

Assessment of Health Risks with Feedback Plus Health Education With or Without Other Interventions

Task Force Finding and Rationale Statement

Intervention Definition

Although AHRF can be offered as an independent intervention, it is often applied to a broader worksite health promotion program as a gateway intervention. When used as a gateway intervention, the assessment is typically conducted one or more times and the feedback is offered to the participant along with possible options for addressing the identified health risks: information about the risks; information about programs directed towards the prevention or treatment of the risks; or referrals to programs or providers addressing the risks. Along with the assessment and feedback, other interventions may be offered. These may include health education; enhanced access to physical activity; nutritious food alternatives; medical care; or policy interventions such as smoking bans or restrictions. When AHRF was implemented with additional health-related interventions, these programs were collectively referred to as AHRF Plus.

Task Force Finding (February 2007)

The Task Force recommends the use of assessments of health risks with feedback when combined with health education programs, with or without additional interventions, on the basis of strong evidence of effectiveness in improving one or more health behaviors or conditions in populations of workers. Additionally, the Task Force recommends the use of assessments of health risks with feedback when combined with health education programs to improve among program participants the following specific outcomes:

- Reducing tobacco use (cessation) on the basis of strong evidence of effectiveness
- Reducing at risk alcohol use on the basis of sufficient evidence of effectiveness
- Improving measurements of physical activity on the basis of sufficient evidence of effectiveness
- Decreasing seat belt non-use on the basis of sufficient evidence of effectiveness
- Reducing dietary intake of fat on the basis of strong evidence of effectiveness as measured by self-report
- Reducing overall (median) measurements of blood pressure among participants, and the proportion of participants at risk because of elevated blood pressure on the basis of strong evidence of effectiveness
- Reducing overall (median) measurements of total cholesterol, and the proportion of participants with elevated cholesterol measurements on the basis of strong evidence of effectiveness
- Improving the summary health risk estimates of at-risk participants and reducing the proportion of participants with high risk estimates on the basis of sufficient evidence of effectiveness
- Reducing the number of days lost from work due to illness or disability on the basis of strong evidence of effectiveness
- Improving a range of different measures of healthcare service use on the basis of sufficient evidence of effectiveness

The Task Force finds insufficient evidence to determine the effectiveness of assessments of health risks with feedback when combined with health education programs, with or without additional interventions, in improving the following outcomes among participating workers:

- Dietary intake of fruits and vegetables: because of concerns about the small magnitude of effect (median change was an increase of only 0.16 servings per day) across the body of evidence
- Body composition: because of small and inconsistent effects across the body of evidence for three basic measures: BMI, body weight, and % body fat. Though the body of evidence suggested consistent decreases in BMI (median change 0.5 points), findings for weight (median decrease of 0.56 pounds) and body fat (median decrease of 2.2%) were small and results for weight were inconsistent internally and with the BMI results
- Fitness: because outcome effects were small in magnitude and the measures reported varied in content and quality

Rationale

The TF assessed a combination of quantitative and qualitatively synthesized evidence across a variety of outcomes relevant to overall health and wellness including a range of health behaviors, physiologic measurements, and summary indicators linked to changes in health status. Although most of the qualifying studies reported a different set of outcome measurements, the Task Force evaluated data on effectiveness for each outcome across the body of evidence.

Publications

Soler RE, Leeks KD, Sima Razi, Hopkins DP, Griffith M, Aten A, Chattopadhyay SK, Smith SC, Habarta N, Goetzel RZ, Pronk NP, Richling DE, Bauer DR, Ramsey Buchanan LR, Florence CS, Koonin L, MacLean D, Rosenthal A, Koffman DM, Grizzell JV, Walker AM, Task Force on Community Preventive Services. A systematic review of selected interventions for worksite health promotion: the assessment of health risks with feedback. *Am J Prev Med* 2010;38(2S):237-62

Task Force on Community Preventive Services. Recommendations for worksite-based interventions to improve workers' health. *Am J Prev Med* 2010;38(2S):232-6.

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