

**WORKSITE WELLNESS IN
ROCHESTER, NY
PART I: BEST PRACTICES AND LESSONS
LEARNED & PART II: SURVEY RESULTS**

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WORKSITE WELLNESS IN ROCHESTER, NY

PART I: BEST PRACTICES AND LESSONS LEARNED & PART II: SURVEY RESULTS

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WORKSITE WELLNESS IN ROCHESTER, NY

PART I: BEST PRACTICES AND LESSONS LEARNED

June, 2007

SUMMARY

Employee health conditions and health risk factors are costly for employers in terms of health care costs, presenteeism, and absenteeism. Employers pay for treatments and procedures for health care conditions that are partly a result of poor lifestyle choices and habits. Modifiable health risks, particularly stress, tobacco use, being overweight, and lack of exercise account for an estimated 25% of employer health care expenditures, and are therefore ripe targets for health promotion programming in the workplace (Anderson, 2000).

This is Part I of a two-part report on worksite wellness for the Rochester Business Alliance Health Care Initiative and the Greater Rochester Health Foundation. Part I reviews metrics and best practices based on findings in the worksite wellness literature and in the workplace, identifies examples of worksite wellness initiatives nationwide and in Rochester, and identifies important resources available to employers of any size. While we discuss worksite wellness in general in this report, our focus is ultimately on small to medium sized employers, and on worksite wellness programs that target obesity.

***Worksite wellness has
a positive return on
investment.***

Selected findings and metrics showing worksite wellness programs' return on investment include the following:

- ❖ Sophisticated health promotion programs can produce 25% savings on absenteeism, health costs, and disability and workers' compensation costs over a 2 to 5 year period.

- ❖ Health promotion programs lead to an average health care cost savings of \$3.48 and an absenteeism savings of \$5.82 for every \$1 invested.
- ❖ High body mass index (BMI) employees averaged \$8,779 in health care costs compared to \$5,425 for low BMI employees in one employer program.
- ❖ A wellness program in a small employer kept health care premium increases at 4.9% between 2002 and 2004 compared to a national average of 12.7%.
- ❖ A wellness program at a large university experienced an ROI of \$1.21 for a blood pressure initiative and an ROI of \$3.39 for a cholesterol-lowering initiative for every \$1 invested.
- ❖ A synthesis of 56 peer-reviewed journal articles found an average decrease of 27% in absenteeism, 26% in health costs, and 32% in workers' compensation costs, and a return of \$5.81 for every dollar invested in health promotion in the workplace.

Key Success Criteria

Key lessons learned in the workplace in terms of important criteria, strategies, or characteristics of successful worksite wellness programs include the following:

- ❖ Utilize a screening mechanism, such as a health risk assessment (HRA).
- ❖ Measure outcomes and include an evaluation component.
- ❖ Include environmental supports (type of food in vending machines, no-smoking rules, etc).
- ❖ Integrate the health promotion program into the company's structure, mission, vision.
- ❖ Target a wide range of health issues, but be sure the program can be tailored to individual employee's needs.
- ❖ Garner CEO and other senior-level support.
- ❖ Provide incentives for participation.
- ❖ Assign a cohesive wellness team that includes employees at all levels.

Part II of this report will provide results of an employer survey and an employee survey conducted in the Rochester area in late May 2007 to ascertain employer and employee perspectives on

worksite wellness issues, including incentives and barriers to participation. It will also include recommendations for strategic next steps for the Health Care Planning Committee of the Rochester Business Alliance Health Care Initiative's Health Care Planning Group and Wellness Employer Group.

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PART I: WORKSITE WELLNESS

Employee health conditions and health risk factors are costly for employers in terms of health care costs, presenteeism, and absenteeism. Smokers cost employers an average of \$1,300 more in annual health care costs than non-smokers (Wellness Council of Florida, 2004), and employees with a high risk of heart disease have health care costs 228% higher than those not at risk (Goetzel et al., 1998). Reduced performance on the job due to health risk factors or health problems, known as “presenteeism,” costs U.S. employers \$225 billion per year (Stewart et al., 2003). And health conditions cause a number of missed work days each year for those with depression/mental illness (average of 26 days), asthma (12 days), migraine/headaches (11 days), heart disease (7 days) and diabetes (2 days) (Goetzel et al., 2004).

