A Theory Driven Health Promotion Program in a University Setting

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Article:

In an attempt to improve employees' health, increase productivity, decrease medical costs, and increase employee morale, many businesses and industries are offering health promotion and disease prevention programs for their employees. Colleges and universities as worksites are no exception and may be one of the more convenient settings in which to initiate health promotion activities due to the abundance of resources within the university community, such as recreational/fitness facilities, health/medical centers, academic resources, and employee benefits/human resources offices.

Although over 500 U.S. colleges and universities report having some type of Wellness program (Schmottlach, Warren, & Sheller, 1993), there is minimal literature with regards to theory based programming. The purpose of this article is to demonstrate how a theory driven health promotion program can be planned and implemented in a university setting.

In Spring 1991, a group of health education/health promotion personnel in a medium-sized southeastern university began the planning of a comprehensive health promotion program for all university faculty and staff (n= 3,500). The purpose of this program was to provide theory based health promotion activities to encourage positive health behavior change among university employees. A theory based approach provides direction and justification for program activities and serves as a basis for processes that are to be incorporated into the health promotion program. It was decided by the program coordinators that the program would be based up on a modified version of the well established Dynamic Stage Theory of Health Behavior (Prochaska, & Diclemente, 1983) (see Figure 1). This theory was chosen due to its past application and success in a variety of health behavior change interventions, including smoking cessation (Ahijevych & Wewers, 1992; Glynn, Boyd, & Gruman, 1990), dietary fat reduction (Curry, Kristal, & Bowen, 1992), and increasing physical fitness participation (Marcus, Banspach, Lefebvre, Rossi, Carleton, & Abrams, 1992).

Given that most people are not currently thinking about a behavior change, the Dynamic Stage Theory explains that individuals need to be guided through the various stages of pre-contemplation, not thinking about changing their behavior; contemplation, thinking about changing their health behavior at some point in the future; action, actively making a behavior change; maintenance, maintaining the behavior change over a period of time; and relapse prevention. Movement through these stages will most likely be cyclical, with an individual cycling through the various stages, and possibly making several attempts to change an unhealthy behavior before successfully attaining maintenance. Using this theory as a basis for program design, the program planning team identified four guiding principles for the proposed program. These are:

1. The program must take a long range view of health promotion arid disease prevention.
2. The program must respect individual rights and needs of employees arid should respond to these needs.
3. The program must be diverse order to meet the varying needs of employees and should be able to provide a variety of programs on demand, as this model requires programs be offered upon request.
The program must emphasize follow-up and relapse prevention.

Preplanning
The first step in the process was to initiate the preplanning or needs assessment phase of the program. The purpose of the needs assessment process was to gather information from different employee groups within the university to determine how to best design and implement the program. This consisted of an employee health risk assessment (HRA), a series of focus groups, and meetings with university administrators. The results of the needs assessment activities were analyzed and presented to the senior administrator and benefits personnel. The primary goal of the program was to enhance the health status of employees and covered dependents and, ultimately, contain the increase of expenditures for health care. The program was planned and implemented in accordance with the tenets of the Stage theory, using the results from the needs assessment. The program planning and implementation components will be presented with reference to these five stages.

Pre-contemplation
The pre-contemplation stage of health behavior change contains individuals who are not currently thinking about making a positive change in a health behavior. Because our program focuses on a variety of health behaviors (i.e., exercise, eating well, cancer prevention), we needed to develop strategies that would encourage employees to become more aware of their overall health and to identify areas where positive changes should occur. With this in mind, we devoted this stage of planning to the initiation of social marketing, communication, and policy development activities. Consequently, our goal was to design communication activities to help move employees from the pre-contemplation stage to the contemplation stage by increasing their awareness of their health behaviors. These include:

Monthly Magazine
Our primary communications tool was use of the monthly health magazine Vitality, which was purchased and mailed directly to every university employee. Within each issue is a four-page insert, created in-house, that specifically targets our employees.

Health Information Phone Line
An on-campus health information phone line was established as a means to provide employees access to printed health information and to obtain additional information on the program itself, which was delivered through the intra-campus mail system.

