

WELCOA's News & Views

Changing Behaviors

Dr. Michael O'Donnell

Presents A New Way To Think
About Behavior Change



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About Dr. Michael O'Donnell



Michael O'Donnell, PhD, MBA, MPH, has directly managed three workplace health promotion programs over a 10-year span and helped 60 other employers design and manage programs. He is founder and Editor-in-Chief of the *American Journal of Health Promotion*, and founder and Chairman of the Art and Science of Health Promotion Conference. Dr. O'Donnell's publications include more than 170 articles, book chapters and columns, books and workbooks. His first book, *Health Promotion in the Workplace*, was published in 1984 as the first reference/textbook on workplace health promotion, and the updated edition remains a standard text in colleges and universities around the United States.

WELCOA's News Views

An Expert Interview With
Dr. Michael O'Donnell

About David Hunnicutt



Since his arrival at WELCOA in 1995, David Hunnicutt has interviewed hundreds of the most influential business and health leaders in America. Known for his ability to make complex issues easier to understand, David has a proven track record of asking the right questions and getting straight answers. As a result of his efforts, David's expert interviews have been widely-published and read by workplace wellness practitioners across the country.

David Hunnicutt can be reached at dhunnicutt@welcoa.org.



Worksite wellness and health promotion can get complicated. There are countless formulas, statistics and models for virtually every known health condition. Indeed, taking all of these elements into account can prove quite daunting when trying to implement an effective program. That's essentially why health and wellness pioneer Dr. Michael O'Donnell formed the AMSO model. In this expert interview, Dr. O'Donnell will discuss his insightful new model and how practitioners can put it to good use.



Hunnicut: What does the AMSO model stand for and where did the model come from?

O'Donnell: The letters AMSO stand for Awareness, Motivation, Skills and Opportunities. I developed it based on my 30-year quest to figure out what works best in health promotion. The model derives from several different sources of information. For example, about 10 years ago, I did a benchmark study looking at 100 of the best worksite health promotion programs in the country based on what was published in the literature. We then collected detailed data on 35 of those 100, and did site visits for the six best. I also drew information from 15 years worth of applications for the Koop Award. These are the companies that have produced the best health and cost savings programs, and more than 200 companies have applied. I also drew from two systematic reviews of literature. One included more than 375 studies on the health impact of workplace health promotion programs, and the other included 50 studies on the financial impact. Finally, I've reviewed about 1,700 research manuscripts from the American Journal of Health Promotion.

When I started this people would always ask me: What works best in health promotion? I'm really kind of a stat guy and I do enjoy the detailed analyses, so I would start citing volumes and volumes of statistics. Not surprisingly, people's eyes would quickly glaze over. That's when I realized that I needed to develop a simple model that people would understand at an intuitive level.

H: What's the overall purpose of the model?

O: The model's purpose is to synthesize complex literature into a simple, intuitive framework that the average person can quickly understand. Most of my data has been collected from workplace settings, so the model applies best to organizations, but I also think it's very valid for communities and community settings.

About WELCOA

The Wellness Council of America (WELCOA) was established as a national not-for-profit organization in the mid 1980's through the efforts of a number of forward-thinking business and health leaders. Drawing on the vision originally set forth by William Kizer, Sr., Chairman Emeritus of Central States Indemnity, and WELCOA founding Directors that included Dr. Louis Sullivan, former Secretary of Health and Human Services, and Warren Buffett, Chairman of Berkshire Hathaway, WELCOA has helped influence the face of workplace wellness in the U.S.

Today, WELCOA has become one of the most respected resources for workplace wellness in America. With a membership in excess of 3,200 organizations, WELCOA is dedicated to improving the health and well-being of all working Americans. Located in America's heartland, WELCOA makes its national headquarters in one of America's healthiest business communities Omaha, Nebraska.



Log on to www.welcoa.org to learn more.

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The Facts...

WELCOA's trademarked Seven Benchmark System for building results-oriented workplace wellness programs has been used by 1,000's of companies throughout the U.S. To learn more about this process simply visit <http://www.welcoa.org/wellworkplace/index.php?category=16>



H: Describe each one of the components. Describe what the “A” stands for.

O: The “A” stands for awareness. This is the basis of classic health promotion programs—understanding the link between health behaviors and health conditions and the benefits of a healthy lifestyle. Unfortunately, we have discovered that even when people understand the link it doesn't have much of an impact on behavior change. For example, who doesn't know about the health consequences of tobacco use? Yet, one in five Americans still smoke. So, overall I estimate that only five percent of behavior change is caused by increasing awareness through the classic education programs. The real value of the awareness piece is mobilizing group support. For example, when it was discovered that second-hand smoke actually kills as many people as car crashes, that provided the rationale to develop smoke-free workplaces....i.e., to protect workers.

