

INTERVENTION

Arkansas Healthy Employee Lifestyle Program (AHELP) Little Rock, AR



DISSEMINATION CATEGORY

Arkansas Healthy Employee Lifestyle Program (AHELP) is an emerging intervention based on its use of evidence-based strategies. Developed in practice, it shows promise but evidence in support of effectiveness is not yet available.

OVERVIEW

Intent of the intervention: The intent of AHELP is to increase healthy behaviors including: eating fruits and vegetables, engaging in regular physical activity, obtaining age-appropriate health screenings, and avoiding or quitting the use of all tobacco products, among Arkansas state employees.

Intended Population: State employees in Arkansas.

Setting(s): Worksites

Background: The Arkansas Healthy Employee Lifestyle Program (AHELP) grew out of the Healthy Arkansas Initiative. The Arkansas Department of Health and the Department of Human Services created a worksite wellness committee that recommended an incentive-based intervention. The committee surveyed state employees and learned that money, time off, and insurance premium reductions were the most highly rated incentives. In response to these findings, Act 724 (2005) was introduced and enacted, authorizing leave incentives (up to 3 days per 52 weeks) for state employees who participate in AHELP and earn target numbers of points for engaging in healthy behaviors including: eating fruits and vegetables, engaging in regular physical activity, obtaining age-appropriate health screenings, and avoiding or quitting the use of all tobacco products. The bill also requires state agencies, when practicable, to identify and maintain areas for walking exercise.

Length of time in the field: The AHELP intervention was pilot-tested during the period February 2005 through June 2008 in 200 worksites serving 10,000 state employees. As of November 2012, AHELP has expanded to 30 state agencies and over 500 worksite locations.

HEALTH EQUITY CONSIDERATIONS

The intent of the Arkansas Healthy Employees Lifestyle Program (AHELP) is to increase healthy behaviors among Arkansas state employees. AHELP was passed by the Arkansas legislature as a voluntary policy giving state agency heads the authority to grant their full-time state employees the opportunity to participate in the program. Center TRT evaluated the results of the project's pilot phase (2005-2008), which had 200 county-based offices and two central offices participating, with the potential to reach 10,000 state health and human services employees. AHELP has since expanded to 30 state agencies and over 500 worksite locations.

IMPLEMENTATION

Main Components: AHELP is a multi-component intervention with a public policy at its core. The policy, Act 724 of 2005 states that:

- An employee may be granted paid leave of up to three (3) days per calendar year for participating in AHELP and earning target levels of points for engaging in healthy behaviors.
 - The leave shall be used in the calendar year in which it was earned.
 - The leave is not compensable at termination.
- Each agency shall identify and maintain, if practicable, in or near each agency building, an area or areas that employees may use for walking exercise.

The AHELP intervention includes four main components: Participant enrollment through the Health Risk Assessment (HRA) process; Web-based Monitoring/Tracking; Employee Education and Support; and Incentive Awards.

Health Risk Assessment (HRA)

Employees who are interested in participating in the AHELP intervention complete a Health Risk Assessment (HRA) prior to enrolling in the AHELP program. The HRA is an electronic, confidential assessment tool that generates a health report to the individual regarding their health status based on their personal data.

Web-based Monitoring and Tracking

Employees may elect to enroll in the web-based monitoring and tracking system and log their healthy behaviors to earn points for these lifestyle behavior changes. Points are awarded for:

- Engaging in physical activity,
- Consuming fruits and vegetables,
- Obtaining age-appropriate health screenings,
- Remaining tobacco free, and
- Taking the Health Risk Assessment annually.

The tracking system was developed specifically for the AHELP program. It is housed on an INTRANet site available only to state employees and is a password protected data base.

