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Body Image: An Addiction, Disease, and Destroyer

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Honors Thesis Abstract

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ABSTRACT:

For some time now, society has over-emphasized physical beauty. Body image has taken a toll on many people by labeling what is unattractive and what is not. With the help of the mass media, one may critically evaluate his or her own appearance. Perceived imperfections may arise, and the obsession to correct these flaws can uncontrollably grow.

The purpose of this thesis was to analyze body image within our culture and media. Beauty has somewhat evolved over the past few decades, and it is hard to attribute the phenomenon to just one aspect of change. Are "ideal" standards instilled in our brains since childhood? Does the connection of "beautiful" and "ugly" occur while a little girl is playing with her Barbie dolls and a boy with his muscular action figure? These are just a few questions I try to determine within this paper.

I also examine what makes us vulnerable to distorted body image. Because not all of the blame can be placed on the media, I researched other factors that may cause it. My research consisted of various journal writings, data collected from previous studies, and my own observations.

I decided to choose this topic as a whole, because I feel it is a rising problem in our society. More and more adolescents and adults are becoming at-risk for eating disorders, correctional surgeries, and drug use in relationship to these two. I believe the only way to rectify this problem is to analyze why and how it occurs, and then educate others of the realities linked to unattainable beauty.

Body Image: An Addiction, Disease, and Destroyer

Introduction:

Beauty is in the eye of the beholder – or is it the same in the eye of every beholder? Body image has evolved into a growing epidemic in society. It has slowly, but surely, crept its way into the mass media; it is explicitly advertised from cover to cover in magazines, television commercials, billboards, and even radio announcements. What was once told to affect a handful of high-end runway models is now responsible for affecting the lives of many ordinary people. Body image no longer targets only a female in her early twenties. It targets everyone – male and female, young and old.

"Body perfectionism" has become an addiction responsible for mental, emotional, and/or physical alterations. The struggle between idealistic and realistic body portrayal has become blurred causing members of society to choose unhealthy lifestyles. Although body image is not always found to be the reason for self-destruction, it can, however, greatly lower one's self-esteem.

Words like fat, wrinkles, acne, short, pale and pudgy have grown to hold nothing but negative connotations. With growing technology and advertising, there are countless ways to make improvements to the body. A new era has arrived. The "Ken and Barbie phenomenon" has reached what seems to be an all time high. The question is delivered: Are we no longer beautiful unless we reach some sort of body and beauty quota - is natural beauty no more?

Body Image, Defined:

Body image is a concept involving various elements. Body image is one's perception of his or her own physical appearance. It is one's satisfaction (or lack there of) with his or her own body. It is comprised of one's self-esteem, self-confidence, and self-worth. Body image is what one feels inside when viewing another human being. It is what one values in his or her own self.

One's life orientation also shapes how they feel about his or her body. For example, women who call themselves feminists may view their body more positively than those who do not consider themselves feminists - even though there is no difference between the groups in average body weight. Exercise habits, sexual experiences, and mood also influence the feelings people have toward their bodies. Another major influence of body image is one's childhood. It has been proven that people who grow up in any type of abusive home are more likely to feel negatively about themselves than those who never experience abuse. This stands true of rape victims, persons with disabilities, etc. [3]

At a researcher's standpoint, body image is often measured by asking the participants to rate their current and ideal body shape using a series of depictions. The difference between these two values is the amount of body dissatisfaction. In a 2003 study conducted by Marita McCabe and Lina Ricciardelli, it was found that 56% of the women and about 40% of the men were dissatisfied with both individual body parts and their bodies as a whole after looking at a series of depictions. [11]

Body Image, Background:

It has become rather interesting to see what was once considered to be beautiful one hundred years ago is no longer the norm. It can be inferred that body image has also followed the path of evolution. Body image seems to change by the decade, what will be next? What more will be expected of people to reach beauty?

The Era	The Look of the Day	for Womer	l	
1890's	A plump body, pale complexion, representing wealth, an abundance of food and a refined indoor lifestyle.			
1900's	The corseted, hour-glass look.			
1920's	Era of the flat-chested, slim-hipped flapper.			
	Typical Models	Height	Weight	
50's & 60's	Full-figured shapes of Marilyn Monroe and Jayne Mansfield, as well as the gaunt <i>Twiggy</i> look.	5' 8"	132 lbs	
70's & 80's	Taller, thinner look with no visible body fat and muscles highly toned by hours of working out.	5' 8"	117 lbs	
Early 90's	Waif-like figure of Kate Moss, a pre-teen look in adult women - about 4% of women have this tall, very thin look naturally.	5' 10"	110 lbs	
Late 90's	Narrow hips yet large breasts; a rare combination without the help of breast implants, a common requirement for models in the 90's – about 1% of the entire population possess this quality.	5′ 10"	110 lbs	
FACT: The	average American woman is 5'	4" and 140 lk	S.	
2000 & Beyond	Narrow hips, large breasts, & tall bones. The average weight of a model is 23% 5'10"- 6'1" lower than that of an average woman; 20 years ago, the differential was only 8%.		6'1" 5 lbs	

Source: http://www.region.peel.on.ca/health/commhlth/bodyimg/media.htm

Body Image, Barbie Phenomenon:

Almost every girl has either played with a Barbie doll or owned one at some point in her life. In fact, 90% of all girls ages 3-11 have a Barbie doll, an early role model. While each girl admires her Barbie doll, she does not realize how much of an impact the doll has on her. Research shows that 42% of 1st, 2nd, and 3rd grade girls want to lose weight and a startling 50% of 9-year-old girls have already dieted during their lifetimes. ^[14]

It is difficult to teach a child that her Barbie is merely a doll with unattainable beauty especially when the doll's characteristics are publicized all over the media: skinny, big-breasted, narrow-hipped, and virtually flawless women. A high-end model may wear a size 1/2 – which is equivalent to a toddler size 6/8 (suitable for a 6-8-year-old girl). Additionally, the projected measurements of a Barbie doll, if she were a full-sized human being are 36-18-33, and the average measurements of a contemporary fashion model are 33-23-33. [14] Therefore, even if Barbie were real, there is almost NO way any woman would be able to reach her size and figure.

As previously mentioned, the average American woman is 5' 4" and 140 lbs.

The average dress size of the American woman is 10. If Barbie were real she would be compared to a size 10 woman as follows: [14]

	Barbie	Size 10	Difference
Bust	39"	36 ½"	+2 1/2 "
Waist	18"	28 ½"	-9 ½"
Hips	33"	38 ½"	-5 ½"
mps	33	30 72	-5 72

Body Image, Vulnerability Factors and Processes:

Body image is not the sole reason for negativities present in our everyday lives. However, it does play a major role in our quest for happiness, perfectionism, and satisfaction. Just like any other concept, there are some people who are more "at-risk" and vulnerable to fall into harmful situations than others.

