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Changing the Conversation: Integrated Health, Safety, Sustainability and Stewardship

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Abstract

Objective: To examine how integrated health, safety, sustainability and stewardship can impact 1) the people: health and safety of workers, 2) the planet: protection of the natural environment and 3) profits: the effectiveness of the organization to provide products and services that delight customers. By strategically leveraging initiatives that focus on health & safety with those that focus on sustainability and stewardship, organizations can improve profitability and positively impact employee and customer perceptions/attachment to the organization.

Context: Community-based action research can provide the impetus for organizational and cultural change, policy/practice changes in the workplace, and increasing the **HS³** self-efficacy of workers and their families. These changes can positively impact health, safety, sustainability and stewardship.

Methods: Literature review: peer-reviewed journal articles and research reports, industry reports and books pertinent to the subjects. Onsite observations, dialogs with company leaders and emerging leaders.

Key Findings: *Attachment, Sustainability, Lean, Stewardship, and Corporate Social Responsibility* are becoming the new mantras for differentiation within the marketplace. Companies need to investigate ways to move from departmentalized “silo” approaches in health, safety, lean and green initiatives to an integrated **HS³** (Health, Safety, Sustainability and Stewardship) philosophy. The world of work is an interdependent system comprised of the workers (workforce demographics), the work experience ecology (physical, behavioral and informational components) and external influences (regulatory agencies, laws, economics, etc). Integrated **HS³** uses the interdependencies and patterns of interaction between these elements as a foundation for synergistic planning and cost-effective action.

Integrating **HS³** strategies and initiatives within a culture that prioritizes a synergistic approach through its policies, values and actions can promote healthy lifestyles, reduce risk and injuries, protect the natural environment, and provide support to perform critical tasks efficiently and effectively in a customer-centric company.

Customer and employee attachment (loyalty) has surpassed satisfaction as the gauge for increased profitability and employee productivity, recruitment and retention. The business case for integrated health, safety, sustainability and stewardship (**HS³**) is built on the premise that the integrated **HS³** model positively impacts the differentiated (brand) experience for customers and employees, thereby increasing customer and employee attachment to the organization. Efforts to recruit, reward, and retain talented, skilled workers depend upon the fit between the worker, the culture of the organization and the work experience ecology. Integrated **HS³** organizations are driven by a customer-centric value system that is foundational to the organization’s culture.

Conclusions: Integrated **HS³** can positively impact the triple bottom line (people, planet, profits) by reducing risk, improving health of workers, protecting the environment and promoting the community at large. *CHANGING THE CONVERSATION*-one worker at a time.

*The **HS³** 4-Point Test*

- 1-Is this healthy?*
- 2-Is this safe?*
- 3-Will this protect and preserve our natural environment?*
- 4-Is this the best use of our resources (people, financial, material)?*

Changing the Conversation: Integrated Health, Safety, Sustainability and Stewardship

Introduction

Attachment, Sustainability, Lean, Stewardship, and Corporate Social Responsibility are becoming the new mantras for differentiation in the marketplace. Marketplace differentiation provides a competitive advantage for business today. Customer and employee attachment (loyalty) has surpassed satisfaction as the link to increased profitability and employee recruitment and retention. The business case for integrated health, safety, sustainability and stewardship (**HS³**) is built on the premise that the integrated **HS³** model will positively impact the differentiated experience for both customers and employees; thereby increasing customer and employee attachment to the organization.

The world of work is an interdependent system comprised of the workers (workforce demographics), the work experience ecology (physical, behavioral and informational components) and external influences (regulatory agencies, laws, economics, etc). Integrated **HS³** uses the interdependencies and patterns of interaction between these elements as a foundation for synergistic planning and cost-effective action. Companies need to investigate ways to move from departmentalized “silo” approaches in health, safety, “Lean” and “Green” initiatives to an integrated **HS³** (Health, Safety, Sustainability and Stewardship) philosophy.

Efforts to recruit, reward, and retain talented, skilled workers depend upon the fit between the worker, the culture of the organization and the work experience ecology. Integrated **HS³** organizations are driven by a customer-centric value system that is foundational to the organization’s culture. Integrating **HS³** strategies and initiatives within a culture that prioritizes a synergistic approach through its policies, values and actions can promote healthy lifestyles, reduce risk, reduce injuries, protect the natural environment, and provide support to perform critical tasks efficiently and effectively in a customer-centric company.

Changing the Conversation

Why integrate **HS³**? 1) to develop a consistent philosophy/value system, 2) make it easier to change the culture, 3) use a common sense approach and make use of efficiencies to save money, 4) take advantage of integrated/streamlined communication and marketing vehicles, 5) align metrics, rewards and recognition with an integrated approach. Integrated **HS³** must be measurable and relevant to business growth and prosperity. Integrated **HS³** will be most effective in customer-centric organizations with passionate leadership, resource alignment and reliance on people/place/processes to deliver products/services that delight customers. What will change the conversation? What will improve self-efficacy? What will propel this change? 1) desire for change, 2) leaders who understand the business case for integrated **HS³**-focusing on people, planet and profits, 3) competition in the marketplace.



The focus of this paper is to understand how health, safety, sustainability and stewardship initiatives can be combined to, not only, affect the triple bottom line of people, planet and profits, but also on market differentiation metrics, such as employee and customer attachment. The discussion is focused on five areas: 1) healthy, sustainable lifestyles, 2) healthy, sustainable, risk-resistant work places, 3) people development-self-efficacy and employee attachment, 4) communication and culture changes, 5) metrics to demonstrate sustainable stewardship.

Healthy, Sustainable Lifestyles

How do we change the conversation with regard to healthy, sustainable lifestyles?