25% of employer health care costs are due to poor lifestyle choices.

Employers pay for treatments and procedures for health care conditions that are often a result of poor lifestyle choices and habits. Modifiable health risks, particularly stress, tobacco use, being overweight, and lack of exercise account for an estimated 25% of employer health care expenditures, and are therefore ripe targets for health promotion programming in the workplace (Anderson, 2000).

A recent study found that among employees with one of ten prevalent health conditions, the loss of work productivity was an average 4.3% due to absences from the workplace, and the loss of productivity due to presenteeism averaged 12%. Losses were particularly high for depression, migraine/headache, and respiratory illnesses.

Productivity losses for employers in absenteeism and presenteeism for 10 prevalent health conditions		
	Percent Productivity Loss Due to...	
	Absenteeism	Presenteeism
Allergy	3.4%	10.9%
Arthritis	2.5	11.2
Asthma	5.0	11.0
Cancer	7.0	8.5
Depression/sadness/mental illness	10.7	15.3
Diabetes	0.8	11.4
Heart disease	2.8	6.8
Hypertension	0.4	6.9
Migraine/headache	4.5	20.5
Respiratory disorders	6.1	17.2
<i>Average</i>	<i>4.3</i>	<i>12.0</i>
<i>Source: Goetzel et al., 2004</i>		

The rationale for worksite wellness, also known as health promotion in the workplace, is simple: The majority of American adults spend more of

their waking hours at work than they do anywhere else, and for many companies medical care costs can consume half, or more, of company profits (Wellness Council of Florida, 2004). In addition, worksite wellness initiatives work—a meta-evaluation of 13 studies that calculated cost/benefit ratios found that health promotion is associated with health cost financial returns of nearly \$3.50 for every dollar invested, with additional returns in productivity gains (Aldana, 2001). Another meta-evaluation of 42 studies found that sophisticated health promotion programs can produce 25% savings on absenteeism, health costs, and disability and workers' compensation costs over a 2 to 5 year period (Chapman, 2003).

Gap in research on small firms, and in large-scale, long-term studies.

Despite a growing body of research indicating worksite wellness is successful, gaps in the literature exist. Most existing research on worksite wellness is based on the experience of large firms. While these findings are important and useful, it is unknown whether the outcomes would be the same for a small employer. Further, the research among large employers is typically privately financed. There is a gap in the literature in federally funded, large-scale, long-term, prospectively designed studies (Goetzel, 2001).

This is Part I of a two-part report on worksite wellness for the Rochester Business Alliance Health Care Initiative and the Greater Rochester Health Foundation. While we discuss worksite wellness in general in this report, our focus is ultimately on small to medium sized employers, and on worksite wellness programs that target obesity. Part I reviews metrics and best practices based on findings in the worksite wellness literature and in the workplace, identifies examples of worksite wellness initiatives nationwide and in Rochester, and identifies important resources available to employers of any size. Part II will report on the results of an employer survey and an employee survey conducted in the Rochester area in late May 2007 to ascertain employer and employee perspectives on worksite wellness issues. Part II will also include recommendations for strategic next steps for the Rochester Business Alliance Health Care Initiative's Health Care Planning Group and Wellness Employer Group.

DOES IT WORK? FINDINGS AND METRICS

Worksite wellness sounds like a great idea, but does it work? To say that worksite wellness is a successful endeavor is to say that it improves worker health status which in turn reduces health care costs and improves worker productivity, typically measured by absenteeism and, more recently, presenteeism. Costs and absenteeism are measurable indicators used extensively in the body of research on health promotion initiatives in the workplace.

Evidence for Success of Worksite Health Promotion

Aldana (2001)

The literature on worksite wellness is extensive, with dozens of articles reporting on the effect of both health risks and workplace health promotion on costs and productivity. Fortunately, leading researchers in the field have conducted meta-evaluations of existing studies and have synthesized key findings.

Steven Aldana (2001) reviewed 72 articles meeting his inclusion criteria and found that health promotion programs are associated with both lower absenteeism rates and lower health care costs, and that fitness programs are associated with reduced health care costs. The article assigns each research study a grade (A through E) based on its study design and a rating (weak to conclusive) of its findings. Selected key findings include the following.