It has been proven that people who follow career paths which are more directly related to body image are at-risk for ailments such as: eating disorders, depression, drugs, etc. [3] These careers may directly be linked with media professions such as: models, dancers, actors, athletes, etc. People who participate in these types of professions have more pressure to meet expectations of looking and performing a certain way. With expectations running high, there is little room for error – especially while in the spotlight. This may enable them to feel bogged down and fall into the traps of under-eating, over-exercising, or overall dissatisfaction. [3]

Another group of people who may be vulnerable to the harsh consequences of body image are those who have been a part of an abusive environment. Research indicates that people who are abused often suffer from low-self esteem and low-self worth. These individuals may go through life always trying to please others as they may not feel anything for themselves. Ultimately, they may feel too fat, too ugly, too tall, or too short to look beautiful in the eyes of their peers and families. [11]

Overall, people who are most vulnerable feel inadequate about themselves.

They feel insufficient and insecure, so they search for happiness elsewhere. Often times, people may not show signs of their poor self-concept. It can be an internal conflict being fueled by constant exposure to body image in or out of the media.

Body Image, Body Dysmorphic Disorder:

After watching shows like Dr. 90210, or reading magazines like Cosmopolitan, you may find yourself noticing some imperfections on your body. You may realize you're not as flawless as you once thought. You then become curious to know why people have baby-smooth skin, no wrinkles, no blemishes, no belly fat, and ultraslimming thighs. You see, read, and/or hear advertisements on ways to improve these many imperfections. You buy every product available and visit a new doctor often, but still find you are not satisfied with each result. Nothing seems to be working and your obsession to achieve the perfect body grows. What happens when there is no answer to your problem?

Body Dysmorphic Disorder or BDD, is a preoccupation with an imagined physical defect or an exaggerated concern about a slight defect in appearance. Individuals with this disorder see themselves as ugly and often turn to doctors to fix these imperfections. [1] BDD is a listed disorder within the DSM-IV Manual. Although there are a limited amount of studies available, some researchers have linked the roots of this disorder to overexposure to the media. [1] What you see is not necessarily what you get – and by setting unrealistic expectations, you may be putting yourself at risk for BDD.

While many people are unhappy with their body, individuals with BDD allow this preoccupation to significantly impair their social life and performance at school or work. Sufferers tend to spend several hours a day trying to conceal their perceived "flaw." They may camouflage themselves excessively with body position, posture, clothing, makeup, hair or a hat. [1]

Body Image, Body Dysmorphic Disorder, con't

Rather than to seek psychiatric help, many individuals with BDD turn to doctors and plastic surgery for help. In fact, studies show that about two to seven percent of patients who undergo plastic surgery have BDD. [1] Interestingly enough, most patients with BDD who have had plastic surgery are dissatisfied with the results and end up becoming preoccupied with another part of their body. [1] These individuals may seek additional surgeries and never be satisfied with the results.

The actual cause of BDD is unclear. However, researchers do believe that a number of factors may contribute to the disorder. Listed below are a few examples:

A chemical imbalance in the brain:

 An insufficient level of serotonin, one of your brain's chemical messengers involved in mood and pain, may contribute to body dysmorphic disorder. Although such an imbalance in the brain is unexplained, it may be hereditary.

Obsessive-compulsive disorder:

• Body dysmorphic disorder often occurs with obsessive-compulsive disorder. A history of or genetic predisposition to obsessive-compulsive disorder may make you more susceptible to BDD.

An eating disorder:

 Body dysmorphic disorder also may be present with an eating disorder, such as anorexia nervosa or bulimia nervosa, especially if it involves a weight-related part of the body, such as the waist, hips or thighs.

Generalized anxiety disorder:

 Body dysmorphic disorder may accompany generalized anxiety disorder. A history of or genetic predisposition to generalized anxiety disorder may make you more susceptible to body dysmorphic disorder.

Psychological, behavioral or cultural factors:

 People from families of higher socioeconomic status or strict cultural standards may experience body dysmorphic disorder more often.
 Someone who feels that he or she must live up to unobtainable or unrealistically high expectations for personal appearance and success may be more prone to BDD.

Source: http://www.cnn.com/HEALTH/library/DS/00559.html

The Male vs. Female Debate:

Ever since we were in our early elementary years, we were taught how susceptible we (as adolescents) were to becoming anorexic and/or bulimic.

Although we learned both males and females were at risk, the majority of examples and issues were focused on females. It's no doubt as to why this is true; only about ten percent of people with anorexia and bulimia are male, while the rest (90%) are female. [4] This means that a staggering nine out of 10 people who suffer from an eating disorder are female!

As discussed previously, this may be due in part to the *Barbie Phenomenon* or just that it simply reflects our society's different expectations for men and women. This may presumably occur because of the influence, at least in part, of the media: music, movies, TV shows, and magazines. Messages of model-like appearance target women, while messages of ruggedness and strength target men. By nature, males and females are opposite; however, our culture has made them opposite by expectation.

A newer subcategory of eating disorders is binge eating disorder. For people with binge eating disorder, at first food may provide nourishment or comfort, but later it is the focus of extraordinary guilt and distress. They eat unusually large amounts of food quickly and feel completely out of control as they do it. They also binge fairly regularly. These behaviors become a pattern of eating and can alternate with dieting. The prevalence is slightly higher in females than in males. The root of this disorder is still to be determined; however, researchers again list a possible link to the expectations and standards of our culture via the media. [4]

The Male vs. Female Debate, con't

Although the emphasis has always been on females in relation to eating disorders, more and more researchers are finding increasing numbers of men who are also overly dissatisfied with their bodies. The trend has led to a new disorder called muscle dysmorphia. This disorder has not yet entered the DSM-IV Manual, as it is said to be a subtopic to body dysmorphic disorder.

Muscle dysmorphia is a disorder in which a person becomes obsessed with the idea that he or she is not muscular enough. Those who suffer from muscle dysmorphia tend to hold delusions that they are "skinny" or "too small" but are often above average in musculature. [5]

There has been a recent push for exercise and body sculpting in our society for men. Just like women, men have a set of expectations: be fit, look good, and perform. The result becomes an increased concern about appearance. One reason this occurs may be due to our culture's growing emphasis on unrealistic, overly muscular images of men. [5]

Muscle dysmorphia runs parallel to anorexia as there are many similarities: [5]

Muscle Dysmorphia	Anorexia
Constantly examine themselves in a mirror	Constantly examine themselves in a mirror
Have delusions of being underweight or below average	Have delusions of being overweight or above average
Become distressed if they do not receive enough protein per day in their diet	Become distressed if they receive enough or too many nutrients per day in their diet
May abuse steroids	May abuse laxatives

Personal Media Study: Adolescent Magazines:

Blaming the media for the distorted body image fad is nothing new to western society. With the recent technology boom, media is more accessible than ever.