Local (county) mortality statistics show that coronary heart disease, cancer, stroke, respiratory conditions, and diabetes are the leading causes of death for this community (CDC, 2008). Modifiable risk factors include hypertension, elevated serum cholesterol, cigarette smoking, physical inactivity, and diet. Obesity is one of the major risk factors associated with the development of chronic diseases, such as cardiovascular disease, Type II diabetes mellitus, hypertension, stroke, dyslipidemia, osteoarthritis and selected cancers (CDC, 2008; Must, et.al., 1999). Lowering health risks and maintaining a no-risk status over time are associated with lower health insurance costs (Haynes & Dunnagan, 2000). In Wisconsin, prevalence of overweight adults has increased to 58% (CDC, 2008; Wisconsin Women's Health, 2008). Twenty-four percent of Wisconsin high school students are overweight or at risk of becoming overweight (CDC, 2003). Childhood obesity is increasing at an alarming rate in Wisconsin.

Preventing deaths due to cardiovascular disease, stroke, cancer, and diabetes and decreasing the economic burden for chronic conditions such as diabetes and hypertension can be addressed by changes in activity/exercise and nutritional behaviors (Fishman, et.al., 1997). The "Guide to Community Preventive Services" looked at ways to increase physical activity- informational, behavioral and social, and environmental and policy approaches. Point-of-decision prompts to encourage stair use, school-based physical education, social support in community settings, individually-adapted health behavior changes and the creation of enhanced access to place for physical activity did increase levels of physical activity and improving physical fitness (Kahn, et al, 2002). Primary prevention, as evidence by healthy, sustainable lifestyles is the answer. However, financing primary prevention at the worksite is a topic of heated debate. Employers still search for ways to measure the ROI for health and wellness initiatives in the workplace.

Annual healthcare costs for persons with chronic conditions, which included care for both their chronic conditions and any acute healthcare problems, average \$3,074 per person per year compared with \$817 for persons with only acute conditions (Hoffman, Rice, Sung, 1996). Chronic pain is the nation's leading cause of adult disability. An estimated 50 to 75 million

For every 100 employees:

- 66 are overweight or obese
- 39 don't exercise
- 32 drink excessively
- 29 have hypertension
- 22 have arthritis
- 21 smoke
- 12 have heart disease
- 7 have diabetes
- 7 have cancer
- 2 have had a stroke
- 3 have anxiety or depression

Adapted from Dept. HSS, Centers for Disease Control & Prevention, 2008

Americans have chronic pain (Battista & Reed, 2006). Unlike acute pain, chronic pain is not necessarily limited to the site of an injury, and does not go away when the disease is adequately treated or the injury heals. Prevalence rates for chronic pain increase with age, peaking between ages 45 and 65. Chronic pain and chronic disease often occur simultaneously, specifically musculoskeletal problems, chronic pain disorder and osteoarthritis (Rustoen, et al., 2005). The impact of chronic pain in the workplace is enormous. Pain costs an estimated \$100 billion each year (NIH Guide, 1998). Each year over 50 million lost workdays are attributed to pain. For example, migraine, the most common recurrent severe headache, affects at least 12% of the US adult population and is a leading cause of employee absenteeism and lower productivity (Wenzel, et. al, 2004). Back pain is the most frequently identified cause of lost work time and lower productivity and is the leading cause of disability in Americans under age 45. In addition to lost workdays, loss of productivity on the job for those with chronic pain is substantial.

Goetzel (2004) noted that presenteeism losses represented 61% of total costs associated with 10 selected conditions. Presenteeism is a measure of decreased worker productivity. Presenteeism is defined as being present at work but limited in some aspect of job performance by a health problem. It includes: time not on task, decreased quality of work (e.g. increased injury rates, product waste, product defects); unsatisfactory employee interpersonal factors (e.g. personality disorders); and unsatisfactory work culture (Loeppke, et al, 2003). Stewart (2003) reported that the majority of lost productive time is related to impaired performance (12.7%) versus absence from work (1.1%). Another study found that high proportions of persons with upper back/neck pain and fatigue/depression were among those with high presenteeism (Aronsson, et al, 2000). Goetzel (2004) reported that migraine/headaches led the list of 10 conditions with the highest rate of presenteeism-related costs. The economic burden of migraine has been calculated at over \$13 billion in 1994. Positive and negative changes in health risks are associated with same-direction changes in presenteeism (Burton, 2006).

The workplace and school have been identified as important areas for concentrated efforts at improving self-efficacy related to healthy lifestyle behaviors. Building a healthy, sustainable culture involves the informational, behavioral and social aspect of work, as well as the work environment, and policy interventions. Research has shown that self-efficacy can be used as a gauge for predicting increases in physical activity. Social learning (cognitive) theory posits that cardiovascular disease risk factor status is related to the interaction between behaviors, personal attributes, and the physical and social environments. Two behavior change theories that have been cited with intervention-related healthy lifestyle research efforts are the transtheoretical model and the self-efficacy theory (Dallow & Anderson, 2003). Self-efficacy is a means of defining and measuring an individual's capabilities to become involved in a successful adoption of new behavior (Bandura, 1986). Research has shown that self-efficacy can be used as a gauge for predicting increases in physical activity and sustained behavioral change (Boudreaux, et al, 2003).

Integrated **HS³**-leveraging initiatives that focus on health and safety promotion with those that focus on sustainability and stewardship, can improve profitability and positively impact employee and customer perceptions of the organization. Ergonomics and safety need to be linked in the office and in the field with health promotion efforts, environmental responsibility and resource stewardship efforts. At the operational level, managing **HS³** works best with an integrated, defined focus and plan. Integrated **HS³** strategies connect employees and customers to the corporate reputation (brand) through coordinated communications and integrated activities (Esty & Winston, 2006). Managers who embrace an ecologic approach understand that the key is shared performance measures, clear communication to stakeholders and leadership to develop shared goals. Management support for health promotion can be assessed with the Leading by

Example (LBE) instrument, which has 4 subscales: business alignment with health promotion objectives, awareness of the health-productivity link, worksite support for health promotion and leadership support for health promotion (Della, et al, 2008). Changes in the facility, policies and procedures require leadership support.

