

HealthLinks: Increasing Small, Low-Wage Worksites' Implementation of Evidence-Based Interventions

Peggy A. Hannon, PhD, MPH; Jeffrey R. Harris, MD, MPH, MBA; Kristen Hammerback, MA; Marlana Kohn, MPH; K. Gary Chan, PhD; Riki Mafune; Amanda Parrish, MA; Christian Helfrich, PhD, MPH; Shirley A. Beresford, PhD; Joanne Pike, DrPH

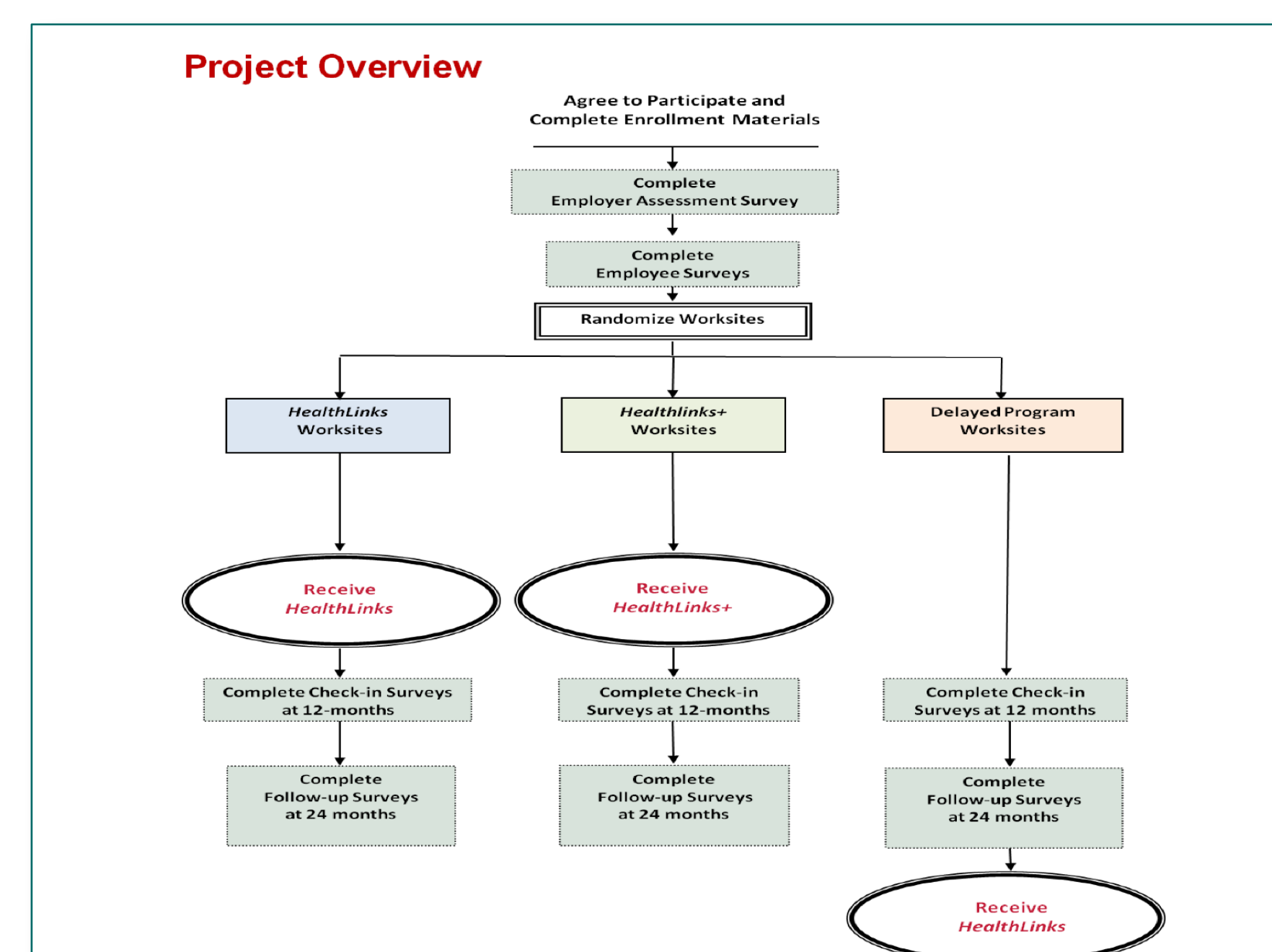
Health Promotion Research Center at the University of Washington School of Public Health, American Cancer Society

Background and Significance

- The worksite is a powerful venue for reaching adults with evidence-based interventions (EBIs) to prevent chronic disease
- Tobacco use, sedentary lifestyle, and poor nutrition are strongly linked to chronic disease; employees earning low wages are at higher risk for these behaviors
- UW and ACS developed HealthLinks, a workplace wellness program with a menu of EBIs, designed for small employers in low-wage industries
- Pilot tests of HealthLinks increased workplaces' implementation of EBIs
- We conducted a three-arm, site-randomized trial to formally test (a) whether HealthLinks increased EBI adoption at small worksites, and (b) whether having a wellness committee facilitated EBI adoption

Methods

- Participants:** We recruited 78 worksites and retained 72 through the 15-month follow-up
- Study Design:** Worksites were randomly assigned to one of three arms: standard HealthLinks (n=26), HealthLinks plus wellness committee (n=25), or delayed control (n=21)



Methods, cont.