Employee Education and Support

AHELP Coordinators

An individual at each worksite serves as an AHELP coordinator. Each coordinator works together with AHELP administrators to promote the AHELP program by:

- Encouraging employee participation and support of employee efforts;
- Encouraging and monitoring employee recording of activities into the web-based tracking system;
- Identifying needs and interests of employees for planned activities, e.g., brown bag lunches and staff development workshops;
- Organizing and implementing employee educational activities and resources;
- Promoting and marketing AHELP sponsored events;
- Distributing incentive prizes; and
- Completing quarterly reports to AHELP administrators containing information specific to each site, e.g., numbers of participating employees, method of employee involvement, types of programs sponsored by AHELP, types of physical activity opportunities available, and resources needed.

Education

The educational programs offered as part of the AHELP program include:

- Nutrition classes/programs,
- Weight management classes/programs,
- Tobacco cessation classes/programs,
- Physical Activity classes/programs, and
- Employee Newsletters with healthy nutrition and physical activity tips.

Social Support

The AHELP program offers multiple activities that foster social support among employees through challenges and group activities. Some examples include:

- *Arkansas Fitness Challenge* – Initiative developed through a partnership with Arkansas Blue Cross Blue Shield and Arkansas Department of Health under the umbrella of Healthy Arkansas. The Arkansas Fitness Challenge organized multiple walking groups.
- *Walk Across Arkansas* – Statewide physical activity program organized by Arkansas Cooperative Extension to encourage participants to increase the number of steps taken each day in order to promote health

Walking Areas

The implementation of *areas for walking* varies across agencies and physical locations. Several sites have mapped walking paths outside around the building or indoors; few sites have both. Some sites have identified a fitness room within the building. The state drafted rules and waivers to facilitate the use of fitness rooms within state agencies. In some cases, treadmills have been put in place and in other cases walking videos are available in the fitness room. The Arkansas Department of Environmental Quality included a fitness room and a walking path that connects with a larger network of paths and parks when they built their new building.

Incentive Awards

Employees may redeem earned points for incentives including: days off from work as approved in Act 724 of 2005; recognition in the employee newsletter; and other prizes including exercise resistance bands, t-shirts, gym bags, pedometers, and passes for lodging at any state park. In order to earn incentives, participating employees must meet the requirements for BOTH total number of points earned AND the timeframe during which they are earned. The necessary points for redemption must have been earned within the 52 weeks prior to the date of requesting/redeeming the points. The web-based tracking system determines if points were earned during the allowable time frame when the employee requests an incentive.

Keys to Success:

- Site coordinators present at each site to manage recruitment of participants into the AHELP program, promotion of the AHELP program, compliance with employee completion of Health Risk Assessments (HRAs), completion of surveys to evaluate local implementation, and delivering incentives to AHELP program participants.
- Site coordinators who are enthusiastic about the AHELP program.
- State-level champion support from the governor and state representatives to lead the effort toward passage of Act 724 of 2005 to allow incentives to be offered as rewards for participation in the AHELP program.
- Upper management support from the former and current Directors of Health for Arkansas Department of Health (ADH) for the implementation of the AHELP program at county offices.
- Passage of Act 724 of 2005 into state law to provide:

- leave as an incentive for state employees who meet specific participation criteria in the AHELP program
- other incentives for the improvement of health of Arkansas employees
- identification and maintenance of areas to be used for walking exercise at or near each agency building
- Use of the Health Risk Assessments (HRAs) to track participation and progress toward healthier dietary and physical activity behaviors as part of participation the AHELP program.
- Use of web-based daily tracking system to record individual dietary and physical activity behaviors in order to calculate points for redemption of incentives.
- Supervisors that allow their employees to work on a flexible schedule in order to participate in AHELP-related activities.
- Anonymity of HRA responses; HRA completion rates rose significantly once participants were assured that their information was anonymous (from <40% in year 1 to 90% in year 3).
- Orientation of the AHELP program as part of the institutionalized orientation for employees.
- Establishment of a wellness committee to lead implementation of the AHELP program.