Organizations need to link the worker at work and at home with **HS3** messages and initiatives. The LOHAS (lifestyle of health and sustainability) market is filled with baby boomers eager to become more skilled in self-care. This market segment supports vitality and healthy lifestyle and is in tune with the reduce-reuse-recycle philosophy (Esty & Winston, 2006). The role of community-based interventions to promote physical activity has emerged as a critical piece of overall strategy to increase physical activity behaviors in the US(Kahn, et al, 2002). Researches on active lifestyles demonstrate that neighborhood physical and social environments have an impact on active lifestyle transportation choices. Lower income populations who lived in higher density areas and more routine destinations were more active in transportation. People with higher health risks were less active for both transportation and recreational activities. The social environment-perception of people walking and biking was more strongly associated with recreational activities, while the physical environment was more strongly associated with transportation physical activities. There are fewer recreational trails in lower-income areas (Lee, 2007). Urban form variables, such as street connectivity, residential density and land use all impact levels of lifestyle activity. For youth, recreation space within 1 km of home (part of land use) increased the odds of walking. Communities with more parks had significantly higher levels of walking and biking for transportation (Zlot & Schmid, 2005). Positive attitudes about urban attributes, living in a supportive neighborhood, and low automobile availability significantly predicted more walking for transportation (Coogan, et al, 2007). Access to safe walking paths, transportation plans and carpooling all have an impact health and safety as well as sustainability and stewardship. Spatial qualities that optimize the convenience and legitimacy of stairs influences stair use (Nicholl, 2007).

Self-efficacy is influenced by performance accomplishment, social modeling, social persuasion and physiological states (McAuley and Courneya, 1993). In the school setting, the 1991 Child and Adolescent Trial for Cardiovascular Health (CATCH), the 1997 and 2004 Education for Healthy Kids (EHK) research confirmed the links between self-efficacy and nutritional behavior/physical activity. Systematic changes (increased PE time, classroom curriculum focused on promoting cardiovascular health, school policy changes and home/family components) were introduced in the schools, and the effect of those changes on the knowledge, behaviors, and intentions of the preadolescents targeted for the intervention was measured and compared fall to spring. The interventions had a positive impact on the level of student physical activity as well as self-efficacy scores (Stone, et.al. 2004; Weiss, et al, 2005). The EHK studies demonstrated improved aerobic conditioning and increased self-efficacy. Improvement in exercise and healthy eating behaviors, organizational culture changes in the school and adoption of healthier lifestyle choices among families of child/ren also occurred in those participating in EHK (“spillover” effect) in children as young as third grade. The investment in primary prevention was \$100/child/year in the EHK pilot. The underlying conceptual model for integrated EHK interventions and outcome measures focused on four areas, previously described by McAuley and Courneya (1993) as ways of influencing self-efficacy (TABLE 1).

Table 1

McAuley & Courneya’ Self-efficacy Influencers

Self-Efficacy Influencer	Definition
Performance Accomplishment	Mastery experiences
Social Modeling	Looking to peers and others in a social setting
Social Persuasion	Providing information which supports the belief in one's capabilities
Physiological States	Monitoring physical changes

Integrated **HS³** looks at safe-guarding the environment and resource stewardship with an ecological approach and working at an issue on multiple levels. Organizations need to shift from a single focus on individual behavioral changes to environmental and inclusive practices (i.e. only healthy food in vending machines), supported by community-based capacity building concepts. The National Institute for Occupational Safety and Health commissioned 2 position papers on the integration of occupational safety and health and worksite health promotion as part of its “Steps to a Healthier Workforce” initiative which highlighted the environment-behavior interface in terms of employee health and well-being (Goetzel, 2004; Sorenson & Barbeau, 2004). The interaction between environmental and behavioral factors that support and promote worksite health promotion is a critical interaction. The work environment can be one of the most important influences in producing sustained changes in health practices.

Only 12% of adult Americans are health literate (i.e. can weigh the risks and benefits of treatments, calculate health insurance costs and fill out medical forms). One way to influence the cost of health care borne by organizations is by having educated, wise healthcare consumers. Healthcare consumerism is growing, in part due to the plan selections available to organizations and the increased costs of health insurance, shifts in premium costs and escalating rates. Fostering effective health consumerism requires: 1) adequate levels of consumer cost sharing, 2) personal healthcare accounts funded with pretax dollars, 3) clear, consistent messages about health consumerism (i.e. creating a culture of wellness marketed via newsletters, emails, calls to action, electronic messaging, pod casts, etc.), 4) access to effective decision support tools (i.e. thru Web MD), 5) linking economic rewards to personal actions, 6) maintenance of consumer responsibility, 7) steady erosion of healthcare “entitlement” belief (Chapman, 2008).

Healthy, Sustainable, Risk-Resistant Worksites

How do we change the conversation about healthy, sustainable, risk-resistant workplaces? The workforce is exposed to occupational hazards daily. Air quality (i.e. airborne infections or particulate matter, noxious fumes), physical work (i.e. pouring cement or lifting/turning patients in bed), interruptions to natural circadian rhythms, sleep deprivation, vehicular accidents, exposure to toxins and chemicals, and exposure to weather elements all impact worker health and safety. Mental stresses, such as tight timelines, noise levels, inadequate lighting, and poorly designed work spaces all impact productivity as well. ***The physical design of work spaces in the office or field, behavioral expectations, and access to information technology, along with the work culture that prioritizes integrated HS³ through its strategic planning, policies and values can reinforce healthy lifestyles, reduce the risk of disease and injury and provide support needed to enhance productivity and at the same time protect the natural environment and community resources.***

Work needs to be considered an interdependent system comprised of the experience ecology: physical environment, work processes, organizational culture (e.g. formal and informal values, norms, expectations and policies, etc.), workforce demographics and information technology (Becker, 2006). Organizations need to consider the interdependencies and patterns of interaction between these elements rather than focusing on the individual elements alone.