Television, magazines, internet, and radio can all be accessed at any time and place.

To fully understand the ongoing blame to the media, I decided to conduct research on my own. I researched four popular adolescent magazines, with focus to females.

The magazines included: Allure, Cosmopolitan, Jane, and Vogue.

The aim of my study was to determine the indirect standards of society by use of adolescent magazines. The results were nothing short of surprising!

*Body Image Standards include physical characteristics such as: thin built, clear skin, stylish clothes, tall height, etc.

Portrayed Body Image Standards in Advertisements

- > Allure:
 - o 46 of 53 ads \rightarrow 87% of total advertisements
- > Cosmopolitan:
 - o 66 of 89 ads \rightarrow 74% of total advertisements
- > Iane:
 - o 14 of 22 ads \rightarrow 64% of total advertisements
- Voque:
 - o 92 of 104 ads→ 88% of total advertisements

Articles Aimed Towards Improving Physical Appearance

- > Allure:
 - \circ 23 of 32 articles \rightarrow 72% of total articles
- > Cosmopolitan:
 - o 26 of 58 articles \rightarrow 45% of total articles
- ➢ Iane:
 - o 10 of 24 articles \rightarrow 42% of total articles
- > Voque:
 - o 17 of 27 articles \rightarrow 63% of total articles

The common characteristics of girls aimed within these articles were: thin, fashionable, blemish-free, and big-breasted. These qualities in turn mirrored the themes of the articles written within the magazines.

Illusion vs. Reality:

Research on body image and eating behavior has primarily focused on women, and there are convincing reasons why: body dissatisfaction and disordered eating are exceptionally higher in women, appearance is more central to their self-concept and evaluations by others, and the female socio-cultural beauty ideal is so ultra-thin, that it is both unattainable and unhealthy. [3]

It is now obvious that media does play an active role in contributing these unrealistic ideals to females. Not only do the results of my short analysis prove this, but in fact, a study conducted by researchers at Ohio State University found women's magazines had 10½ times more ads & articles promoting weight loss and beauty enhancement than did men's magazines. [12]

Sure, every model looks beautiful and flawless in film and photo, but according to the era chart shown on page six, only four percent of the entire human race looks it naturally. Exercise and cosmetics do make it possible to correct any imperfections seen to the naked eye, but how do models become so perfectly proportionate and good-looking? If people only knew the technological secrets, they would be much less critical of themselves.

With airbrushing programs and the click of a button, perfection is just seconds away. A short film by the Dove Company, entitled *Evolution*, reveals just how easy it is to alter one's face and body. The film illustrates how one's eyes can be evened, skin darkened, neck elongated, and face narrowed. The film has had over three million hits on youtube.com alone. Slowly but surely, the message will reach members of our society. Stills from the film are displayed on the following page.





The Dove *Evolution* film opens with a woman and make up artist entering the screen. Without makeup the woman's face reveals slight "imperfections".



Over fifteen seconds we see the model's face softened, her hair 'beautified'.

The clip moves to a digital enhancement software window in which the woman's skin is smoothed out, lips are filled out, neck is lengthened, hair is thickened, eyes evened and enlarged, and face narrowed.



All ready for posting on a billboard advertising Fasel Foundation Makeup (a fictional product). "No wonder our perception of beauty is distorted."- Dove

Film location: http://www.campaignforrealbeauty.com/flat4.asp?id=6909

Educational Interventions & Educational Literature:

It is evident that more and more adolescents – male and female – are growing accustomed to the "beautiful" look. Beauty may be perceived as tall, thin, blemish-free and pretty or it may be perceived as rugged, muscular, and handsome. It is crucial that adolescents understand ways of attaining healthy self-image and self-concept.

Interventions must take place in order to prove fact from fiction; what is feasible and what is simply not. A great way to teach body image is by reading educational literature, such as that on www.merlynspen.org. This is a site where students submit personal poems and short stories about situations they have been in and/or obstacles they have crossed. Reading poems written by other adolescents enables them to relate to one another.

The following poem was written by Ester Bloom, grade 10, entitled "I Used to Be a Gymnast". She writes using themes of eating disorders, mainly anorexia. It feels chilling to read such writing, but the truth of the matter is she describes what one may feel like he or she suffers from the disorder.

Writings such as Ester Bloom's open doors for discussion in the classroom.

They also provide a great transition between guest speakers, text and other teachings. One may also believe that it provides a view from the other side. What does it feel like to suffer from anorexia? What are causes of this horrid disorder?

What are possible prevention methods and solutions to the growing problem?

The subsequent page is Ester Bloom's poem taken from merlynspen.org.

I Used to be a Gymnast

I told my friends I was a gymnast when they wondered why I got so thin then drifted by them quietly like the ghost I wanted to become and buried myself in clothes only clothes could hide the sluggishness of flesh I wanted to strip myself of.

They asked why I stopped laughing but by then, my voice had flown like a robin, sensing months of frost.

My parents hid their fear of what I had become behind the certainty of "phase" No one understood Only the guys were admiring. It was a simple task: the quiet throb of my stomach faded to routine I got used to headaches I wanted to be bone white and smooth and solid if I could get down to bone, then I could be happy I dreamt for weeks I was invisible invulnerable to pain, to flesh, to searching eyes that tried to drag me from my dream Til one day, my body fell on the tiled bathroom floor.

I woke in a hospital I thought was Heaven
everything there
was white and smooth and solid
except the needles I screamed against
that kept me bonded to the Earth
and the hard bed

The hospital sheltered me for a long, long time and I cried when my thighs began to touch again as I walked

And I grew up
put ugly words and fantasies behind me
and when my children
saw a picture of that younger me, and asked me,
"why were you so thin?" I told them:
I used to be a gymnast.

Educational Interventions & the Health Promoting Schools Framework:

The World Health Organization (WHO) Health Promoting Schools Framework outlines a holistic approach to foster health within a school and its local community.

The Health Promoting Schools concept is based on the principle that education and health are indivisible: health supports successful learning and successful learning supports health. [9]

In an effort to provide positive intervention, the Health Promoting School supports empowerment of students as well as teachers, parents, school staff, and community members. The Framework focuses on three areas of intervention within the school and its local community: 1) School curriculum, teaching, and learning;

2) School ethos, environment, and organization; 3) School-community partnerships and services. [9]

Within the first area of intervention - School curriculum, teaching, and learning - the Framework outlines requirements for a planned and chronological health education curriculum across *all* age groups. An example of this concept would be to focus on dieting prevention in Health Education, English, and Science classes. Curriculum can correlate as follows: [9]

Health Education: Building skill development to reduce the influence of peer pressure.

