudential Financial 16
PSC (psychosocial safety climate) case studies 108, 115–16
defining 126
and ‘Healthy Enterprise’ standard 123, 124, 129–30, 133–4, 135, 137–9
and healthy work environments 108–11
and interventions 101, 105–8, 111–16, 124–30
and job demands-resources model 107, 127
and management practices 123, 128–30
and psychosocial risk 101, 107–8, 111–14, 123, 125–8, 130
and stress 101
PSC HOC (psychosocial safety climate hierarchy of control) 111–14, 116
PsyCap (psychological capital) ‘core’ factors of 80–81, 94
designing PCIs 86–8
evaluating interventions 88–91
future research recommendations 91–5
and ‘hope’ 80, 82, 83, 84, 87–8
and interventions 79, 83–5, 86–95
and ‘optimism’ 80, 81, 82, 83, 84, 87–8
positive effects of 81–2
and ‘resilience’ 80, 82, 83, 84, 87–8
and ‘self-efficacy’ 80, 82, 83, 84, 87–8, 89–90
‘state-like’ nature of 82–3
and teams 79, 85–95
psychological climate 227
psychological resource theory 79, 80, 81, 85
Psychologically Healthy Workplace Award 63
psychologically healthy workplaces and communication 70
comprehensive approach 70–71
creating 63–4
Index

and employee growth and development 64, 66–7, 71–2
and employee involvement 64–5, 71
and employee recognition 64, 69–70, 72
and health and safety 64, 65–6, 71
and public health models 70
and work–life balance 64, 68–9, 72
psychosocial risk
and ‘Healthy Enterprise’ standard 123, 133–9
and healthy work environments 108–11
and psychosocial safety climate 101, 107–8, 111–14, 123, 125–8, 130
and Quebec survey 120–21
and readiness for change 131, 132
‘psychosocial risk literacy’ 136
public health models 70
‘Quality Dose/Response Rule’ (in plausibility tests) 337
quality transparency 156
questionnaires (health risk assessment element) 279
Quick, J. C. 70
Randall, R. 129, 131–2
Ratey, J. J. 307
Ratzan, S. C. 13
RCT (randomized controlled trial) 299, 300–301
reasoned action approach 31–2
recruitment
content experience 254–5
dLife case study 241, 242, 249–53, 254
DPS Health case study 241, 242, 247–9, 254
and employee participation 241, 242–7, 255–6
and expertise/partnerships 254
sophisticated technology infrastructure 255
reduction in status differences (human resource management strategy) 3
referent-shift approach 89–90
‘relapse’ 221
removing barriers 210–11
reporting (health risk assessment element) 279
‘resilience’ 80, 82, 83, 84, 87–8
resource assessment 262–4
results-per-condition 151–2
Reynolds, S. 104
RFC (readiness for change) 123, 124, 125–6, 130–39
Richardson, K. M. 104–5
risk computation (health risk assessment element) 279
‘risk perception’ 32
ROI (return on investment)
and building the business case 12
and employee health management programs 278
and evaluating programs 298–303, 309, 314, 315–16, 335–6, 339–40, 357
and health improvement programs 193
and health insurance 8
and healthcare costs 359–60
and psychological capital 85, 92
research evidence examples 16, 17
and success of corporate wellness programs 215–16
Rose, G. 300, 301–2
Rothstein, H. R. 104–5
‘salesperson’ role 264
SAS Institute 17
Schein, Edward 170
scientific method 337–8
scope, relevance and quality (as pillar of corporate wellness program success) 11
SDT (self-determination theory) 220
secondary interventions 103, 104
‘selection bias’ 299
selective hiring (human resource management strategy) 3
self-efficacy 80, 82, 83, 84, 87–8, 89–90, 225–6
self-funding 282, 283, 287
‘self-liberation’ 223
self-managed teams and decentralization (human resource management strategy) 3
‘self-reevaluation’ 223
Corporate wellness programs