Worker effectiveness and productivity cannot be improved through piecemeal approaches (silos). It is critical to identify core systemic factors that lead to failures and then develop new solutions that address these issues within the content of culture of change and evolving models of care (work). Organizations with distributed work forces (office and field-based) have been organized to support the functions of the worker in various roles (sales, service, trades) who work in their area of expertise. However, the segregation of duties and geography hamper efficient, integrated HS³ communication. Companies are beginning to understand that increasing worker self-efficacy can help with the elimination of obvious dangers (ergonomics, safety, exposures) as well as promotion of healthy, sustainable lifestyles. This requires strategic integration of HS³ messages and initiatives. One area that needs more focus is the promotion of healthy lifestyles and conditioning to promote the concept of the “industrial athlete”.

Companies are beginning to use Lean methodologies to develop standards for healthy, sustainable work sites and facilities. Some companies have adapted the Lean 5-S approach to integrated HS³ by adding safety to the assessment. The 5-S approach includes: sort/proper arrangement, straighten/orderliness, sweep/cleanliness, schedule/cleaned up and sustain/discipline. Companies must always think in terms of circles (reiterative work-PDSA cycles). The key principles from the Lean Enterprise model, developed by Toyota, provide the stewardship outline for integrated HS³. Lean methodologies define value from the customer’s perspective, identify internal activities/processes that add value for the customer and identify linkages between them (value chain), eliminate non-value-added activities and reduce waste and inefficiencies in the support (overhead) functions (Rubrich & Watson, 2004). This allows the organization to be more competitive, agile, customer –focused and better equipped to respond more rapidly to marketplace demands by reducing cycle time, mass customization and continual change/innovation model. Customer-centricity is key to integrated HS³.

One of the key factors to successful integration of HS³ is communication and information technology innovation (i.e. mobile/internet access enables time/space work separation). Organizational changes include reducing hierarchical structures, blurring boundaries between departments, increased knowledge sharing, teamwork, management by mission and organizational goals versus rigid policies and procedures, continuous change and a constant need for learning and demonstrating competency.

Self-efficacy is improved in companies which provide opportunities for individuals to interact with each other in the workplace, increasing effective communication and knowledge sharing , creating a “collaborative culture of interaction” (McCarthy and Blumenthal, 2006). Environments which are more supportive of a collaborative culture of interaction include those that provide:

- 1) Eco-diversity: learning and collaboration are facilitated by providing different types of settings within the workplace for spontaneous and planned face-to-face interactions.
- 2) Spatial transparency: employees able to see and hear what others are doing from their own workspace which leads to more opportunities to model behavior, share information, ask for advice or help and get critical feedback
- 3) Functional inconveniences: opportunities for learning and interaction may be more plentiful in organizations where employees do not have designated work spaces. Open,

unassigned workplaces provide more opportunities for chance encounters and a wider circle of people with whom to interact.

- 4) Human scale: learning opportunities and interaction is higher when departments or teams are organized in smaller sections spatially.
- 5) Neutral zones: delete environmental cues that create spatial or symbolic distinctions between providers, groups and teams. These spaces are open to everyone. Neutral space encourages communication (Joseph, 2006).

Health care research has demonstrated that supportive physical work environments, along with high autonomy, low work pressure and supervisor support positively impact job satisfaction and burnouts among nurses (Constable & Russell, 1986; Mrocek et al, 2005). This may be true of other work places too. Work environment redesign needs to be linked with organizational changes (Guenther & Vittori, 2008). A well-designed environment alone is unlikely to achieve its intent without a supportive work culture and the right technology in place (Joseph, 2006). It is important to identify core systemic and facility design factors that lead to failures, errors and wastage and then develop new solutions that address these problems within an altered culture through evolving work models.

People Development-Enhancing Self-Efficacy

How do we change the conversation to promote self-efficacy? An evocative company attracts skilled employees, coaxes productivity and expects teamwork. It feels comfortable, more alive, and is able to provide safety, support and challenge. It eliminates danger and is risk-resistant. Increased competition for skilled workers is forcing companies to look at ways to effectively and efficiently attract and retain a skilled workforce. Integrated **HS³** people-development strategies include education, training, skill enhancement and career coaching.

Work patterns have changed, due to the emerging knowledge economy. These changes include a focus on:

- Cognitive competence: increased complexity of work, continuous competency development and kaleidoscope thinking; ability to see alternative angles and perspectives and create new patterns of thinking that propel innovation.
- Social/interactive competence: relational, interactive skills, teamwork, collaboration, relationship development and working, learning and growing.
- Psychological contract: focuses on competency development, continuous training and work/life balance.
- Changing workplace/process and place changes (Heerwagen, 2006).

Organizations need to reframe how everyone in the company looks at **HS³**. Value-driven employees create value-driven companies (Esty & Winston, 2006). Potential employees define more broadly the facets of a company that they feel are important to their work life. These factors include not only healthy and safe workplaces but also enhance brand image, corporate reputation, improve employee morale, community support and competitive differentiation. Employees want change and will seek out information, connections and opportunities. Smart companies are addressing these needs with the development of company-specific “schools,” “universities” and personal coaching.