English: Analyzing/understanding the impact of persuasive advertising.

Science: Evaluating "normal" fat composition in the human body.

Educational Interventions & the Health Promoting Schools Framework, con't

Within the second area of intervention - School ethos, environment, and organization - the Framework includes beliefs, attitudes, and norms within the school and local community that form the overall "ethos" of the school environment.

According to WHO, in order to foster a healthful school environment, health promotion policies of the school must be evaluated. Examples of this may be that the school will need to examine its meal policy or it will need to introduce policies about teasing, bullying, dress codes, prejudice. [9] The school may also consider the need for special programs such as school sport programs specifically designed to suit the needs of overweight students.

Within the third area of intervention - School-community partnerships and services - the Frameworks involves developing collaborative relationships with students' families, school and community health workers, and educational services. Resources in school and the community can complement healthy attitudes and activities promoted in school to be reinforced in the community. [9] For example, the school and/or community may offer complementary training services and educational sessions relating to current health-related issues to expand awareness and knowledge.

The Health Promoting Schools Framework offers a reasonable approach for intervention, because it includes a variety of influences internal and external to the school environment. Collaboration among the school, home, and community enables a shared language and a shared way of working and understanding each other. [9] This may be the most crucial point for implementation and prevention.

True Story & Recent Changes

Ana Carolina Reston, 21, was a Brazilian fashion model who worked on runways around the world. She modeled for top designer Georgio Armani and appeared in various magazine advertisements. She looked poised, focused, and in control as a model, but her life away from the runway was anything controlled.

Her desire to stay thin turned into an eating disorder as she lived on nothing but apples and tomatoes. ^[7] Due to this unhealthy lifestyle, her weight plummeted to what the World Health Organization classifies as dangerously thin. Finally, her body just gave up. At the time of her death, the 5-foot 8-inch model weighed a mere 88 pounds and her BMI was a striking 13.4 (BMI is a calculation that measures body fat based on height and weight). ^[7]

Reston's death and the earlier death of another ultra-thin model, Luisel Ramos, 22, from Spain (who suffered a heart attack minutes after a runway show) prompted some leaders to make a few changes to the industry. Last September, Madrid officials banned models with a BMI lower than 18. The organizers of similar fashion events in Brazil and Argentina have done the same. Fashion leaders in Milan plan to impose a similar weight standard as well. [7]



Ana Carolina Reston ←←←←←←←



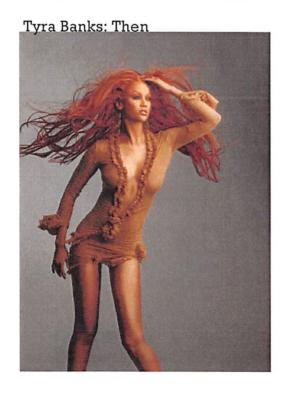


The Tyra Banks Debate

There has been much controversy about model Tyra Banks who first emerged as a cover girl for Sports Illustrated. The successful icon was one of the original Victoria's Secret Angels, created the hit reality show America's Next Top Model, and currently hosts her own Emmy Award winning talk show, The Tyra Banks Show.

Since her modeling days, the 5-foot 10-inch woman has gained 30-40 pounds and has become the talk of many magazines. Tyra retired from the modeling world in 2005 and claims she loves her new body. Although her weight gain has fluctuated, she states she feels comfortable in her skin and receives a lot of positive feedback from teenage girls.

The media may look at her differently, but people everywhere are admiring her new look and grown influence. In fact, *Time Magazine* has named her one of the most influential African American people in the world.





Closure

All in all, it is fascinating to see just how complicated the topic of body image is. It is very versatile and powerful. Body image not only is the way one perceives oneself, but it is a way of life for many. It is a constant battle and obsession. Body image does not target solely females anymore. It is like a disease creeping up in a society, affecting everyone in its path.

Although the media is not the only party responsible for distorted perception, it does however play a massive role in the spread. Within magazines, billboards, movies and television lies the perfect man; so muscular and handsome, and the woman; so thin and gorgeous. They portray the very epitome of unattainable beauty.

The very topic feels chilling, though there may be a light at the end of the tunnel. The only way to accomodate change is acceptance. By accepting people for whom they are as opposed to how they look is the first step. A good example of this is Dove's Campaign for Real Beauty. As seen in the film - Evolution - technology can work wonders to make an ordinary person look extraordinary.

This thesis was meant to educate readers of what exactly is going on in our society. Things like eating disorders, poor self-concept, and constant body alteration are not to be taken lightly. I believe the root of the problem is lack of education and even ignorance.

Read and listen to the stories of survivors. Learn the airbrushing mechanism.

Ask yourself what the advertisements are *really* selling. Then, educate others.

Knowledge is truly power... and this power needs to be spread.

Resources

- Ackerman, Boris. "The Dangers of Body Dysmorphic Disorder." American Fitness 24.4

 (2006): 24-26. Academic Search Premier. EBSCO. Northern Illinois University,

 Dekalb. 21 Apr. 2007

 http://www.ulib.niu.edu:4426/ehost/detail?vid=20&hid=4&sid=5c07c137-8fle-4733-9d30-4dadeab03765%40sessionmgr7.
- 2 Botta, Renee. "Television Images & Adolescent Girls' Body Image Disturbance." Journal of

 Communication 49.2 (1999): 22-41. Eric: FirstSearch. Northern Illinois University,

 Dekalb. 21 Apr. 2007

 .
- Distriction." Journal of Social & Clinical Psychology 24 (2005): 1081-1087.

 Academic Search Premier. EBSCO. Northern Illinois University, Dekalb. 21 Apr. 2007

 http://www.ulib.niu.edu:4426/ehost/detail?vid=13&hid=4&sid=5c07c137-8fle-4733-9d30-4dadeab03765%40sessionmgr7.
- ⁴ Hendel, Andrea. "Restoring Self-Esteem in Adolescent Males." Reclaiming Children & Youth 15.3 (2006): 175-178. Academic Search Premier. EBSCO. Northern Illinois University, Dekalb. 21 Apr. 2007

 http://www.ulib.niu.edu:4426/ehost/detail?vid=9&hid=4&sid=5c07c137-8fle-4733-9d30-4dadeab03765%40sessiongr7.

- Maida, Denise, and Sharon Armstrong. "The Classification of Muscle Dysmorphia."

 International Journal of Men's Health 4.1 (2005): 73-91. Academic Search Premier.