- ❖ Obesity, stress, and having multiple risk factors are most indicative of both higher health care costs and absenteeism.
 - ◆ Five of six studies examining body mass index (BMI)/obesity and health costs found a strong independent positive association between the two.
 - ◆ Five of six studies examining BMI/obesity and absenteeism found a positive association. These five studies included people from varying cultures and demographics, and used three different measures of obesity. It should be noted that the study that found a reverse association had a very small sample size.

Thirteen studies in Aldana's review examined average cost savings in health care or absenteeism per dollar spent on health promotion programming.

Average Cost Savings Per Dollar Spent on Programming			
	Health Care Cost Savings (7 studies)	Absenteeism Savings (3 studies)	Both Health Care and Absenteeism Savings (3 studies)
Average	\$3.48	\$5.82	\$4.30
Low	\$2.30	\$2.50	\$3.40
High	\$5.90	\$10.10	\$6.00
<i>Aldana, 2001.</i>			

- ❖ On average, the seven studies that examined cost savings per dollar spent on health promotion programming found a health care cost savings of \$3.48, with a range from \$2.30 to \$5.90. The study with the result of \$5.90 was a randomized controlled trial, the most rigorous study design.
- ❖ The three studies that looked at absenteeism cost savings from health promotion programming found an average savings of \$5.82, ranging from \$2.50 to \$10.10. The \$10.10 result was a pre-experimental study design, while the \$2.50 was a controlled trial without randomization (rigorous design but not the RCT gold standard).
- ❖ The three studies that examined the combined cost savings of health care costs and absenteeism found an average savings of \$4.30, ranging from \$3.40 to \$6.00. The \$6.00 was from the best-designed study in this category, a non-randomized controlled trial.

Pelletier (2001)

Kenneth Pelletier (2001) has conducted a series of five critical reviews of the effectiveness of comprehensive health promotion and disease management programs conducted in workplaces. In the first four reviews he included only randomized controlled trials, while in the 2001 review he also incorporated slightly less rigorous but still highly respectable study designs since so many had been completed. Pelletier draws several important conclusions from his review of 15 studies:

- ❖ Individualized risk reduction for high-risk employees in a comprehensive program is the critical element of worksite wellness interventions.
- ❖ The “vast majority of the research to date indicates positive clinical and cost outcomes.”
- ❖ Multi-component or comprehensive interventions are more effective in clinical and cost outcomes than single-factor disease management programs. They are more likely to reduce employee risk factors for chronic disease.
- ❖ The best outcomes result when an intervention focuses on identified individualized risks, with focused, consistent behavioral change and medical oversight.
- ❖ Programs should be sustained for a minimum of 3 to 6 months to bring about health risk reductions.
- ❖ Programs should be sustained for at least 3 to 5 years to show cost-effectiveness.

Selected articles referenced by Pelletier that address obesity or general health promotion programs, and that provide quantitative findings are summarized here.

	Intervention	Evaluation Design	Measured Outcomes	Cost Savings
Goetzel et al.	Voluntary participation in a worksite health promotion program	Quasi-Experimental	Medical costs	Participants had 29% to 36% lower costs compared to non-participants adjusting for age and gender
Fries and McShane	Voluntary enrollment in health promotion and/or high risk programs	Quasi-Experimental	Overall risk, doctor visits, hospital days, sick days, medical costs	High risk costs were reduced by \$608 vs. \$113 and \$139 in comparison groups
Burton et al.	Tracking high vs. low BMI employees over 3 years	Prospective tracking of costs	Sick days and costs, medical claims and costs	High BMI employees averaged \$8,779 in costs vs. \$5,425 with low BMI
Ozminkowski et al. (Citibank study)	Voluntary participation in comprehensive health promotion program	Prospective longitudinal tracking of costs	Return on investment for participants vs. non-participants	ROI of \$4.56 to \$4.73 per dollar invested in program

Chapman (2005)

A synthesis of 56 peer review journal articles examining the economic return of worksite health promotion revealed an average decrease of 27% in absenteeism, a decrease of 26% in health costs, a decrease of 32% in workers' compensation and disability claims costs, and a return of \$5.81 for every dollar invested.

