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| Workplace Health Promotion: Negotiating the ethical tightrope | Plenary Session 3  
Day 3 – Thursday  
May 10th, 2018  
9:00 – 9:30am |

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| Problem                     | David M. DeJoy, PhD  
*University of Georgia* |
| Workplace health promotion programs (WHPPs) continue to grow in popularity in the U.S. and other developed economies. WHPPs seek to help employees stay healthy, control risks, and manage existing conditions. This all sounds good but, virtually from the very beginning, health promotion efforts in all types of settings have generated a number of ethical issues. While these issues have ebbed and flowed in prominence, they have never disappeared. Indeed, recent efforts to enhance the uptake and effectiveness of WHPPs have brought these issues back to the forefront in meaningful ways. | Mari-Amanda Dyal, PhD  
*Kennesaw State University* |
| Approach                    | Todd D. Smith, PhD  
*Indiana University* |
| The current reexamination included four steps or stages. First, we began by reviewing the “territory occupied” by workplace health promotion. Currently, the landscape of WHPPs is highly dynamic with increased emphasis on comprehensive and integrative programming, the tracking and analysis of biometric and financial data, the use of participation and outcome-related incentives, and the view that work is a social determinant of health and well-being. As employers make greater investments in WHPPs, they naturally expect greater returns. Next, we examined the myriad laws and regulations that apply to WHPPs, including the ADA, HIPAA, and ACA. These laws were originally designed to minimize discrimination on the basis of health or disability and/or protect individual privacy. However, recent practices and interpretations present a more complex and potentially less protective environment for employees. We, then, proceeded to examine the various ethical issues that have been raised specific to WHPPs. These include traditional issues such as privacy/confidentiality, coercion, and victimblaming/stigmatization, as well as more recent issues such as unintended consequences and corporate |
social responsibility. Finally, we reviewed major sources of guidance for designing, implementing, and evaluating WHPPs. This included a number of benchmarking studies that seek to identify the critical elements of effective programs, along with various evaluative scorecards, workbooks, and implementation toolkits.

Results and conclusions
In conducting this analysis, our purpose was not to discredit WHPPs; rather it was to objectively examine potentially important ethical issues and offer practical remedies. Our findings indicate that current workplace health promotion programming strategies and expectations have exacerbated a number of ethical issues and concerns. We also found that available programming guidance does not provide sufficient guidance on how to identity and minimize these particular issues. On this basis, we developed a four-pronged approach designed to improve this situation. Specifically, those involved in sponsoring or conducting WHPPs should: (1) clearly acknowledge and be knowledgeable about potential ethical issues in workplace health promotion; (2) develop and disseminate a formal policy that outlines program structure, purpose, and goals; (3) systematically plan, monitor, and evaluate all program-related strategic communications; and (4) include well-designed and evidence-based mechanisms for achieving meaningful employee involvement at all stages of program planning and implementation.