 EBSCO. Northern Illinois University, Dekalb. 21 Apr. 2007

 http://www.ulib.niu.edu:4426/ehost/detail?vid=15&hid=4&sid=5c07c137-8fle-4733-9d30-4dadeab03765%40sessionmgr7>.
- 6 "Media Trends." Region of Peel. 21 Apr. 2007

 http://www.region.peel.on.ca/health/commhlth/bodyimg/media.htm.
- Moore, Chris. "The Skinny on Models." <u>Current Events</u> 106.15 (2007): 7-8. <u>Academic Search Premier</u>. EBSCO. Northern Illinois University. 21 Apr. 2007

 http://www.ulib.niu.edu:4426/ehost/detail?vid=10&hid=4&sid=5c07c137-8fle-4733-9d30-4dadeab03765%40sessionmgr7>.
- Nowak, Rachel. "When Looks Can Kill." New Scientist 192.2574 (2006): 18-21. Academic Search Premier. EBSCO. Northern Illinois University. 21 Apr. 2007

 http://www.ulib.niu.edu:4426/ehost/detail?vid=6&hid=4&sid=5c07c137-8fle-4733-9d30-4dadeab03765%40sessionmgr7>.
- ⁹ O'Dea, Jennifer and Danielle Maloney. "Preventing Eating and Body Image Problems in Children and Adolescents Using the Health Promoting Schools Framework." <u>Journal of School Health</u> 70 (2000): 18-21. 25 July 2007.
- Postrel, Virginia. "The Truth About Beauty." <u>The Atlantic</u> 299 (2007): 125-127. <u>Academic Search Premier</u>. EBSCO. Northern Illinois University, Dekalb. 21 Apr. 2007

 http://www.ulib.niu.edu:4426/ehost/detail?vid=3&hid=4&sid=5c07c137-8fle-4733-9d30-4dadeab03765%40sessionmgr7>.
- 11 Ricciardelli, Lina and Marita McCabe. "Sociocultural Influences on Body Image and Body

 Changes among Adolescent Boys and Girls." <u>Journal of Social Psychology</u> 143 (2003):

 5-26. 21 Apr. 2007.

- ¹² Sloan, Bridgette. "Body Image." Ohio State University. 21 Apr. 2007 <ohioline.osu.edu/hyg-fact/5000/5238.html>.
- ¹³ Tiggemann, Marika. "The Role of Media Exposure in Adolescent Girls' Body
 Dissatisfaction & Drive for Thinness." <u>Journal of Social & Clinical Psychology</u> 25
 (2006): 523-541. <u>Academic Search Premier</u>. EBSCO. Northern Illinois University,
 Dekalb. 21 Apr. 2007.

¹⁴ "Women and the Barbie Doll." 21 Apr. 2007. http://noplainjane.org/statistics/.

^{15 &}quot;Women's Body Image." Wellesley College. 21 Apr. 2007
http://www.wellesley.edu/Health/BodyImage/.

NORTHERN ILLINOIS UNIVERSITY

Employee Wellness Programs: the Healthy Way to Save Money

A Thesis Submitted to the

University Honors Program

In Partial Fulfillment of the

Requirements of the Baccalaureate Degree

With University (Upper Division) Honors

Department of Allied Health Professions

by

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Abstract

Employee wellness programs can provide employees with health education, employee assistance programs, early detection programs, and fitness programs while containing healthcare costs for the various participating corporations. Corporations faced with rising health care costs have implemented these programs in an effort to achieve long-term solutions to cost-containment. Planning for a wellness program entails choosing a manager, developing an employee advisory group, gaining support from top management, influencing

the corporate culture, and designing an actual program. The program should meet both the employees' needs, as well as their dependents' needs because many corporations fund health care insurance for dependents. Benefits realized by the program may be numerous, but very few studies have been done to verify any significant cost benefits. Some organizations, however, have been quite successful in their efforts to promote wellness. The key is to make wellness a distinctive component of the corporate culture.

Abstract

Employee wellness programs can provide employees with health education, employee assistance programs, early detection programs, and fitness programs while containing healthcare costs for the various participating corporations. Corporations faced with rising health care costs have implemented these programs in an effort to achieve long-term solutions to cost-containment. Planning for a wellness program entails choosing a manager, developing an employee advisory group, gaining support from top management, influencing the corporate culture, and designing an actual program. The program should meet both the employees' needs, as well as their dependents' needs because many corporations fund health care insurance for dependents. Benefits realized by the program may be numerous, but very few studies have been done to verify any significant cost benefits. Some organizations, however, have been quite successful in their efforts to promote wellness. The key is to make wellness a distinctive component of the corporate culture.

Employee Wellness Programs: the Healthy Way to Save Money

"For years, Japanese workers have begun their days with a vigorous round of calisthenics. Many Americans, however, begin their days with a hasty danish and coffee and a sedentary commute to the office" (Gettings and Maddox, 1988, p.81). After spending their whole workday in front of a computer, Americans then retreat to their homes to spend their evenings in front of the television. The problem with this scenario remains with the fact that in the United States the top three killers continue to be heart disease, cancer, and stroke. "The U.S. Centers for Disease Control estimates that 53.5% of deaths among Americans under 65 years of age can be attributed to lifestyle related causes" (Wagel, 1989, p.7). Controlling and lessening the impact of these conditions depends upon changing and improving corporate, employee, and family lifestyle. The important thing to remember is that lifestyle can be influenced to produce a more healthy outlook on life.

"More than \$300 billion a year, the U.S. annual health bill now accounts for nearly 12 percent of the gross national product" (Adams, 1988, p.44). Companies who are absorbing more than half the bill have wizened up and are now truly considering the benefits of an employee wellness program. "In a recent study on corporate wellness programs by the Health Research Institute, Director William H. Hembree noted that among many short-term solutions to health-care cost-containment, wellness programs are emerging as critical to long-term cost control" (Abramson, 1988, p.37). Per-employee health-care costs were lower and had risen more slowly among companies involved in a wellness program as compared to companies that were not enrolled.

COST INCREASES

EMPLOYERS WITH EMPLOYERS WITHOUT WELLNESS PROGRAMS WELLNESS PROGRAMS

%COST INCREASE 1986 4.5% 10.0%
%COST INCREASE 1987 2.8% 9.9%

Source: Personnel Administrator

Smoking cessation programs and early detection programs alone can save companies a considerable amount of money. "The cost to an employer for a smoker averages \$4,000 a year" (Abramson, 1988, p.37). This extra \$4,000 could instead be spent on improving and maintaining an employee wellness program.

"In the past decade corporations have been faced with rising costs in health and worker's compensation insurance, as well as employee absenteeism, sickness, accidents, injuries, and turnover rates. To reduce these steadily increasing costs, companies have begun to implement health, fitness, and wellness programs at the worksite or at nearby facilities" (Chang and Boyle, 1989, p.45). Effective implementation of an employee wellness program can provide benefits to both the corporation and its employees.