Koffman et al. (2005)

A number of articles in the literature examine health promotion programs designed to address cardiovascular disease, as this is a leading cause of death in the U.S. As obesity is a major risk factor for CVD, such studies are of particular interest in the Rochester worksite wellness efforts. The Koffman et al. study reviewed examples of employer programs targeted to address heart disease and stroke prevention, including case studies of small, medium, and large employers. Selected results are as follows:

	Intervention	Evaluation Design	Outcomes	ROI or cost savings
Small Highsmith Co Fort Atkinson, WI Catalog distributor 225 employees	Learning and development wellness program, with health insurance premium incentives	Intervention group, pre- and post-evaluation	53% decrease in participating employees whose total cholesterol was “high risk”	From 2002-2004, intervention group health care premiums increased 4.9% versus national average increase of 12.7%
Medium Fieldale Farms Baldwin, GA Poultry processor 4,600 employees	Wellness program with mobile screening and follow-up, gift card incentives for screening	Intervention group, pre- and post-evaluation over 5 year period	26% of employees with high blood pressure normalized their BP; 26% of employees with high cholesterol normalized their levels	In 2004, per employee health care costs were \$3,052 compared to national average of \$6,900 for manufacturing employees
Large Duke University Durham, NC 24,500 employees	Live for Life Pathways to Change program—personal health counseling, in-person and telephone	Intervention group, pre- and post-evaluation 9-12 months	89% success rate in controlling blood pressure; 85% success in controlling cholesterol	BP program ROI of \$1.21 to \$1.00 invested. Cholesterol program ROI of \$3.39 to \$1.00.

Golaszewski (2001)

This SUNY Brockport Professor in the Department of Health Science examined literature over a twenty year period to identify studies that found positive financial impacts of health promotion in the workplace. He concludes that:

- ❖ Modifiable health risk factors are related to health care costs.
- ❖ Health promotion interventions have the most substantial financial impact on health care costs and absenteeism.
- ❖ While evidence for health promotion’s financial impact exists, the lack of large, randomized controlled trials and the lack of study on special populations are liabilities in the body of research.

WHAT MAKES IT WORK? LESSONS LEARNED IN THE WORKPLACE

Several national organizations and researchers have synthesized existing research and findings on what criteria and implementation processes work best in worksite wellness. In this section we highlight the lessons learned from existing and past worksite wellness experiences.

WELCOA

WELCOA is a national non-profit membership organization “dedicated to promoting healthier life styles for all Americans, especially through health promotion initiatives at the worksite.” The website provides access to a variety of tools for employers of all sizes including workbooks that outline how to implement a worksite wellness program, power point presentations that can be used to introduce the wellness concepts to employees, links to online health management resources such as HealthCalc, and links to companies such as Gordian Health Solutions and Summex that are available for-hire to implement health and productivity management programs and to demonstrate return on investment through analysis of health care claims over time.

Seven Benchmarks of Success of Results-Oriented Wellness Programs

The WELCOA website includes its Absolute Advantage Magazine which includes seven benchmarks of success for wellness programs.

http://www.welcoa.org/freeresources/pdf/7cs_report.pdf

Each of the following seven benchmarks is described in detail in the magazine article, available free online, with specific suggestions for companies looking to incorporate these benchmarks into their own wellness strategy.

- 1) Capturing senior level support—CEOs who communicate the wellness message in written form, through public presentations, through making wellness part of a company’s strategic plan, and by incorporating wellness into the company’s mission and vision provide the most support.
- 2) Creating a cohesive wellness team—A team, rather than an individual, will ensure continuation of the program if one person leaves the company. Further, the team can include individuals from all levels in the organization, which further ensures success.
- 3) Collecting data to drive a results-oriented wellness initiative—Data collected should include organizational data like demographics, employee health data like HRA information, physical environment data like ergonomic workstations, and

employee protection and productivity data such as absenteeism and disability.

4) Crafting an annual operating plan—This document is the key communication of what the wellness program will accomplish and should include specific goals and objectives, timelines, roles and responsibilities, an itemized budget and marketing strategies, and evaluation procedures.

5) Choosing appropriate health promotion interventions—Some programs are appropriate for any working population, but each company is different in terms of worker composition and level of interest in various wellness topics. An organization must decide what programs to offer, level of intensity, frequency of programs, who may participate (spouses, dependents), and what incentives will be used.

6) Creating a supportive, health-promoting environment—This includes actions such as banning smoking from the building or grounds if the company provides a smoking cessation program, or reviewing the options in the cafeteria or vending machine if the wellness program is weight-related.