H: What are the tools or mechanisms that worksites are using to raise awareness?

O: HRA's, health screenings, health fairs, posters, Lunch & Learns are common awareness tools. Worksites are using these tools to make people aware of the link between behaviors and their health, such as smoking and lung cancer; overeating and a lack of activity and heart disease; the impact of all behaviors on conditions

like hypertension and hyperlipidemia. However, the reality is that knowledge alone doesn't change behavior. So, I don't place much emphasis on these approaches, except to engage people in more impactful programs. I used to think that if I could spend a weekend with somebody I could educate them and change their lives forever. I discovered that certainly doesn't work.

H: When we move on to the second part of the model, what does the “M” stand for?

O: The “M” stands for motivation. The motivation component is worth probably 30 out of

100 points in the change process. We've realized that when it comes to motivating people, focusing on just the health risks usually doesn't work. Rather, we have to embrace people as whole beings; we have to help them discover their life passions and the link between their passions and health. We then have to help them develop goals to achieve those passions.

WELCOA MEMBERSHIP

More than three thousand organizations across the U.S. and Canada are members of WELCOA. With the most comprehensive benefits of any organization, WELCOA membership will save you time and money in your quest to build a results-oriented workplace wellness program.

To learn more about how you can become a WELCOA member simply visit

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The other part of the motivation component involves engaging people in the design and delivery process of programs. This includes tailoring programs to meet a person's readiness to change. This is also a good place to incorporate financial incentives. For example, we know that financial incentives are great at engaging people. In the best-designed incentive programs, we're seeing 90 percent-plus par-

We've discovered that some of the most important things in skill building include setting goals—it actually doubles success rates.

participation rates for HRAs. Employers who have great marketing efforts but do not use financial incentives typically attract about 20%-40%. However, it is important to note that financial incentives have very little impact on long-term behavior change. The financial incentive is just an extrinsic motivator, so we've got to shift to the intrinsic motivators. Intrinsic motivators are things like feeling better physically, having more energy, feeling good about yourself, and being a good role model. So, we should use financial and other extrinsic incentives to engage people, but shift to intrinsic incentives to produce health behavior change.

H: Describe what the "S" stands for.

O: The “S” stands for skills and is worth about 25 points out of 100 in the change process. The key here is remembering that skill building is more than just why you should change. It also must include the how, when, where, with whom, and the “what ifs”. It’s really about integrating these new changes into one’s life.

We've discovered that some of the most important things in skill building include setting goals—it actually doubles success rates. So, goal setting is one of the most important things to include in a program. Within goal setting, it's important to recognize that there are three primary types of goals. The first is aspiration goals. These can be things like wanting to be a doctor, wanting to get married, or wanting to be a great parent. There's also learning goals, which involves becoming knowledgeable in a certain area. For example, learning the most appropriate diet for good health or learning all the exercises to improve fitness. The third is performance goals. Performance goals can include wanting to exercise at least five days or wanting to eat the majority of one's calories through fresh fruits and vegetables. The performance goals are what produce the improved health.

The next key strategy is tailoring to the needs of each person. We need to be able to tailor based on motivational readiness to change, self-efficacy, behavioral efficacy, preferred learning style and necessary level of intensity. Self-efficacy is

The Facts...

WELCOA has developed a FREE state-of-the-art benchmarking tool known as the Well Workplace Checklist. Once you complete the 80-question assessment, you will receive a comprehensive report detailing the specific steps you can take to improve your organization's wellness program. To learn more simply visit <http://www.welcoa.org/wellworkplace/index.php?category=18>



RESOURCES YOU SHOULD KNOW ABOUT...


**WELCOA Releases Seven Benchmarks Of
Worksite Wellness Success**

In this Special Report, we've presented the cornerstone of the WELCOA movement—the seven benchmarks of results-oriented workplace wellness programs. Over the course of the last ten years, WELCOA has further developed and refined this dynamic process for helping organizations build "best-in-class" workplace wellness programs. This report will provide you with a step-by-step blueprint for getting the job done. To access your copy, simply visit <http://www.welcoa.org/freeresources/index.php?category=8>.

the belief that you can do something specific, like passing a course in organic chemistry, quitting smoking, or exercising on a regular basis. Self-efficacy is so important because of its predictive power. Self-efficacy predicts who joins programs; it predicts times to relapse; it predicts how a person will actually complete a program. Behavioral-efficacy is the belief that performing a behavior actually leads to the outcome that's desired, like losing weight, or not getting heart disease, or looking and feeling good. For example, some people will be high on self-efficacy,

but low on behavioral-efficacy or vice versa. A classic example, a teenager might say: "I can quit smoking whenever I want, but why bother now? It won't impact my health unless I smoke for 20 years." In this type of situation, you would need to focus on enhancing their behavioral-efficacy. On the other hand, a person who is overweight might say: "If I could just lose weight, it would change how I feel,

Behavioral-efficacy is the belief that performing a behavior actually leads to the outcome that's desired, like losing weight, or not getting heart disease...

and how other people feel about me, but I can't do it. I've failed too many times before." So, with that person you need to focus on enhancing self-efficacy.