Executing a successful program relies heavily upon employee acceptance and a corporate culture that exemplifies total well-being. In order to obtain absolute benefits from an employee wellness program the program must be properly designed with employee preferences in mind.

Follow Generally Accepted Planning Process Steps

"Health promotion programs should be implemented like any other type of program,

following generally accepted planning process steps" (Wilson, 1989, p.11). An individual with experience and knowledge with regard to wellness programs should manage the program development. Choosing an individual based on convenience or low cost rather than qualifications, could end up costing the organization more than the benefits gained from the health promotion program. Bradley Wilson, assistant professor of cardiovascular health and fitness, University of Cincinnati, suggests that finding a manager with the proper expertise is quite crucial to implementing a wellness program. A task force consisting of management and non-management people can assess whether an outside consultant or an internal staff member should set up the program. This task force would be responsible for determining the needs of the organization with regard to the employee wellness program's manager (Feineman, 1990).

"This manager could be a consultant, a health promotion program vendor, or a program director hired as an employee of the organization" (Wilson, 1989, p.11). If the organization chooses a vendor, then control of the program will lie externally, whereas choosing a consultant or hiring a director will allow control of the program to remain internally. Choosing an individual to develop the program is a very important process, so whether a consultant, vendor, or program director is chosen this individual "should have appropriate training and experience in directing health promotion programs" (Wilson, 1989, p.11). Several organizations such as the American Cancer Society, American Diabetes Association, American Heart Association, American Lung Association, and the American Red Cross can provide suggestions concerning topics that may interest employees and increase corporate awareness. Commercial vendors are also available to

assist in planning, implementing, and evaluating a corporation's wellness program (Trenk, 1989).

Another significant component of a successful health promotion program is an "employee advisory group." This group should consist of a representative sample of employees within the organization. The main purpose of this group is to provide information to the program director concerning employee needs with regards to health and total well-being. This will help the program director understand employee motives for participating in the health program.

"The success of a worksite health promotion program hinges on the development of an internal support structure" (Wilson, 1989, p.11). An important component to this structure is support from top management. Without their support, funding for the program may become quite difficult to obtain during economically hard times. Another reason for top management involvement includes the example they will set for other employees. If employees witness top managers participation in the health program then they will be more apt to become involved. Other components of the internal support structure include: "backing by operating unit managers and use of nonformal communication channels" (Wilson, 1989, p.11). Gaining support from informal leaders of a work group can help increase overall employee participation.

The last element of implementing an effective health promotion program "must go beyond the individual to influence the business culture and environment" (Wilson, 1989, p.11). Currently, businesses practice many unhealthy habits such as poor smoking policies, nutritionally inadequate food options in both the cafeteria and the vending

machines, and lack of areas where employees can relax. If employers are truly interested in providing a health promotion program for their organization, they must change the corporate culture accordingly.

Designing a Wellness Program

With these basic implementation guidelines in mind, a successful corporate wellness program is foreseeable. Actually designing a wellness program involves several steps including program placement, goal planning, employee medical screening, orientation, and program implementation and evaluation. Program placement basically establishes under who's authority the program will operate. "Many programs fit well within the human resource department, especially when employee assistance programs already exist within that department" (Gettings and Maddox, 1988, p.83). As previously discussed a vendor, consultant, or program director can then be hired to encourage program development. Goal planning seeks to create realistic, challenging, and obtainable goals concerning employee needs. According to Gettings and Maddox (1988) some of the following objectives will help employees seek wellness:

- -increase the level of cardiovascular fitness;
- -increase knowledge of positive health habits to reduce coronary risk factors;
- -encourage vigorous exercise for 20 minutes three times per week;
- -develop life-long sports interests and skills such as golf, hiking, tennis, cycling, and bowling;
- -identify key life and work stressors and practice stress management routines;
- -develop and practice healthy and moderate eating habits;
- -anticipate and plan for life changes so transitional stress is manageable. (p.83)

Employee medical screening should be performed for all participating employees in order to assess an individual's weak spots. Many corporations also find screening or

involvement in a wellness program as essential for the employees' dependents, as well as the employees because "family members account for half [of a corporation's] healthcare costs" (Trenk, 1989, p.35). Screening must be done on a completely voluntary basis so that employees will feel less threatened by results. Employees should also be assured that the medical screening will only be used for health purposes and not as a secretive approach to drug testing or other types of testing.

A questionnaire sent to an outside source may be the best way to assess employees' general needs while keeping information confidential. American Health Promotion, Inc. developed a questionnaire asking "for information about a person's general health, family history of disease, medical care, sleep patterns, personal perceptions, use of drugs and medications, smoking habits, physical fitness activities, use of alcohol, automobile safety, and eating habits" (Wagel, 1989, p.9). American Health Promotion, Inc. scores the questionnaires by computer and sends each participant his or her personal results. The health profile outlines the employee's risk for eight major diseases and gives recommendations for behavioral changes to improve health. Group information is sent to the corporation so that adequate resources for improving health can be provided to employees (Wagel, 1989).

Orientation entails disseminating information on the purposes of the program, the results of medical screening, and future program activities. A truly effective employee wellness program will encompass several areas and activities:

Health education: This component is vital in informing people about the benefits of healthier living and the steps they can take. Health education can be formalized into weekly or monthly seminars on topics ranging from smoking

cessation to seat belt safety, or be as simple as articles published in employee newsletters. An educated population is more likely to use the other wellness benefits available.

Employee assistance programs: These programs take the next step beyond education to results-oriented action by offering counseling to workers on many areas that might harm their performance. Substance abuse assistance programs have gotten a lot of attention recently, but EAP programs can deal with a whole range of positive behavior modification in nutrition, marriage, even finances.

Early detection programs: Early detection saves lives, lowers medical costs and, in most cases, is easily implemented. Companies can take advantage of work-site based programs such as U.S. Healthcare's mammography van and cholesterol testing. Or they can encourage employees (through education and cost-reduction) to use hospital-or physician-office-based programs.

Fitness programs: Fitness programs can range from equipped and staffed centers on-site to reduced-priced memberships in community centers. In addition, many companies sponsor group activities including marathons, walking clubs and team sports. Weight-reduction programs are often an integral part of the overall fitness program. (Abramson, 1988, p.38)

Program implementation and evaluation involves activating the program and then continually assessing the programs impact on employee health and corporate benefits.

This information can then be used to make appropriate changes to the wellness program.