7) Carefully evaluating outcomes—Key evaluation targets include participation rates; participant satisfaction; improvement in knowledge, attitudes, and behaviors; changes in biometric measures; risk factors; physical environment and corporate culture; productivity; and return on investment.

North Carolina Institute of Medicine and Center for Health Improvement

An analysis of worksite wellness was conducted for the North Carolina Teachers' and State Employees' Comprehensive Major Medical Plan by the North Carolina Institute of Medicine and the Center for Health Improvement. The study lists nine key lessons learned from previous experience in worksite wellness programs:

1. Health behavioral change is difficult to influence in others and even more difficult to achieve and maintain as an individual.
2. A large number of the diseases and disorders from which typical workforce populations suffer are preventable.
3. Poor health costs money.

4. It is just as important to prevent low/moderate-risk status people from moving to high-risk status as it is to promote programs designed to target the current high-risk behaviors of persons currently in the high-use and high-cost categories.
5. Worksite health promotion/disease prevention programs vary in their comprehensiveness, intensity, and duration.
6. It is important that worksite health promotion programs have as a foundation a defined “logic model” through which it is possible to describe the purpose of each element of an overall program.
7. It is now widely accepted that a Health Risk Assessment (HRA) instrument of some form is an essential entry point to a well-organized worksite wellness program.
8. It is very important to have some form of ongoing program evaluation.
9. Some insurance provisions thought to provide incentives to worksite wellness participation do not have the presumed effect.

Assuring Success

The Institute’s report also identifies four key factors that are important in assuring the success of a worksite wellness program:

1. Driving the program from the top through leadership performance objectives and healthy work environment objectives.
2. Driving the program from the bottom by allowing employees to self-monitor progress through an HRA.
3. Workplaces providing resources for maintaining low-risk status and taking advantage of risk-reduction opportunities in the local community.
4. Periodic measurement and summation of key indicators of health status and health behavioral patterns.

Partnership for Prevention

The study can be found at:

<http://www.nciom.org/projects/STEWAC/STEWACreport.html>

Partnership for Prevention is a national membership organization “dedicated to building evidence of sound disease prevention and health promotion policies and practices and advocating their adoption by public and private sectors.” The group analyzes scientific research to identify effective policies and practices in health promotion, convenes healthcare stakeholders to set priorities for public and private sector action, and educates decision-makers about health promotion.

The Partnership for Prevention website includes numerous facts and resources on a wide range of health topics, including obesity:

www.prevent.org/content/view/19/51/

Healthy Workforce 2010

Healthy Workforce 2010 is a health promotion sourcebook for employers of all sizes. This Partnership for Prevention initiative is designed to provide health promotion strategies for employers while helping their communities meet the objectives associated with Healthy People 2010. Healthy People 2010 is a federal plan with 10-year targets for 467 national health policy objectives. The overall goals of Healthy People 2010 are to increase quality and years of healthy life, and eliminate health disparities. Two Healthy People 2010 benchmarks specific to the workplace are:

- Most employers (75%) regardless of size will offer a comprehensive employee health promotion program.
- Most employees (75%) will participate in an employer sponsored health promotion activity.

Healthy Workforce 2010 analyzed the Healthy People 2010 objectives and identified a set of manageable workplace objectives for employers. The next step was to outline a plan for employers of any size to develop a workplace health promotion program. The essence of this plan, including seven key elements of a successful worksite health promotion program, is defined in their document located online at:

www.acsworkplacesolutions.com/documents/Healthy_Workforce_2010.pdf.

Leading by Example

The Leading by Example initiative was designed in 2004 to bring CEOs together to convene on health policies and practices. The Partnership for Prevention initiative is focused on encouraging leaders of organizations to embrace a new paradigm for understanding health care costs within their organizations.

Leading by Example highlights the fact that short- and long-term profitability of any organization is linked to the physical and mental health of employees. Leading by Example believes in the power of leadership to shape a corporate culture that emphasizes health prevention, which ultimately contributes to the bottom line in higher and more sustained worker productivity.

The Leading by Example document includes a series of strategies for building a successful worksite health promotion program.