Industries are facing a talent crunch as the boomer generation begins to retire in increasing numbers in 2008 and beyond. To be an employer-of-choice will require appealing to a younger generation of workers interested in securing a job in an environmentally-friendly company. A “green” workplace can be a convincing way to establish this reputation. Secular organizations, such as the Wisconsin Catholic Conference, are promoting energy conservation, development of alternative, renewable and clean energy and recognizing and preventing environmental degradation as social concerns requiring action (Faithful Citizenship, 2008). Employees are embracing principles of corporate social responsibility. They are looking for change and want to bring their values to the workplace. Some of the work values they support include eliminating waste in the supply chain, reducing carbon footprints of buildings, ramping up corporate volunteer programs, ensuring workers are paid fair and equitable wages and reducing toxins or harmful ingredients in products (Fresh Marketing, 2008). From developing informational videos and podcasts, to writing articles for company newsletters, to hosting seminars, employees are working to educate peers on sustainability. The following companies are ranked as more socially responsible companies (by employees): GE, HSBC, Intel, J&J, Marks & Spencer, Nike, Patagonia, Starbucks, Timberland, Unilever and Wal-Mart (Fresh Marketing, 2008).

Whether on a construction site, servicing technology equipment or providing patient care, workers are required to process different types of information and react quickly to continuously changing conditions in the workplace. It is critical that workers communicate vital information efficiently and accurately to reduce the risk of injury, prevent replication of efforts, errors and other operation failures. However, **HS³** work is often done independently in silos. Communication breakdowns occur, timelines are altered, materials are not delivered on time, etc.

The practice of **HS³** in silos discounts the evidence that in all work settings, learning and communication happens most effectively through frequent human contact and social interaction. Such interaction allows for the exchange of explicit knowledge and for team members to read each other’s needs, pick up on social cues and react in a positive manner. Healthcare uses multidisciplinary rounds (Joseph, 2006). Construction companies develop “schools” or universities to teach not only basic work-related skills but also to develop the culture of safety. These efforts need to be intensified.

News to Know

- 1/3 of businesses are taking sustainability to the core of the firm
- 54% of employees feel confused over how environmental and social impacts are addressed, or they feel they are treated in silos
- 83% of companies have not fully incorporated corporate responsibility performance into business metrics
- 9 out of 10 employees link brand reputation to addressing environmental and social impacts
- 1 out of 2 employees feel their company is poor at communicating social and environmental concerns to stakeholders
- 75% of employees say their firms are not investing in corporate responsibility training
- Most employees want access to more education and resources on corporate sustainability, only 1 in 10 feel completely prepared

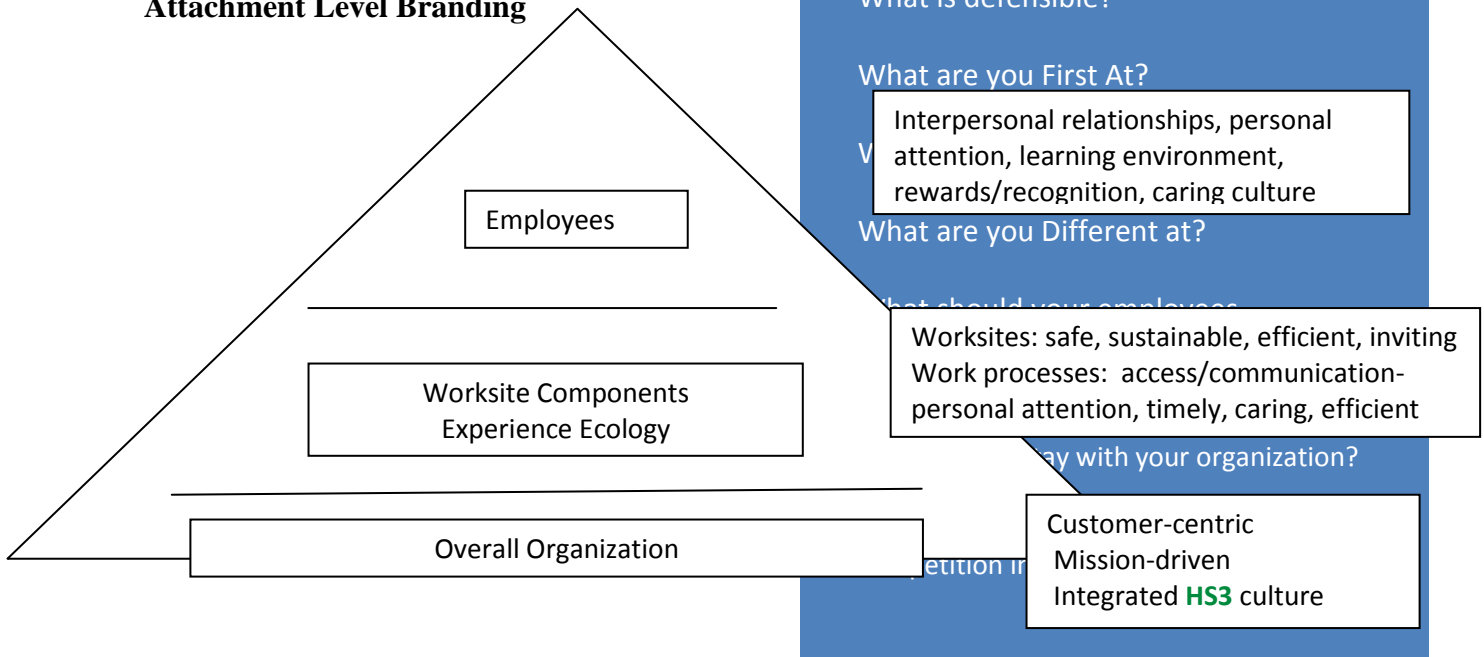
Fresh Marketing. 2008.

Culture-Communication

How do we change the conversation so that supportive cultures and effective communication strategies enhance employee attachment? Leaders need to look beyond the traditional communication strategies and marketing methods used to attract and retain employees and customers. Employees seek recognition at a personal level for their expertise; delivery/job sites/service lines seek brand identity through service delivery, completed projects and new service offerings; organizations seek brand identity for the organization as a whole (Tyink, 2008).