Self-Assessments
Employees are given the opportunity to complete a Health Risk Appraisal (HRA) and a food record for dietary analysis at any time. These tools help employees identify individual health behaviors that they may choose to change or improve.

Contemplation
The contemplation stage of the model includes those employees who are aware of a health behavior and are contemplating making a positive change in that behavior. Programs to help provide skills to modify behaviors were provided for employees in the contemplation stage.

Health Information Programs
Health information programs were planned to be offered as lunch time brown bag seminars for small groups of employees upon request. Programs are offered upon request rather than offering canned programs to the larger university community as a whole in an effort to meet specific needs of target groups.

Health Information Fliers
Fliers were created and distributed departmentally, to encourage employee initiative in requesting information or scheduling a program.
Action
The action stage includes individuals who have initiated a change in their behavior. Therefore, in addition to providing programs for employees contemplating a health behavior change, our program includes components to reward and encourage those employees who are presently engaging in positive health behaviors.

Self-Study Guides
A series of self-study guides to behavior change were developed that employees can request and complete as individuals.

Healthy Lifestyle Incentive Program (HLIP)
An incentive based program for people who were maintaining or improving an already healthy lifestyle was developed that assigned points to various behaviors (i.e., non-smoking, seat belt use, regular exercise). Employees are rewarded for obtaining a minimum required point total or for improving their point total from the previous month, thereby incorporating into the program individuals who are initiating a change as well as those already in the action stage, encouraging employees to maintain or improve their already positive lifestyles.

Maintenance and Relapse Prevention
The maintenance stage includes individuals who have fully adopted a positive health behavior change into their lifestyle, while the relapse prevention stage includes those individuals who may make several attempts at maintenance while cycling through lower stages. For individuals in these stages, the program provides knowledge, skills, and support to help employees maintain their positive behavior change, or to reenter the action stage should a relapse occur. In an attempt to integrate health promotion into the overall corporate culture and environment, several policy changes in the university corporate environment were proposed.

Flexible Opportunity Time (FOT)
A survey of department representatives identified a lack of time as the primary barrier to participating in health promotion activities. This served as the basis for the development of a flexible opportunity time policy. Additional policies to be developed include greater access to fitness facilities for employees, and a more extensive incentive program to enhance program participation and positive outcomes.
**Evaluation**

The evaluation component of the program consists of a process evaluation of program outcomes, and an evaluation of program activities that may impact these outcomes, in addition to projected cost savings. The evaluation should start one year after initial implementation of the program.

The purpose of the process evaluation is to demonstrate the effectiveness of the program components at penetrating the target audience. This is best accomplished by examining behavioral changes of employees who were exposed to the program activities (i.e., attendance at seminars, Vitality magazine, requests for health information via the health information phone line). In addition, program participants are routinely requested to fill out a short evaluation survey which assesses the importance, usefulness, and presentation of program information intended for health education and behavior changes. Although the need for incorporating an economic component into program evaluation has been documented (McKenzie, 1986), due to confidentiality and sensitivity issues (i.e., medical care costs), not all data are available to program planners. However, some of the offered programs lend themselves to projected cost benefit analysis. For example, the Medical Self Care program provides an easy way to calculate the potential cost savings from program participation. Given the program material costs per participant, number of actual reported visits to the physician or emergency room prevented, and average costs of such visits, cost savings projections can be calculated.

**Summary**

Although activities have been assigned to various stages of the theory, program planners should be aware that many of these activities are applicable in reaching individuals in more than one stage (i.e., the phone line). In addition, the HLIP and the FOT policy can support individuals progress in all five stages. A second proposed policy to target individuals in each stage is a Well Physical Benefit (preventive medical exam). This would allow and encourage employees to complete a health screening on an annual basis.

Utilizing the theory driven approach to health promotion planning provides health professionals with the guidance needed to develop successful programs. It is our anticipation that by delivering a quality, comprehensive health promotion program that is thoroughly integrated into the university environment, we can continue to provide university employees with the information and skills they need to make positive health behavior changes and increase their quality of life.