- HealthLinks Intervention:** HealthLinks provides recommendations and implementation tools to small employers to help them adopt and implement EBIs, many from the *Guide to Community Preventive Services*

HealthLinks EBI menu

	Policy	Program	Communications
Cancer Screening			<ul style="list-style-type: none"> Promote guidelines & insurance coverage Promote free screening programs
Healthy Eating	<ul style="list-style-type: none"> Written policy Food/bev sold Meetings 		<ul style="list-style-type: none"> Promote healthy eating, beverage choices
Physical Activity	<ul style="list-style-type: none"> Gym discounts PA breaks 	<ul style="list-style-type: none"> Active for Life Pedometer challenge 	<ul style="list-style-type: none"> Promote guidelines, nearby resources
Tobacco Cessation	<ul style="list-style-type: none"> Tobacco ban Written policy Enforcement Cessation support in policy 		<ul style="list-style-type: none"> Promote state, other free quitlines Promote covered cessation tx

- A trained interventionist delivered HealthLinks to worksites in the two treatment arms
- The interventionist delivered HealthLinks to a key contact at the worksite, usually the human resources manager
- In the HealthLinks plus wellness committee arm, worksites also received toolkits and interventionist support to create a wellness committee

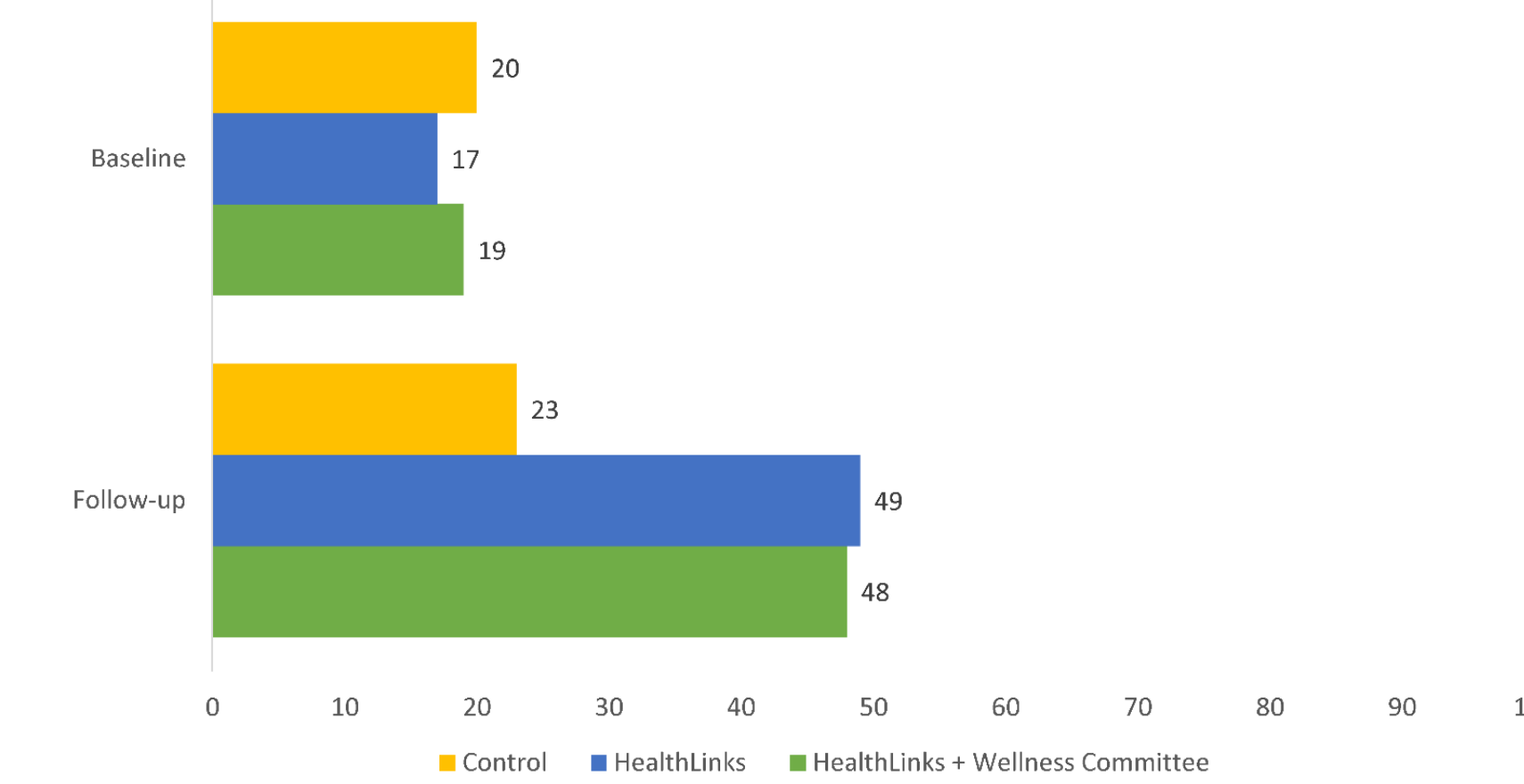
HealthLinks intervention

Assessment	Recommendations	Implementation
<ul style="list-style-type: none"> Begin dialogue about wellness Assess current wellness practices 	<ul style="list-style-type: none"> Gap analysis Evidence-based solutions 	<ul style="list-style-type: none"> Toolkits to support recommendations Form wellness committees On-site wellness programs/education Adopt new policies

Findings

- EBI implementation increased in both HealthLinks arms compared to the delayed control arm, $p < .001$

EBI implementation, baseline and 15 months



- The two HealthLinks arms did not differ in EBI implementation at baseline or follow-up

Conclusions and Next Steps

- Small worksites that participated in HealthLinks more than doubled their EBI implementation
- We are analyzing employee-level data and measuring whether EBIs were maintained after HealthLinks ended
- Future HealthLinks research will study different methods of taking HealthLinks to scale