This is also where it's important to offer a person their preferred learning style. The basic learning styles might be printed program materials, face-to-face counseling, telephone counseling and/or Web-based programs. Young people often prefer web-based programs, which are also the most cost effective. Increasing numbers of middle-aged and older people are open to web-based programs, but many older people prefer to get together and talk about things before they make changes. Personally, I like to read things. So we have to match the person's learning style to their level of interest or to their preferred learning style.

Also, the level of intensity is important and should be tailored to match one's needs. Some people may actually require long-term, face-to-face counseling programs. Other people might be able to change based on a very simple and short program. Motivational readiness to change is also very important. Actual skill building programs are most appropriate for people who are ready to take action to change behavior.

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H: What does the final element stand for?

O: The final element is opportunity, and this is worth 40 percent of the total. By the way, my research doesn't tell me those numbers—the five percent for awareness, the 30 percent for motivation, the 25 percent for skills and the 40 percent for opportunity. My research does tell me that the awareness is by far the least important and the opportunity is the most important, and the motivation and skills are somewhere in the middle. So, I feel good about those numbers, but I don't want to imply that they are precisely exact.

Opportunity is having access to the environment that makes choosing a healthy behavior the easiest choice. For example, at the policy level this might include working in a smoke-free workplace so that you're not breathing other people's smoke and you're not tempted to smoke. It could also include having healthy foods in the cafeteria, having a health promotion program that provides you with the skills to change behaviors, having a health plan that encourages you to get preventive care and/or having an absenteeism policy that encourages you to be at work when you're healthy and be at home when you're sick.

Other parts of opportunity include having an environment that provides safe and engaging places for physical activity. For example, in buildings we know that if a person spends just two minutes a day on the stairs, it's worth about 1 to 2 pounds a year. This doesn't sound like much, but think about 10 years and that's 10-20 pounds of weight gain avoided or weight loss just for two minutes a day. If you make that 10 minutes a day, the numbers add up a lot faster. However, most buildings are designed to hide the stairs and make the elevators readily accessible. Our natural environment also impacts physical activity. I'll use myself as an example. I've always been the athlete; I'm always physically active. When I lived in Santa Cruz, I did a lot of bike riding because there were fabulous views and great roads to ride along the ocean. When I moved to Michigan, I lived on a lake next to a woods and golf course; I started cross country skiing because I could do it right out of my back door all winter. In Seoul, Korea, there are mountains right inside the city, so I started hiking in the mountains. The point is to make people aware of the natural environment and what they can do to maximize it.

Another part of opportunity is cultural norms. If doing things that lead to good health is the norm where we work, we're much more likely to do those things as well. If a workplace emphasizes being physically active and not smoking and not engaging in destructive drinking practices, its employees will be more inclined to engage in healthier behaviors. The same is true in our family environments, our friends and the communities in which we live.

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City Of Holland Michigan Links Wellness To Benefit Plan And Increases Participation Rate To 85%!

While most worksite wellness programs have participation rates between 15% and 25%, the City of Holland, Michigan engages 85% of its employees in organization-wide wellness offerings. Their secret? City leaders linked employee health care costs to wellness program participation. Their result? Lower claims and healthier employees. Don't miss this WELCOA case study. To access your copy, simply visit <http://www.welcoa.org/freeresources/index.php?category=17>

The Facts...

More than 400 large, medium, and small-sized companies have achieved a Bronze, Silver, Gold, or Platinum-level designation for their workplace wellness initiatives. To learn more simply visit <http://www.welcoa.org/wellworkplace/index.php?category=19>





from Dr. Michael O'Donnell

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H: How can this model be used by worksite wellness practitioners?

O: Well, it's a conceptually simple, intuitive model. I've found that once people have heard it—whether they're experts in our field or not, they understand it. The details are important, but those can be learned over time. The model can be used in at least three ways. First, it can be used to critique an existing program. For example, they may not be very successful in helping employees quit smoking. They can think about what's missing in the program. Is it the motivation factor, the skills factor, or the opportunity? Second, it can be used to plan a new program... making sure all the components are in place for each of the health priority areas. Third, it can also be used to help an individual analyze why they didn't make a change or help them plan a new change. I encourage practitioners to use the model in all three ways.