Integrated **HS³** organizations have established clear expectations and marketing strategies for customer-centric employee attachment at each level. Loyalty comes through attachment-attracting and retaining employees as well as giving customers a compelling reason to return for more services. Customer-centric organizations are more profitable because they have developed enduring relationships and improved profitability by having a well-defined, differentiated service promise, clear marketing messages and consistent service delivery. Customer-centricity is a tool, a dynamic process that needs to be managed for company growth and profitability. It starts with what the customer values. Likewise, integrated **HS³** validates what employee values. Customer-centric companies recognize that competitive differentiation is the direct result of superior customer interactions resulting in increased sales, increased profitability and enduring customer relationships. They also recognize that to recruit and retain a skilled, motivated workforce, the same must be true for employees. Integrated **HS³** organizations utilize communication and effective marketing to influence employee attachment at all three levels.

Attachment Level Branding



Attachment develops through six sources: 1) satisfaction, 2) quality of the relationship with the brand, 3) shared values, 4) increased self-image, 5) emotively-linked association with people, 6) pleasure of a lasting relationship (Kapferer, 2008). Integrated **HS³** is focused on the triple bottom line: people, planet and profits. The differentiated experience goes beyond just establishing satisfied customers and satisfied employees. Successful organizations understand the principles of attachment (Tyink & Weiss, 2008).

Integrated **HS³** uses *Workplace Experience Ecology* to assess, evaluate and change employee attachment to the organization. The *Work Experience Ecology* incorporates the physical, behavioral and informational spheres of workplace influence for the employee. Four key areas to consider:

- 1) Perceptions: awareness, trust, credibility, value-added service, co-innovation, responsiveness.
- 2) How business is conducted: organizational practices, processes, policies, problem resolution.
- 3) How are employee interactions valued?
- 4) Communication: message clarification, resonance with employee needs, quality, consistency.

Integrated **HS³** needs to be branded internally and externally. This requires leadership, a supportive culture, and an activation plan. Activating the **HS³** brand at the point of contact encompasses the-who-what-when-where-how. Company brands have tangible and intangible features, a personality, a culture, a relationship that develops during the transaction, a customer reflection and impact on self image (Kapferer, 2008). Research demonstrates that all the core organizational functions (marketing, R&D, and operations) provide the strategy for sustained competitive advantage, “marketing capability has stronger influence on performance than operations and R&D” (Krasnikov & Jayachadran, 2008). Products and services are always consumed in context (Kapferer, 2008). The Touch Question Cascade provides a way to assess the effectiveness of integrated **HS³** within an organization (Tyink, 2008).

Effective workplace communication requires selecting the right message, at the right time, in the right way, to the right audience for maximum impact. VALS research has provided in-depth profiling for various target market segments. This information can be used to tailor messages and select communication strategies (methods) which can effectively deliver the integrated **HS³** messages to workers and their families (Della, DeJoy, & Lance, 2008). (See Table 1). For example, research has demonstrated that labor unions have been under utilized as a channel for health promoting interventions. Their members are more likely to be employed in working-class occupations where there is greater risk for smoking and poor nutrition. Unions have communication infrastructures (mailing lists) that facilitate distribution of information. And unions foster a strong sense of personal and community identity, valuing the work done and protecting worker rights of self-determination and safe working conditions (Barbeau et al, 2005). Organizations need to find ways to resonate with union culture when designing and delivering **HS³** messages. The Laborers United for a Healthy Future project has created materials that resonate with dominant beliefs and values of the union culture (Barbeau et al, 2005).

How are companies engaging the “Alpha Mom” in their **HS³** efforts? The economic influence of women cannot be ignored. Eighty percent of mothers have watched online video in the last week, 87% read blogs, and 55% are online daily. By 2010, women will control 60% of US wealth. Ninety percent of mothers use the same products at home and the office. “Alpha Moms” are great networkers. They have a great deal of information at their finger tips (MySpace, Twitter, ChaCha) and are the best “word-of-mouth” influencers. “Alpha Moms” appreciate tools that help them gain information quickly and organize it effectively and they are supportive of eco-friendly products (Perkins, 2008). This means they will be great target audiences for integrated **HS3** messages. Effective integrated **HS³** efforts must engage not only the worker but also the spouse and family. Increasing **HS³** self-efficacy requires exploration and use of new communication methods, tailored to meet the needs of an increasingly diverse workforce.

Table 1
Using Market Segments to Tailor Integrated HS³ Message Delivery Strategies

Segment	Description	Behaviors & Technology Preferences
Innovators	Successful, take charge, curious people with high esteem and abundant resources. Most receptive to new ideas and technologies. Active consumers, upscale, niche products and services	Volunteer Take vitamin supplements Access internet, purchase online Purchase 15+ books/year Own latest cell phone Attend cultural events Like media: folk, jazz, classical
Thinkers	Motivated by ideas, mature, satisfied, comfortable, reflective, informed, idealistic. Tend to be well-educated and seek out information in decision-making. Well-informed about national affairs.	Volunteer Take vitamin supplements Ask MD about advertised treatments Access internet, purchase online Purchase 15+ books Not savvy phone users Attend some cultural events
Believers	Motivated by ideas, literal, loyal, moralistic. Conservative, conventional with concrete beliefs based on family, religion, community, nation. Follow routines.	Take some supplements Do not access internet much Trying to quit smoking Do not buy many books Not savvy phone users Less than \$1000/yr spent on clothing Interested in romance, religion, cooking Music genres: gospel, easy listening stations
Achievers	Motivated by the desire to achieve. Goal-oriented, brand-conscious, conventional. Social lives reflect focus on commitment to career and family. Live conventional lives, politically conservative, value conscious, predictability and stability over risk, intimacy and self-discovery.	Take some supplements Make purchase, track investments, play games online Do not ask MD about advertised Rx's heavy users of fast food Rent lots of dvds Own latest cell phone Contemporary Christian music, interested in self-help books
Makers	Motivated by self-expression. Responsible, practical, self-sufficient. Express self by working (i.e. building a house, raising kids, fixing cars). Practical people with constructive skills. Value self-sufficiency. Source: Della, DeJoy & Lance, 2008	Trying to quit smoking Do not purchase online Sometimes ask MD's for help Sometimes purchasing fast foods Do not buy books Rent many DVDs Not savvy phone users Spend less than \$1000/clothing Attend auto shows and country music performances Interested in collections (trains, sports cards, stamps, coins) Like country music and cook books

Sustainability & Stewardship-Metrics

What metrics will help change conversations about sustainability and stewardship?