Wellness Program Do's and Don'ts

Many managers and program directors find it difficult to gain and keep employees interested in their health promotion efforts even after the program has been implemented. "Putting [themselves] in the employees' shoes is the secret to keeping a health promotion popular and keeping [their] ideas fresh" (Garzona, 1989, p.60). By following some basic do's and don'ts a popular, ongoing program can be established. "Do build in incentives and rewards to get and keep employees involved" (Garzona, 1989, p.61). Most successful programs are provided at little or no cost with the opportunity for

an employee to enjoy activities during company time. "Bonne Bell has set up generous incentives: workers can use the facilities for free, they get an extra 30 minutes at lunch if they want to exercise, and workout clothes are acceptable attire after lunch" (Roberts and Harris, 1989, p.55). Other incentives include small monetary gifts and recognition for completing specific aspects of a program and penalties for regressing to bad habits.

"Do promote your health promotion program" (Garzona, 1989, p.61). Try not to overwhelm employees with information related to the program, rather subtly explain what's in it for them.

"Do remember that your employees are busy" (Garzona, 1989, p.61). Not only are employees concerned with completing the everyday duties of their job, they must also contend with other commitments and responsibilities. For example, single working mothers may have to go straight home after work to care for their children. Even though the wellness program may be quite beneficial for these mothers, certain circumstances may not allow for participation in the program.

"Do use creativity, innovation, variety, fun, and common sense" (Garzona, 1989, p.61). AT&T used an innovative and catchy name for their program who's acronym is TLC (Total Life Concept). The program's name implies tender, loving, care for those who participate in the program.

"Do not make cost-containment your first priority" (Garzona, 1989, p.61). Unless employees recognize a true corporate concern for their total well-being, the program will not last. By meeting employees health care needs, cost-containment will follow.

Safeway's plant manager, Bob Jacobson, has seen statistics to prove that Safeway's

wellness program has paid off. "Lost work days from accidents have been almost eliminated; tardiness and absenteeism has decreased by more than 60%; union grievances are down by 95%; and discrimination cases have virtually disappeared" (Roberts and Harris, 1989, p.56).

"Do not assume all employees think the way you do" (Garzona, 1989, p.61). It is crucial for the success of a wellness program to ask employees what they want. A variety of options must be made available because there is a wide variety of employee interests, ages, and physical fitness needs. "At the six Sara Lee companies based in Winston-Salem, NC, where 80% of the employees are women, wellness programming centers around women's health issues" (Roberts and Harris, 1989, p.58). This program has been adapted to meet the criteria set by a majority of women who work at Sara Lee.

"Do not assume that fancy promotional come-ons, full-color newsletters, gorgeous posters and the like inform well, or that they will be well-received by your employees" (Garzona, 1989, p.61). Many employees will view these elaborate promotions as a waste of time and money. Simple ideas with a little creativity work much better.

"Do not have a workplace environment that contradicts or sabotages your health promotion program" (Garzona, 1989, p.61). As mentioned previously, a corporate culture that enhances and contributes to poor health is an inappropriate place for a wellness program. However, smoking policy, cafeteria menus, and vending machines can be changed in order to adequately accommodate the goals and objectives of a wellness program.

"Finally, it's important to remember that the distance between wanting to break an

unhealthy lifestyle habit, and being able to break it, can seem enormous" (Garzona, 1989, p.61). It is important to be patient and understanding with regard to employee efforts.

Benefits Realized

According to Wilson:

If an effective worksite health promotion program has been developed and implemented, the following benefits can be realized;

- -improved corporate image
- -improved employee job satisfaction
- -decreased absenteeism
- -decreased employee turnover
- -improved employee morale
- -improved recruitment incentives
- -decreased work-related injuries
- -decreased health-care costs
- -increased workers productivity. (1989, p.12)

"One of the benefits believed to accrue from workplace health promotion programs is the improvement in morale among employees who participate in such programs" (Allegrante and Michela, 1990, p.25).

Improved employee morale can be seen in the following graph

The Health Programs That Make Employees Happiest

most common to least:	tea moraie

Smoking control	9.0%
Health-risk appraisals	14.2%
Stress management	30.0%
Exercise/physical fitness	37.4%
Nutrition education	20.7%
High blood pressure control	15.0%
Weight control	34.4%

Source: Worksite Wellness Media Report

An evaluation, conducted by John P. Allegrante, PhD, Associate Professor and Director of the Center for Health Promotion and John L. Michela, PhD, Associate Professor for the University of Waterloo, Canada, assessed the impact of workplace health promotion programs on the morale of inner-city school teachers. The study showed a significant and favorable change in the teachers' perceptions and attitudes toward the schools. However, the study "does not imply that"...workplace health promotion programs are a ... "preferred or optimal intervention for organizational problems that lead to or foster low morale in America's inner-city schools" (Allegrante and Michela, 1990, p.28).

In addition to boosted morale, employee wellness programs decrease absenteeism.

Robert L. Bertera, DrPH, directed a study evaluating the impact of a comprehensive employee health promotion program on illness absences and found encouraging results.

A pretest-posttest control group design was used to study 41 intervention sites and 19 control sites with 29,315 and 14,573 hourly employees, respectively. Blue-collar

employees at intervention sites experienced a 14.0 percent decline in disability days over two years versus a 5.8 percent decline at control sites. (Bertera, 1990, p.1101)

While all of these benefits can be considered, it's important to realize that the benefits produced by a workplace health promotion program are limited. However, the program can altered to suit the individual organizations' needs.

Small employers can also realize the benefits of an employee wellness program by providing "a scale-downed version of the larger employer's wellness program" (Thompson, 1990, p.27). A small employer can promote wellness within their company by sponsoring group sports such as volleyball, softball, basketball, or running. Small employers may also consider contracting with a local health club and paying for a portion of the membership fees. The most important aspect of a successful employee wellness program, the corporate culture, can also be assessed and improved at a very low cost to the employer.

"It is unlikely that a good cost/benefit analysis of employee wellness programs will appear soon. The primary reason for this is the extreme cost of such an evaluation" (Sloan and Gruman, 1988, p.48). So even though the benefits of implementing an employee wellness program cannot be verified, they seem to be moving in a positive direction. Many corporations have initiated their own analysis of employee wellness programs and have realized impressive results. Coors is just one example of these results.

Coors Success

Coors has spent the past 10 years creating a wellness program it estimates saves the company at least \$1.9 million annually by decreasing medical costs, reducing sick leave and increasing productivity. For every dollar spent on wellness, Coors sees a return of \$6.15.

Because of this program and other cost-containment efforts, such as managed care programs, Coors' health care costs rose only 5.9% between 1988 and 1989.

During that time, most companies were fighting increases of more than 18%.

(Caudron, 1990, p.55)

In addition to these savings, many national organizations such as, Kelly Communications and the Association for Fitness and Business have recognized and awarded Coors' efforts. Numerous human resource professionals have contacted Coors' requesting advice on development of a wellness program.