H: Where can someone go to learn more about this model?

O: I described the basic model in a 2005 article in *The Art of Health Promotion* called, "A Simple Framework to Describe What Works Best: Improving Awareness, Enhancing Motivation, Building Skills, and Providing Opportunities." I also wrote about it in a 2008 article in *The Art of Health Promotion* as part of a more comprehensive model that incorporates an individual change process and an aspirational vision of health. The more comprehensive model is called "The Face of Wellness." 

The Facts...

More than a thousand business leaders and workplace wellness professionals have completed WELCOA's Level I and Level II training courses and have been certified as WELCOA Well Workplace Certified Practitioners. To learn more simply visit <http://www.welcoa.org/wellworkplace/index.php?category=17>



RESOURCES YOU SHOULD KNOW ABOUT...



To learn more about Dr. Michael O'Donnell, attend the 20th Annual Art and Science of Health Promotion Conference, March 15-19, 2010 at the Hilton Head Island, SC. Go to <http://healthpromotionjournal.com/>.

UPCOMING TRAINING EVENTS

WELCOA 2010 Webinar Series

We are pleased to announce our dynamic 2010 WELCOA Webinar Series. This year, we are focusing on a number of exciting topics that will help you in your quest to build and sustain a results-oriented wellness program. Each Webinar is conducted

by a nationally-recognized expert in the field of workplace wellness. And perhaps best of all, each session is offered in a Webinar format which allows you to access the information without having to leave your office.



*The Webinar series is free to WELCOA Members. If you are a current WELCOA Member and would like to register, please [visit this link](#).

If you are not a WELCOA Member, you can still reserve your spot in the paragraphs below. To learn more about WELCOA Membership, [visit this link](#).

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JANUARY

Title: *Demystifying HIPAA*

Date: Wednesday 1/20

Time: 9:30 – 11:00 Central

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CLOSED

FEBRUARY

Title: *Part 1: The Art and Science Of Changing Unhealthy Behaviors*

Date: Wednesday 2/3

Time: 9:30 – 11:00 Central

Title: *Part 2: Designing and Implementing Behavior Change Programs*

Date: Wednesday 2/17

Time: 9:30 – 11:00 Central

NON-MEMBERS SIGN-UP FOR ONLY \$89

CLOSED

MARCH

Title: *Step By Step: How To Increase Physical Activity In The Workplace*

Date: Wednesday 3/3

Time: 9:30 – 11:00 Central

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CLOSED

APRIL

Title: *Fighting Fatigue: A Practical Approach to Overcoming Fatigue and Low Energy In The Workplace*

Date: Wednesday 4/21

Time: 9:30 – 11:00 Central

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CLOSED

JUNE

Title: *Winning By Losing: How To Promote Healthier Eating In the Workplace*

Date: Wednesday 6/16

Time: 9:30 – 11:00 Central

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SEPTEMBER

Title: *Stressed Less: A Roadmap to Managing Unhealthy Stress In the Workplace*

Date: Wednesday 9/15

Time: 9:30 – 11:00 Central

Date: Wednesday 9/22

Time: 9:30 – 11:00 Central

Date: Wednesday 9/29

Time: 9:30 – 11:00 Central

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the nail on
the head...
Loved it!”

“...it is comforting to know that...
WELCOA exists, and that they are
pushing us in the right direction.”

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UPCOMING CERTIFICATION EVENTS



WELCOA 2010 Certification Opportunities

WELCOA has certified more than a thousand of the best and brightest health and business leaders in the U.S. through its comprehensive and dy-

namic online courses. Here are the opportunities now available for 2010—all certification opportunities are FREE to WELCOA members.



*To learn more about the certification series, be sure to visit <http://www.welcoa.org/consulttrain/certifications.php>.

To become a WELCOA member simply visit <http://www.welcoa.org/member/benefits.php>.

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MAY

Title: *Well Workplace University – Level I: The Seven Principles of Effective Workplace Wellness*

Date: Wednesdays 4/22, 5/19, 5/26

Time: 9:30 – 11:00 Central

AUGUST

Title: *Well Workplace University – Level II: How To Effectively A Comprehensive Workplace Wellness Initiative*

Date: Wednesdays 8/4, 8/11, 8/18, 8/25

Time: 9:30 – 11:00 Central

OCTOBER/NOVEMBER

Title: *Well Workplace University – Level III: The Art And Science Of Changing Unhealthy Behaviors*

Date: Wednesdays 10/20, 10/27, 11/3, 11/10

Time: 9:30 – 11:00 Central

“WELCOA offers valuable information that is greatly appreciated.”

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