Barriers to Implementation:

- Lack of support in some cases of immediate supervisors and administrator of site.
- Competing priorities at work and lack of flexibility in employees' schedules possibly limiting participation in physical activity during the work day.
- Changes in organizational structure, such as merging and demerging of participating agencies.
- Consistency of site coordinator completion and submission of monthly site reports.
- Site coordinator turnover leading to need for multiple regional trainings statewide.
- Lack of funding from governor to continue to implement the program once it goes statewide (significant funding was provided in-kind during the pilot that will not continue once the program is launched statewide).
- Lack of funding for ongoing infrastructure and communication between the electronic system of TRALE to the AHELP system making it difficult to accurately link the participant's HRA to their activities in the AHELP tracking system.

RESOURCES REQUIRED

Staff

- Wellness Committee Members = .016 FTE/member
- Site Coordinators = .025 FTE/site

Materials

- HRA initial purchase = \$1.05-4.19/employee/year (depending on # of employees and adaptation needed)
- HRA data analysis = \$24,900
- Website initial set-up = \$235,000
- Social Marketing technical assistance
- Evaluation = \$10,000 for the first year evaluation

- Web-based Tracking system set-up = Internal in-kind funds¹

Incentives

- T-shirts, pedometers, stretch bands, water bottle cozies = \$4,142.90

UNDERLYING THEORY/ EVIDENCE

AHELP is an emerging intervention and evidence in support of effectiveness is not yet available.

Strategies Used²

- **Increasing access to and number of places for physical activity** within worksites. Increasing access to places or facilities for physical activity includes those strategies that seek to (1) increase the number of physical spaces where people can engage in physical activity, or (2) make existing physical spaces for physical activity more accessible. Spaces can include walking or biking trails, fitness centers, community centers, and recreation spaces (e.g., community playground). Specific intervention components designed to increase the accessibility of existing physical spaces include: making sure physical activity facilities are safe, clean, and appealing, and/or extending operation hours to accommodate a variety of daily schedules. This strategy of increasing access is often used in combination with informational and social support strategies, or as part of a community-wide campaign.
- **Social support for physical activity:** This strategy provides a supportive environment for individuals' attempting to increase and sustain regular physical activity. Social support interventions for physical activity can focus on existing social networks or creating new social networks. Such interventions might aim to increase social support within the family (targeting the family as a whole, the parents, or the spouse/partner), the faith community, the worksite, or other community-based sectors. Techniques regularly used in social support interventions include group-oriented goal setting, problem solving, discussion, and physical activity opportunities or events.
- **Individual counseling about healthy eating:** Individual (or personal) counseling is an effective strategy for positively changing an individual's healthy eating behaviors. Personal counseling for healthy eating includes one-on-one counseling using techniques such as motivational interviewing or peer education. Personal counseling can be implemented in a variety of formats, including face-to-face, via computer, and over the telephone.

Guided by a CDC expert panel, a Swift Worksite Assessment and Translation (SWAT) review was completed to identify promising practices to promote healthy weight and related favorable health outcomes in small (<300 employees) and medium (300-5000 employees) worksites³. The AHELP program includes several of the promising strategies identified by the SWAT

¹ Center TRT provides the set-up for the Web-Based Tracking system free-of-charge as a downloadable document on the Center TRT website.

² A full description of the intervention strategies used can be found on the Center TRT website with references to the sources of evidence to support the strategies.

³ Hersey J, Williams-Piehot P, Sparling PB, Alexander J, Hill MD, Isenberg KB, et al. Promising practices in promotion of healthy weight at small and medium-sized US worksites. *Prev Chronic Dis* 2008;5(4). http://www.cdc.gov/pcd/issues/2008/oct/07_0172.htm. Accessed 10/05/09.

review, one for each of three levels of the SE model (individual, environmental, and organizational):

- **Periodic health assessments tied to personal feedback (Individual)**
- **Free access to onsite physical activity facilities (Environmental)**
- **Incentive of paid day of leave to encourage program participation (Organizational)**

POTENTIAL PUBLIC HEALTH IMPACT

The AHELP program was adopted and implemented by 200 county-based offices and two central offices during the pilot phase, with the potential to reach 10,000 state health and human services employees. A full evaluation report of the program pilot is currently being finalized. The findings from the evaluation will be key to assessing the extent to which the program was implemented across worksites. As of November 2012, AHELP has expanded to 30 state agencies and over 500 worksite locations. Once the resources are invested to create the centralized website, it is very feasible to track employee behavior change and the numbers of points earned. Making employees aware of the program and motivating their participation are more difficult and require sustained effort from site level program champions.