"How does Coors do it? 'By making wellness a part of the corporate culture' says William Coors, Chairman and CEO" (Caudron, 1990, p.55).

Twenty years ago Coors approached his board of directors with the idea of a comprehensive wellness program. His persistence finally paid off eleven years later when "the company celebrated the opening of its 25,000-square-foot wellness facility" (caudron, 1990, p.56). Coors, in addition to providing a physical fitness center, also makes accessible to its employees health risk assessments, stress management, nutritional counseling, and programs for weight loss, smoking cessation, and orthopedic

rehabilitation.

"Each component of Coors' wellness program follows a social marketing model that provides six steps to behavioral change: awareness, education, incentives, programs, self-action, follow-up and support" (Caudron, 1990, p.56). Awareness is accomplished through an appraisal that identifies an individual's health risk. Many people avoid health warnings until they read a personalized assessment of their own health risks. Education involves learning about how to lessen these health risks, for example, through diet alteration, increasing physical activity, and smoking cessation. Incentives, such as refunds for the cost of weight reduction programs if participants achieve a specified goal or holding exercise classes during company time are another aspect of the social marketing model. Self-action requires employees to continue the healthy behavior without necessarily having support or encouragement from outside influences. Follow-up and support entail continued efforts by the corporation to insure that an employee remains healthy and educated.

Coors' has identified 12 major elements (many of which have been previously mentioned) necessary for their program's success. "Support and direction from the CEO is critical" (Caudron, 1990, p.57). Without upper management support responsibility for the program would continuously jump from one manager to another. Upper management can provide the basic groundwork for implementing and establishing the necessary resources.

"Wellness must be a stated priority" (Caudron, 1990, p.57). Employee wellness should be included in the mission, goals, and objectives of the company.

"Make wellness a family affair" (Caudron, 1990, p.57). Since Coors provides health insurance to employees' dependents it's essential that they offer dependents wellness services. This reduces the use of health benefits while increasing and maintaining a healthy lifestyle.

"Make the program accessible to all employees and their families" (Caudron, 1990, p.57). Coors makes available off-site facilities and resources for employees who work away from the main office. Often they arrange for contracts with nearby health clubs so that off-site employees can workout at a convenient location.

"Ask for employee input" (Caudron, 1990, p.58). Since the wellness program is for employees it's essential to solicit information concerning their wants with regard to wellness. This information helps with planning various seminars and assessing the need for additional resources.

"Conduct period needs assessments" (Caudron, 1990, p.58). Determining not only what employees want, but also what they need is important for increasing their wellness. Employees' needs change over time, so it's essential to analyze data concerning injury and sick leave to assess what programs need to be implemented.

"Make sure programs meet objectives" (Caudron, 1990, p.58). Coors uses both internal and external devices to determine whether or not the wellness program's objectives are being met. Internal assessment may identify components of the program that need modifying. On the other hand, external evaluation determines on an overall basis the costs and benefits of the program.

"Communicate" (Caudron, 1990, p.58). Communication within the company

reinforces the company's commitment to wellness. Coors reminds its employees of its dedication to wellness by placing posters throughout the building warning, as well as informing employees on a variety of health and safety topics.

"Keep close tabs on related issues" (Caudron, 1990, p.58). Human resource personnel at Coors watch for current issues related to health that may have an impact on Coors' employees. Issues such as drug abuse, AIDS, and cancer may be important concerns for their employees.

"Get involved with the community" (Caudron, 1990, p.58). Coors provides free consulting to other organizations interested in developing an employee wellness program. In addition, Coors becomes involved with health fairs and nonprofit organizations.

"Hire qualified specialists" (Caudron, 1990, p.58). People must know what they are doing in order to work at Coors. Qualified professionals are essential to effective wellness programs.

"Establish a separate, internal budget" (Caudron, 1990, p.58). By establishing a separate budget managers recognize the importance of the wellness program. As with any budget, managers must justify requests for increases.

Coors truly believes that wellness programs should be fun otherwise employees will not become involved with them. Coors success obviously proves that its employees are having fun.

Crucial to the implementation of an effective wellness program are employee acceptance, top management support, and a coinciding corporate culture. Without these factors, adequate benefits for the corporation, employees, and family members would not

be present. Designing an effective program entails a lot of hard work and dedication, but the benefits are tremendous. With the increasing cost of poor health habits, employee wellness programs seem to be the most feasible solution. "Preventive health care, or wellness, is rooted in a simple premise: Create healthier people and give them access to early detection programs, and you lower their medical risk factors for many of the most serious illnesses" (Abramson, 1988, p.37). This premise alone gives companies a reason to implement an employee wellness program.

Reference List

- Abramson, L. (1988, July). Boost to the bottom line. Personnel Administrator, pp.36-39.
- Adams, J.D. (1988, August). A healthy cut in costs. Personnel Administrator, pp.42-47.
- Allegrante, J.P. & Michela, J.L. (1990, January). Impact of a school-based workplace health promotion program on morale of inner city teachers. <u>Journal of School Health</u>, pp.25-28.
- Bertera, R.L. (1990, September). The effects of workplace health promotion on absenteeism and employment costs in a large industrial population. <u>American Journal of Public Health</u>, pp.1101-1105.
- Brokaw, L., Lammers, T., Noble, S.P., Posner, B.G., & Solomon, S.D. Handson. <u>INC.</u>, p.129.
- Caudron, S. (1990, July). The wellness payoff. Personnel Journal, pp.55-62.
- Chang, O.H., & Boyle, C. (1989, January). Fitness programs: hefty expense or wise investment? <u>Management Accounting</u>, pp.45-50.
- Feineman, N. (1990, September). From boardroom to locker room. Health, pp.49-50.
- Garzona, C. (1989, October). How to get employees behind your program. <u>Personnel Administrator</u>, pp.60-62.
- Gettings, L. & Maddox, N. (1988, April). When health means wealth. <u>Training and Development Journal</u>, pp.81-85.
- Roberts, M. & Harris, T.G. (1989, May). Wellness at work. Psychology Today, pp.54-58.
- Sloan, R.P. & Gruman, J.C. (1988, July). Does wellness in the workplace work? <u>Personnel Administrator</u>, pp.42-48.
- Thompson, D. (1990, March). Wellness programs work for small employers, too. <u>Personnel</u>, pp.26-28.
- Trenk, B.S. (1989, August). Corporate fitness programs become hearty investments. <u>Management Review</u>, pp.33-37.

- Wagel, W.H. (1989, January). Employee wellness: TIAA-CREF's Rx for good living. Personnel, pp.7-9.
- Wilson, B. (1989, Autumn). Employee health promotion: an effective component of the operating strategy. <u>SAM Management Journal</u>, pp.9-12.