Name of Program/Strategy: Healthy Workplace

Report Contents

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1. Overview and description

Healthy Workplace is a set of substance abuse prevention interventions for the workplace that are designed for workers who are not substance-dependent and still have the power to make choices about their substance use. The five Healthy Workplace interventions--SAY YES! Healthy Choices for Feeling Good, Working People: Decisions About Drinking, the Make the Connection series, Healthy Life 2000 (formerly Prime Life 2000), and Power Tools--target unsafe drinking, illegal drug use, prescription drug use, and the healthy lifestyle practices of workers. Cast in a health promotion framework and grounded in social-cognitive principles of behavior change, Healthy Workplace interventions integrate substance abuse prevention materials into popular health promotion programs, thereby defusing the stigma of substance abuse and reducing barriers to help-seeking behavior. Intervention materials are designed to raise awareness of the hazards of substance use and the benefits of healthy behaviors and to teach techniques to live healthier lives. The interventions are delivered in small group sessions using videos and print materials that can be used in any order and are selected based on the organization's goals and workforce composition (construction workers, office workers, technical/professional staff, etc.).

2. Implementation considerations (if available)

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3. Descriptive information

Areas of Interest	Substance abuse prevention Substance abuse treatment
Outcomes	1: Alcohol use 2: Motivation to reduce alcohol use (stage of change) 3: Substance use for stress relief 4: Healthy lifestyle 5: Perceived risks of alcohol and other drug use
Outcome Categories	Alcohol Drugs
Ages	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)
Genders	Male Female
Races/Ethnicities	Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified
Settings	Workplace
Geographic Locations	No geographic locations were identified by the applicant.
Implementation History	Healthy Workplace interventions have been implemented in scores of organizations throughout Australia, Canada, and the United States.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: Yes
Adaptations	No population- or culture-specific adaptations were identified by the applicant.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
IOM Prevention Categories	Universal

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4. Outcomes

Outcome 1: Alcohol use

Description of Measures	Alcohol use was measured using items from the Health Behavior Questionnaire. Questions included the number of days in the past 30 on which the respondent drank alcohol (any amount), the average number of drinks consumed on those days, and the number of days on which the respondent consumed five or more drinks (i.e., binge drinking).
Key Findings	Healthy Workplace participants reported less frequent drinking in the 30 days after the intervention relative to a no-treatment control group ($p < .05$). Reductions occurred in both overall consumption (number of days respondents had one or more drinks) and binge drinking (number of days respondents had 5 or more drinks).
Studies Measuring Outcome	Study 1, Study 2, Study 3, Study 5
Study Designs	Experimental, Quasi-experimental
Quality of Research Rating	2.4 (0.0-4.0 scale)

Outcome 2: Motivation to reduce alcohol use (stage of change)

Description of Measures	Motivation to reduce drinking was measured with items from the Health Behavior Questionnaire. Respondents were asked where they were "right now" with respect to cutting back on their drinking in terms of five stages from "not even thinking about it" to "just started cutting back." Questions were worded to measure motivation to cut back on the amount of alcohol consumed (1) at any one time and (2) weekly.
Key Findings	Healthy Workplace participants reported higher motivation after the intervention to cut back on the amount they drank (both at any one time and weekly) compared with a no-treatment control group ($p < .05$).
Studies Measuring Outcome	Study 1, Study 2, Study 4
Study Designs	Experimental, Quasi-experimental
Quality of Research Rating	2.1 (0.0-4.0 scale)

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Outcome 3: Substance use for stress relief

Description of Measures	This outcome was measured using a 10-item scale that assessed the frequency with which the subject used alcohol and other drugs to relieve stress.
Key Findings	Healthy Workplace participants reported greater post-intervention reductions in their use of substances to relieve stress compared with a no-treatment control group ($p < .05$).
Studies Measuring Outcome	Study 3
Study Designs	Experimental
Quality of Research Rating	2.2 (0.0-4.0 scale)

Outcome 4: Healthy lifestyle

Description of Measures	Healthy lifestyle was measured using subscales from the Health Behavior Questionnaire that inquired about nutritional patterns, attitudes toward a healthy diet, exercise habits, and exercise self-efficacy.
Key Findings	Healthy Workplace participants improved on all five measures of healthy eating and weight management and in nutritional patterns relative to a no-treatment control group ($p < .05$). Attitudes about a healthy diet and healthy eating patterns were maintained for 10 months following the intervention.
Studies Measuring Outcome	Study 3
Study Designs	Experimental
Quality of Research Rating	2.2 (0.0-4.0 scale)

Outcome 5: Perceived risks of alcohol and other drug use

Description of Measures	This outcome was measured using a 14-item scale that assessed the extent to which respondents believe people risk harming themselves by using alcohol and other drugs.
Key Findings	Healthy Workplace participants improved on measures of perceived risks of alcohol and other drug use compared with a no-treatment control group. Improvements were maintained 10 months after the intervention ($p < .05$).