- self-reported data 279–80, 283
- self-responsibility 286–7, 354
- Seligman, M.E.P. 303
- Semmer, N. K. 124, 126
- sense-making (in Intervention Mapping) 41
- Shape Up, Inc. survey (2011) 280
- sharing information (human resource management strategy) 3
- Shi, Y. 309
- Short, M. E. 16
- short-term improvement (outcome measurement) 158
- situation assessment (recruitment strategy step) 242–3
- SMART (Specific, Measurable, Attainable, Relevant, Time-bound) goals 324
- Smeltzer, P. 339
- Smokey the Bear (mascot) 268
- smoking
  - cessation support initiatives 8, 11, 180
  - and culture/climate of firms 265
  - and health behavior change 218, 234
  - and intervention projects 13
  - smoke-free workplaces 180
  - as stress-coping mechanism 7
  - and tobacco screening 285
- social contagion 86, 136
- ‘social liberation’ 224
- social-level controllers 110–11
- socio-technical systems approach 47
- sophisticated technology infrastructure 255
- Sorensen, G. 13
- stages of change models 207, 220–25, 229
- STAR scores (diabetes data) 250
- StayWell 280
- Steelman, L. A. 357–8
- ‘stimulus controls’ 224
- Stone, D. 50–51
- strategic operating plans 203–11
- stress
  - and change objectives 38
  - and environmental conditions 29–30
  - and evaluating programs 308
  - financial 289, 290
  - increase in 7
- and lifestyle choices 7
- and promotion processes 67
- and psychosocial safety climate 101
- and smoking 7
- and well-being measurement 60, 61–2
- ‘stress buster stations’ 171, 182–3
- Strijk, J. E. 36
- structural redesign (in Intervention Mapping) 41
- ‘sustainability and integration’ (healthy workplace component) 201
- sustainable organizations 45–52
- SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis 267
- systems theory 34
- TAMC (Tripler Army Medical Center) 71–2
- target audience 258, 273–4
- ‘task differentiation’ 46–7
- team efficacy 86–8
- teams
  - and employee recognition 69–70
  - flexibility of 47
  - and individual level interventions 79
  - and organizational alignment 306
  - and psychological capital 79, 85–95
  - and socio-technical systems approach 47
- technical assistance methods (in Intervention Mapping) 40
- Tenneco wellness program 168
- Teo, C. 104
- Terry, P. E. 228, 358
- tertiary interventions 103, 104
- Terza, R. 341
- Tetrick, L. E. 70
- Texas Medical Center 166–7, 168, 177, 180
- ‘Thank-You Grams’ 69
- The Art of Health Promotion (journal) 168, 171
- ‘The Calories Are Right’ (wellness event) 275
- The Health Project 62
- The Heart Foundation 42–3
theoretical methods and practical applications (in Intervention Mapping) 34–5, 38–43
Thomas, Dr. Georgia 171, 172
tobacco screening 285
topic approach (in Intervention Mapping) 36
‘total population management’ programs 322, 327–8, 330–31
Towers Watson 9
tPCI (team-focused PCI) 86–8, 90–95
TPS (Toronto Police Service) 67
training and development (human resource management strategy) 3
treatment experience (outcome measurement) 158
TTM (transtheoretical model) 207, 221–2
union/management meetings 38
United Auto Workers Union 14
United Nations Food and Agriculture Organization 6
University of Alabama (UA) 201–11, 359
University of Texas (UT) 166, 169, 185, 186
US Forest Service 268
‘use a systematic, comprehensive process to ensure effectiveness and continual improvement’ (healthy workplace component) 199–201
value-based healthcare
bundled case rates 157–8, 160
cost containment 152–9
creating value 148–9
and ‘cycle of care’ 151–2, 153, 157, 158
directing care 155, 160
goals of 145
and healthcare competition 146–9, 151–2
identifying centers of excellence 155
measured outcomes 158–9, 160–61
patient advocacy 156, 160
population health management 154–5, 159
price and quality transparency 156
problems with existing healthcare systems 145–6, 147–50
results-per-condition 151–2
value-based benefit design 156–7
worksite health clinics 159–61
valuing employees 60–61, 63
Van Oostrom, S. 36
Van Scheppingen, A. R. 36
Vanderbilt University 15
Varghese, Shibu 165, 172–3, 189
VBBD (value-based benefit design) 156–7
Velicer, W. F. 221, 224
Vermeulen, S. 36
Verweij, L. M. 36
Virginia Mason Spine Clinic 155
vision statements 200–201
VLM (Virtual Lifestyle Management) Service 247–9
VOI (value of investment) 302–4, 306–9, 315–16, 360
Vornholt, K. 50
walking programs 258, 269, 274
walk-n-talk strategy 184
Waters, L. 104
WELCOA (Wellness Council of America) 168, 169
WellBAMA (UA wellness program) 204, 205–7, 208–10, 211, 212, 359
well-being measurement 59–63
Wellness Advisory Board 202
‘wellness champs’ 175–6, 179
wellness committees 175, 264, 266, 275
wellness events 258, 263, 270, 272, 275
‘wellness in your face’ program 181, 184
wellness newsletters 184–5
West, B. J. 85
WHO (World Health Organization) 121, 191, 193–201
within-group agreement index 89
work capacity assessment 47–8, 49
‘Work Environment’ (‘Healthy Enterprise’ standard) 122, 133, 134, 138
Corporate wellness programs

<table>
<thead>
<tr>
<th>Working Healthy Project 13</th>
<th>WOW (‘Wellness on Wheels’) 170, 180</th>
</tr>
</thead>
<tbody>
<tr>
<td>work–life balance 61–2, 63, 64, 68–9, 72</td>
<td>WWAW (Weight Watchers at Work) 177</td>
</tr>
<tr>
<td>‘Work–Life Balance’ (‘Healthy Enterprise’ standard) 122, 133, 134, 138</td>
<td>Yarker, J. 128</td>
</tr>
<tr>
<td>WorkLife program 189</td>
<td>Young, S. 10</td>
</tr>
<tr>
<td>worksite health clinics 159–61</td>
<td>Zijlstra, F. 48</td>
</tr>
</tbody>
</table>