Data drives decisions. “What gets measured, gets managed”. Organizations that leverage data and knowledge are better able to generate marketplace advantage. Incentives drive behavior. Integrated HS³ provides opportunities for cross fertilization and ownership for initiatives. Why

Business Risks:

- 1) Strategic/marketing competition escalating, industry changes, customer needs/preference changes
- 2) People/talent drain, changing employee needs, flex time, eco-friendly workplace, family-driven workplace
- 3) Unhealthy, unsafe, non-productive employees and worksites
- 4) Environmental risks and hazards: wild card, unplanned natural disasters, loss of significant customer base, etc.
- 5) Financial: cash flow, interest rates, liquidity, cost of input, process and export, employee-related costs
- 6) Operational: supply chain, regulatory, vendor relations

add sustainability and stewardship or health and safety into the brand-building conversation? Sustainability is defined as meeting present needs without compromising future needs (Guenther & Vittori, 2008). Human activity exceeds global ecosystem’s carrying capacity (Wackernagel, et al. 1977). Traditional environmental policies/initiatives have focused on recycle, reuse and reduce because: 1) it’s the law, 2) waste reduction cuts cost (Lean), 3) extended producer responsibility laws for product life cycle planning are imminent. Companies need to integrate the natural environment into their business framework in a responsible and reasonable way (Nattrass & Altomare, 1999). The new metrics take into account redesign and re-engineering, which link well with stewardship philosophies/activities such as Lean and continuous quality improvement (CQI). Esty and Winston recommend looking at both the environmental issues that are related to the organization/business, as well as what stakeholders think about the organizations’ sustainability and stewardship performance. The next step is to evaluate whether the company has the capabilities necessary to address environmental challenges (Esty & Winston, 2008.)

ISO 14000 provides international standards for integrating environmental aspects into operations and product standards. ISO 14000 certification may become a contractual requirement of customers. Companies seek ISO14000 certification as a means of reducing environmental liability and risk, reducing energy consumption, preventing pollution, managing waste, and complying with legal and regulatory requirements. In addition, ISO 14000 certification is thought to demonstrate a commitment to preserving

the community and obtaining benefits from regulatory incentives and potentially speeding up contracting cycles with governmental agencies. ISO 14000 components overlap with health, safety and LEAN initiatives, providing more impetus for integrated HS³ efforts. Organizations are constantly searching for ways to minimize business risks: financial, operational, competition, unplanned hazards and people-related risks. Stressed-out middle managers, silo thinking, eco-isolation of environmental professionals and inertia all require structuring incentives to advance HS³ strategies which: 1) meet environmental goals such as decreased

emissions, increased energy efficiency, 2) foster stewardship, and 3) measure employee productivity and health status improvement.

One of the newer metrics that can be used as a proxy metric for the relationship of **HS³** and productivity is for integrated is presenteeism. Increased presenteeism is seen with increased stress, life dissatisfaction, and back pain. Increased illness absence is associated with diabetes, overweight states, and poorer perception of health (Musich, 2006). Presenteeism can be used as a proxy metric for productivity in relation to both worksite design and health promotion initiatives. Incentives are gaining economic credibility with employees as a reward for active lifestyles and other targeted health promotion activities.

Organizations are looking for ways to measure their environmental footprint, look at product life-cycle assessment and ways to look both upstream and downstream at the value chain and vendor/supplier relationships. The “Natural Step” provides a management framework which focuses on learning organizations as the key to shifting corporate culture to motivate sustainability and stewardship (Natrass & Altomare, 1999).

Community Participatory Research

Participatory Action Research (PAR) is a research approach based on collaborative problem-solving relationships between the researcher and client aimed at solving problems and generating new knowledge (Coghlan & Brannick, 2001). The community-based participatory research (CBPR) model fits well with the Integrated **HS³** initiative because action research is about collaborative efforts focused on real-time change. Action research aims to improve practice through research-based interventions (Coghlan & Brannick, 2001).

In community-based PAR, individuals from the organization or community under study are involved with the research process from initial design to final presentation of results and discussions of implementation plans (Whyte, 1991). According to Argyris, Putnam & Smith (1985) action research:

- involves change experiments on real problems in social systems and focuses on a specific problem.
- involves iterative cycles of identifying a problem, planning, acting and evaluating.
- involves re-education, changing patterns of thinking and acting that are currently well-established.
- challenges the status quo from a participative perspective, and
- is intended to contribute to scientific base of knowledge.

The action research cycle, described by Coghlan and Brannick, closely mimics both Lean methodologies and the nursing process: assessment, diagnosis, planning, implementing and evaluating outcomes. These steps can be applied to research, team-building and integrated **HS³** efforts. This reiterative process changes in relation to the results of PAR efforts. The inclusion

Integrated **HS³** Expectations
All participants are:
1) co-learners,
2) willing to change and innovate
3) willing to dialog and share best practices
4) have core values that support Integrated **HS³**, and
5) are willing to develop and use metrics

of all stakeholders in the process of assessment, diagnosis, planning, implementing and evaluating outcomes can lead to a stronger consensus for change.

Rapoport (1970) noted that “PAR is a strategy for using scientific methods to solve practical problems in a way that contributes to both general social science theory and knowledge.” CBPR offers a more effective strategy for interdisciplinary research projects (Maclure & Bassey, 1991).