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Studies Measuring Outcome	Study 3
Study Designs	Experimental
Quality of Research Rating	2.1 (0.0-4.0 scale)

5. Cost effectiveness report (Washington State Institute of Public Policy – if available)

6. Washington State results (from Performance Based Prevention System (PBPS) – if available)

7. Who is using this program/strategy

Washington Counties	Oregon Counties

8. Study populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
Study 1	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	56.1% Male 43.9% Female	71% White 18.7% Black or African American 10.3% Race/ethnicity unspecified
Study 2	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	56% Male 44% Female	63.2% White 16.4% Black or African American 12.5% Hispanic or Latino 5% Asian 2.9% Race/ethnicity unspecified

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Study 3	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	86% Female 14% Male	88% White 12% Race/ethnicity unspecified
Study 4	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	98% Male 2% Female	54% White 24% Black or African American 20% Hispanic or Latino 2% Race/ethnicity unspecified
Study 5	18-25 (Young adult) 26-55 (Adult) 55+ (Older adult)	Data not reported/available	Data not reported/available

9. Quality of studies

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

Study 1

Cook, R. F., Back, A. S., & Trudeau, J. (1996). Preventing alcohol use problems among blue-collar workers: A field test of the Working People program. Substance Abuse and Misuse, 31(3), 255-275.

Study 2

Cook, R. F., Back, A. S., & Trudeau, J. (1996). Substance abuse prevention in the workplace: Recent findings and an expanded conceptual model. Journal of Primary Prevention, 16(3), 319-339.

Study 3

Cook, R. F., Back, A. S., Trudeau, J., & McPherson, T. (2003). Integrating substance abuse prevention into health promotion programs in the workplace: A social cognitive intervention targeting the mainstream user. In J. B. Bennett & W. E. K. Lehman (Eds.), Preventing workplace substance abuse: Beyond drug testing to wellness. Washington, DC: American Psychological Association.

Study 4

Cook, R. F., Hersch, R. K., Back, A. S., & McPherson, T. L. (2004). The prevention of substance abuse among construction workers: A field test of a social cognitive program. Journal of Primary Prevention, 25(3), 337-358.

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Study 5

Deitz, D., Cook, R. F., & Hersch, R. (2005). Workplace health promotion and utilization of health services: Follow-up data findings. Journal of Behavioral Health Services and Research, 32(3), 306-319.

Trudeau, J. V., Deitz, D. K., & Cook, R. F. (2002). Utilization and cost of behavioral health services: Employee characteristics and workplace health promotion. Journal of Behavioral Health Services and Research, 29(1), 61-74.

Supplementary Materials

Cook, R. F., & Youngblood, A. (1990). Preventing substance abuse as an integral part of worksite health promotion. Occupational Medicine: State of the Art Reviews, 5(4), 725-738.

Hersch, R. K., Cook, R. F., Deitz, D. K., & Trudeau, J. V. (2000). Methodological issues in workplace substance abuse prevention research. Journal of Behavioral Health Services and Research, 27(2), 144-151.

Hersch, R. K., McPherson, T. L., & Cook, R. F. (2002). Substance abuse in the construction industry: A comparison of assessment methods. Substance Use and Misuse, 37(11), 1331-1358.

Cook, R. F., Deitz, D. K., Hersch, R., & Miller, M. L. (2001). Substance abuse prevention and workplace managed care: Replication manual.

Cook, R. F., Bernstein, A. D., Arrington, T. L., Andrews, C. M., & Marshall, G. A. (1995). Methods of assessing drug use prevalence in the workplace: A comparison of self-report, urinalysis, and hair analysis. International Journal of the Addictions, 30(4), 403-426.

McPherson, T. L., Cook, R. F., Back, A. S., Hersch, R. K., & Hendrickson, A. (2006). A field test of a web-based substance abuse prevention training program for health promotion professionals. American Journal of Health Promotion, 20(6), 396-400.