Reach: The policy that supports the AHELP intervention REACHED 2,531 of 10,000 state employees during the pilot phase. About fifty percent of participating employees were obese.

Effectiveness: The evidence of EFFECTIVENESS is emerging for interventions in this category.

Adoption and Implementation: The policy supporting the AHELP intervention has been ADOPTED by 30 state agencies and over 500 worksite locations. Significant infrastructure (web-based tracking system and site coordinators) was developed to support IMPLEMENTATION and monitoring during the pilot phase and the tracking system is available for dissemination.

Maintenance: The policy supporting AHELP has been in place for seven years and much was learned from the pilot implementation phase. It is likely that this public policy will be MAINTAINED.

INTERVENTION MATERIALS

AHELP materials can be downloaded from the [Center TRT website](#)

Implementation Guidance

- *AHELP Toolkit* - Instruction for implementation of a nine-step process that can be used by employers of all sizes to develop and manage a successful health promotion program
- *AHELP Checklist* – Example of recommended tasks for implementation of AHELP program
- *AHELP Administrative Guide*
- *AHELP Director's Packet*

Policy Enactment

- *Act 724 of 2005* – Legislation enacted to provide leave incentives for the those state employees who participate in the Healthy Employee Lifestyle Program (AHELP) and to provide areas for walking exercise at state agency facilities
- *Section 106 of Act 724* – Policy developed to provide detailed description of Act 724 of 2005 in preparation of the statewide implementation of the AHELP program

Tracking System

To implement this intervention, you will need a web-based tracking system for participants to enter their healthy behaviors. Your IT Administrator can create a database for you or you can adapt the system developed by AHELP. If you choose the latter, please refer to the following: *The AHELP application runs on the .NET framework version 2.0. The Microsoft Visual Studio version 2.0 provides the machine interface for writing and testing the application. Intervention developers used the SQL Server 2005 database to store data. The application is designed to work best with Microsoft Internet Explorer 7 or higher.*

- *Web-based Behavior Tracking System* – Database used by AHELP participants to enter healthy behaviors and total points earned are calculated
- *AHELP Database components* – List and brief description provided
- *AHELP Website Instructions* – Directions provided for AHELP participants to be able to record healthy behaviors in the Web-based Tracking System and redeem total points earned for prizes and days off
- *Administrative Guide* – Directions provided for the Agency Information Technology (IT) Administrator to set up and maintain the AHELP Web-based Behavior Tracking System

Marketing

- *AHELP Brochure* – Marketing tool used to recruit employees to participate in the AHELP program
- *AHELP Poster* - Marketing tool used to recruit employees to participate in the AHELP program
- *AHELP Promotional Flyer*

Workplace Guidelines

- *Vending Machine Guidelines* – Guidelines for reading labels to enable employees to make healthy snack choices from vending machines
- *Guidelines for Food and Beverages at Meetings and Catered Events* - Guidelines for selecting foods and beverages for breaks or meals at meetings, conferences, and other work-related events

ADDITIONAL INFORMATION

Websites:

<https://www.ahelp.arkansas.gov/>

<http://www.healthy.arkansas.gov/programsServices/chronicDisease/Pages/WorksiteWellness.aspx>

Training/Technical Assistance: Program contacts are available to provide technical assistance to those interested in implementing/adapting AHELP and are listed below.

Publications:

Philyaw Perez A, Phillips MM, Cornell CE, Mays G, Adams B. *Promoting dietary change among state health employees in Arkansas through a worksite wellness program: the Healthy Employee Lifestyle Program (HELP)*. *Prev Chronic Dis* 2009;6(4).

http://www.cdc.gov/pcd/issues/2009/oct/08_0136.htm. Accessed [10/8/09].

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