Researchers from scientific disciplines, trained to examine problems using circumscribed epistemological frameworks, controlled laboratory environments, and replicable survey techniques resulting in reports and conference presentations, often overlook PAR. Research efforts can include both quantitative and qualitative triangulated methodologies to reinforce the rigor of the evaluation process. PAR has been criticized for being “case specific,” benefiting those involved in the process but having little impact beyond the focus of the study (Maclure & Bassey, 1991). Effective utilization of PAR requires distinguishing between project success and sustainability. PAR’s outcome evaluation must look at diffusion within and outside the organization as important components of the evaluation process. The overriding goal is to design a program that can easily be replicated. Israel (1998) identified key principles integral to the success of such research partnerships. These skills include: recognizing the organization or the community as a unit of identity, discovering the strengths and resources in the organization/community, facilitating collaboration, addressing health issues from a variety of perspectives, and committing to long-term involvement in health promotion.

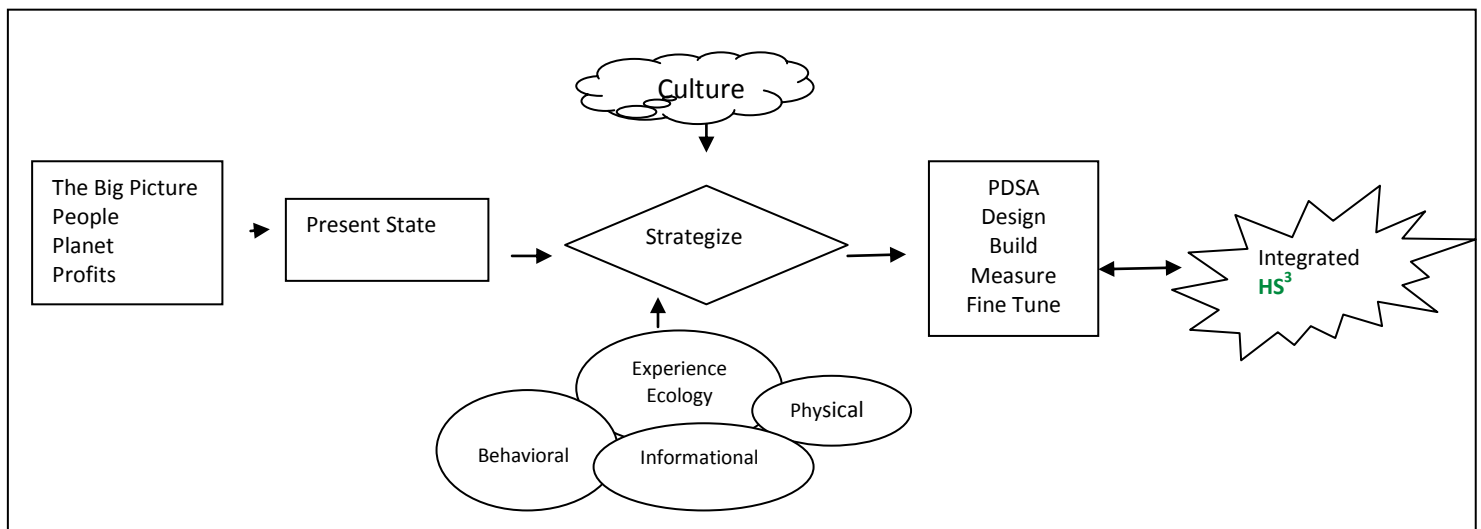
*The best learn from the best.
Leaders like to work with leaders.
Use knowledge to drive innovation.*

Why should companies be involved in community-based PAR like the Integrated **HS3** Initiative? By working together and sharing best practices and benchmarking, companies can learn from each other and gain perspectives and strategies that might not otherwise be used to integrate **HS³**. Involvement in community-based participatory research can have a positive impact on the organization’s ability to effectively integrate **HS³**.

Integrated HS^{3™} Initiative Project Description

Project Purpose: The purpose of the Integrated HS^{3™} Initiative is to change the community conversation (within and outside the companies) by using community participatory research to shape: 1) sharing best practices, 2) developing metrics, and 3) introducing collaborative efforts that demonstrate effective integration of HS³. Metrics will demonstrate ROI for integrated strategic planning/implementation of initiatives related to the triple bottom line: people, planet, profits.

“Every Monday Matters” will be used as a tool for changing communication patterns. The purpose is to create ambassadors, a buzz in the community, increased employee, family and customer dialogue and increased employee and family company connections revolving around integrated HS^{3™} initiatives. The goal is to increase worker HS^{3™} self-efficacy through active efforts to stretch, challenge, expand and refine the individual’s commitment to HS^{3™}.



Company selection (N=10) was based on reputation as innovative in one of the HS³ areas, locally owned, representative of various industries, > 50 employees. Other prerequisites included: 1) customer-centricity: end-user driven, ability to “keep the promise,” 2) volume: market presence, 3) stability: decreased risk of unpredictable performance, 4) combined sales and service organization, and 5) shared desire for innovation and willingness to share best practices and benchmarking (Kapferer, 2008).

Project Plan:

- Short term goals: assess present state and launch pilots
- Medium term goals: track performance and build culture
- Long term goals: drive integrated HS^{3™} thinking deep into business strategy

Timeline:

Initiate and complete baseline data assessment and individual planning sessions-4th Q 2008

Monthly best-practice sharing/networking sessions; encourage people to access “Every Monday Matters” (Emerzian & Bozza, 2008) website link each week. (1/1/09-12/31/09).
Post-pilot attachment assessment, review of metrics (publish final report Jan. 2010.)

Summary

Integrated HS³™ is changing the conversation and is critical to decreasing the fragmented approach to HS³™ that leads to injuries, errors and waste. Each area of HS³™ has an interrelated impact on the delivery of products and services. Integrated HS³™ can improve the work environment, improve health and safety, protect and preserve our natural environment, increase productivity and increase job satisfaction leading to increased employee and customer attachment levels.

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