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures

2. Validity of measures

3. Intervention fidelity

4. Missing data and attrition

5. Potential confounding variables

6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Alcohol use	2.5	2.5	1.9	2.7	2.2	2.8	2.4
2: Motivation to reduce alcohol use (stage of change)	2.0	2.1	1.4	2.7	1.9	2.8	2.1
3: Substance use for stress relief	2.0	1.5	2.5	2.5	2.0	2.5	2.2
4: Healthy lifestyle	1.7	2.0	2.5	2.5	2.0	2.5	2.2
5: Perceived risks of alcohol and other drug use	1.5	1.5	2.5	2.5	2.0	2.5	2.1

Study Strengths

Reliability and validity of the instruments used to measure substance use are typical of those used in the field. The use of recorded video and printed intervention materials offers consistency of delivery of information. As is typical in longitudinal worksite-based research, attrition occurred, but comparisons of demographic variables in some of the studies reviewed found only small or no differences in personal attributes that would affect the major outcomes of the studies. The research design was generally strong in most of the studies, and the impact of confounding variables was small. The studies generally used appropriate statistical tests to assess change in measures between groups.

Study Weaknesses

More information could have been provided on the reliability of measures and links to other indicators of substance use as a validity check. There appeared to be very little direct concern with issues of fidelity, with the exception of the fact that the same trainer was used across all administrations. Attrition rates were unacceptably high in one study and barely acceptable in another study. Attempts to address attrition were modest in some of the studies reviewed, and smaller sample sizes due to attrition reduced the levels of statistical power of some analyses.

10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.5	3.5	3.3	3.4

Dissemination Materials

Alcohol brochures:

- A Closer Look at Drinking
- Hey Dad! A Few Important Points for Parents
- It's About Choices: Building Personal Power
- One More Pitcher?

Center for Workforce Health Web site, http://www.centerforworkforcehealth.com

Cook, R., & Back, A. (1992). SAY YES! Healthy choices for feeling good: Employee workbook. Alexandria, VA: ISA Associates, Inc. Description of Healthy Workplace interventions

DVDs:

- SAY YES! Healthy Choices
- The Active Lifestyle Connection
- The Healthy Eating Connection
- The Stress Management Connection
- Working People: Decisions About Drinking

Health Behavior Questionnaire

Healthy Workplace fact sheet

ISA Associates. (1990). SAY YES! Healthy choices for feeling good. Trainer's guide. Alexandria, VA: Author.

ISA Associates. (1993). Newsprint charts featured in the video "Some Important Facts About Alcohol." Alexandria, VA: Author. ISA Associates. (1993). Working people: Decisions about drinking. Training guide. Alexandria, VA: Author.

Make the Connection: Healthy Choices and Feeling Good training materials handout

Make the Connection Series brochures:

- Alcohol, Drugs, and a Healthy Lifestyle: What's the Connection? (1996). Arlington, VA: ISA Associates.
- The Active Lifestyle Connection. (1996). Arlington, VA: ISA Associates.
- The Family Connection: Points for Parents. (1996). Arlington, VA: ISA Associates.
- The Healthy Eating Connection. (1996). Arlington, VA: ISA Associates.
- The Stress Management Connection. (1996). Arlington, VA: ISA Associates.

McPherson, T. L., Cook, R. F., Back, A. S., Hersch, R. K., & Hendrickson, A. (2006). A field test of a web-based substance abuse prevention training program for health promotion professionals. American Journal of Health Promotion, 20(6), 396-400.

Prevention Connection training Web site, http://www.prevconn.com/PCPublic.asp

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Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.5	2.8	1.0	2.4

Dissemination Strengths

Program materials include multimedia implementation materials along with guidelines for selecting individual workplace interventions based on an organization's goals and workforce. Multiple levels of training are available to support program implementation. A health behavior questionnaire for outcomes monitoring is available to support quality assurance.

Dissemination Weaknesses

Some implementation materials use inconsistent terminology that could be confusing to implementers. No formal developer or peer coaching program is available to support implementation. No protocol is provided for administering or using data derived from the outcome monitoring tool. No measure or protocol is provided for monitoring implementation fidelity.

11. Costs (if available)

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

Item Description	Cost	Required by Program Developer
Training guides (include quality assurance tools)	Free	Yes
Brochures	$5-$36 each, depending on individual interventions selected	Yes
Videos and DVDs$195	$295 each, depending on individual interventions selected	Yes
1-day, on-site training	$3,000-$5,000 for up to 12 participants, plus travel expenses	No

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2-day, on-site training	$5,000-$8,000 for up to 12 participants, plus travel expenses	No
3-day, on-site training	$8,000-$12,000 for up to 12 participants, plus travel expenses	No
Web-based training for Make the Connection and Prime Life 2000	$495 annually per user	No
Consultation via phone or email	$250 per hour	No

Additional Information

Detailed information on the pricing of DVDs and print materials and comprehensive information on advanced Web-based health promotion programs may be found at http://www.centerforworkforcehealth.com.

12. Contacts for more information

For information on implementation:

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Learn More by Visiting: http://www.centerforworkforcehealth.com

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