Chapter 37
The Role of Targeted E–Mail Messaging at the Worksite

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ABSTRACT

Employers are vested in pursuing educational strategies that work to improve employee health and decrease health care utilization. The use of e-mail for health promotion efforts at the worksite presents the freedom to deliver messages outside the boundaries of time and location; preliminary studies suggest that it is an effective way to encourage health behavior. This chapter explores health behavior change, adult learning theory, and media effects research regarding targeted e-mail messaging at the worksite to offer insight into how people perceive and interact with different forms of messages and what kinds of visual enhancements may positively impact perception of the message itself. Results of a qualitative study investigating employees' interpretations of message meaning, perceptions of visual e-mail enhancements and associated health behavior change will be discussed as promising research in worksite health promotion.

INTRODUCTION

Learning about healthy behavior is critical in an era when chronic diseases are strongly linked with personal lifestyle choices. E-mail is emerging as a successful instructional strategy as well as a useful supplementation to various types of learning environments (Garside, 1996). The use of e-mail for health promotion efforts at the worksite presents educators with the freedom to deliver messages outside the boundaries of time and location. Although the use of e-mail messaging at the worksite to affect health behavior is in its infancy, preliminary studies suggest that it is an effective means to encourage positive health behavior (Tate, Wing, & Winett, 2001).

While theoretical frameworks like the Health Belief Model (Janz & Becker, 1984) and Stages of Change Model (Prochaska, Norcross, & DiClemente, 1994) seek to explain the factors influencing individuals' health behavior, they do not offer much insight into *how* people perceive and interact with different forms of messages and what kinds of visual enhancements may positively impact attention, memory, or positive perception of the message itself (Sundar & Kalyanaraman, 2004). The purpose of this study was to explore how employees at the worksite make meaning of the lived experience of health-related e-mail messaging and how those meanings relate to current and future health behavior. Specifically, this chapter explores health behavior change, adult learning theory and media effects research regarding targeted e-mail messaging at the worksite. The findings have implications for adult leaning and health education, two fields that offer insight into how adults make sense of electronic messaging in relation to their health habits, worksite setting, and potentially other venues.

BACKGROUND

This study concerns itself with the meaning and interpretation associated with receiving health-related e-mail messages at the workplace. What is it about how people perceive e-mail messaging at the worksite that brings certain meanings or concepts into their conscious awareness regarding their own health or health behavior? With the growing presence and effectiveness of worksite health promotion efforts, the characteristics and instructional uses of electronic mail technology offers possible solutions to workplace health promoters the success of electronic mail as a message delivery and instructional tool brings a new dimension to how people might receive or seek information to increase health behavior knowledge or change.

In a time where average sized businesses spend approximately 10.2% of total payroll costs for health costs (Employee Benefits Research Institute, as cited in "What Health," 1994), employers have a vested interest in improving employee health. For the millions people who go to work each day, the workplace can be a forum for encouraging healthy behaviors and enforcing supportive policies. To encourage healthy employee practices, health education programming and related initiatives at the worksite are becoming very common (Association for Worksite Health Promotion, 1999). Sparked by specific national goals (U.S. Department of Health and Human Services, 1990) calling for the increase of worksite-based health education activities that would impact adult health behavior change, educators began to theorize how the use of health messages might be effectively transferred into the workplace. Studies have shown that companies can gain significant health changes with limited intervention programs (Blake & Dehart, 1994). It has been estimated that over 104 studies have been conducted studying the impact of workplace health promotion programs (Pelletier, 2005). Throughout this time, researchers have strove to devise methods of capturing data that meet the needs of both health educators and economists. Although the focus of much of this research has been to demonstrate the cost savings to employers in the areas of reduced absenteeism, increased worker productivity, and decreased health care costs, the changes in health behavior that have resulted in improved worker health underlie the positive outcomes of these lines of investigation. Landmark investigations regarding the impact of corporate health promotion programs have shown a return of investment of 6.47 to 8.81 for every dollar invested (Pelletier, 1999b). These initiatives not only improved the company's financial health, but also the status of its employees' well-being, as medical expenditures and absenteeism rates were significantly impacted (Pelletier, 1999a, 1999b). While such research joins the ranks of other such

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