<http://www.prevent.org/content/view/31/65/>

National Business Group on Health

The National Business Group on Health represents large employers and their health-related concerns. Its 256 members are primarily Fortune 500 companies who represent purchasers of health insurance for more than 50 million individuals in the U.S. The Business Group offers a number of ways for employers to learn about best practices, solutions and strategies, share information and insights with other organizations, and keep abreast of policy changes affecting large employers.¹

Institute on the Costs and Health Effects of Obesity

One of the key issues that the Business Group is currently addressing is the impact of the obesity epidemic on employers. In 2003 NBGH created the Institute on the Costs and Health Effects of Obesity. The purpose of the Institute is to address obesity through: (1) raising awareness about the issue among employers, (2) finding effective solutions that have a positive return on investment, and (3) promoting implementation of solutions offered by health plans and vendors.² The Institute offers an annual summit and other meetings, a series of issue briefs on

¹ National Business Group on Health. *About the Business Group*. www.businessgrouphealth.org/about/index.cfm.

² National Business Group on Health. *Promoting healthy weight through healthy lifestyles*. www.businessgrouphealth.org.

topics related to obesity (including evidence about effects of obesity on employee health and on business, ways to promote physical activity and better nutrition at work, and others), publications on best practices featuring employer approaches to wellness, a tool kit to help employers address obesity, evidence to support the business case for wellness programs, and a cost calculator to help employers understand how obesity impacts their bottom line.³ The Institute has also worked with Weight Watchers to create “Weigh Your Options: Guide to Starting a Weight Management Program in Your Company.” Unfortunately, the majority of these tools are only available to Business Group members.

A white paper by the Institute director highlights important criteria for worksite health promotion programs:

www.businessgrouphealth.org/pdfs/businessdrivers_healthriskredactionarticle.pdf

Selected Literature

Three journal articles explicitly identified effective strategies and criteria used in successful worksite health promotion programs. Koffman et al. (2005) found that the most effective interventions in worksites have the following characteristics:

1. Screening, HRAs, referral programs.
2. Environmental supports for behavior change (e.g., access to healthy food choices).
3. Financial and other incentives.
4. Corporate policies that support healthy lifestyles.

Goetzel et al. (2007) looked for success criteria in worksite health and productivity management (HPM) programs, and found seven promising practices in the field:

1. Integrate HPM programs into the organization’s operations;
2. Simultaneously address individual, environmental, policy, and cultural factors affecting health and productivity;
3. Target several health issues;
4. Tailor programs to address specific needs;
5. Attain high participation;
6. Rigorously evaluate programs; and
7. Communicate successful outcomes to key stakeholders.

³ *Ibid.*

Peterson and Aldana (1999) found that messages tailored to an individual's "stage of behavior change" under the transtheoretical model of behavior change were more successful than generic messages in a randomized-controlled trial of an exercise intervention in a telecommunications company. Under this model each person is evaluated for their current "stage of change," such as "pre-contemplative stage," "action stage," or "maintenance stage." Motivational messages can then be tailored for the individual accordingly.

Summing It Up

The following table summarizes findings among major wellness organizations and in research literature regarding effective strategies and criteria in successful worksite wellness programs. Nearly all sources, for example, say that conducting a program evaluation and including a screening instrument such as an HRA are key activities, as are environmental supports and senior level supports. If a category is unchecked it does not imply that the report concluded the criteria were not important, only that it was not explicitly stated in their top list of what works. The extensive intersection of success criteria indicates a high level of consensus among experts on what works in worksite wellness. Additional criteria mentioned by two or fewer sources are excluded from the table.

Criteria or Strategy	WELCOA Absolute Advantage article (2006)	North Carolina Institute of Medicine and Center for Health Improvement (2005)	Healthy People 2010/ Healthy Workforce 2010 (2001)	Leading by Example (2005)	National Business Group on Health	Koffman, Goetzel, et al. (2005)	Goetzel et al. (2007)	Peterson and Aldana (1999)
Evaluate outcomes	X	X	X	X	X		X	
Screening, HRA		X	X	X	X	X		
Environmental Supports	X		X	X		X	X	
Program integrated into company's structure	X	X	X	X			X	
Programs tailored to employee needs	X	X		X			X	X
Senior level support	X	X		X		X		
Provide incentives		X		X		X		
Cohesive wellness team; all employee levels included	X	X		X				

NATIONAL EXAMPLES

In addition to a review of best practices and lessons learned, it is also helpful to review a sample of existing worksite wellness programs among large and small employers, in Rochester and elsewhere. These examples, including many programs that have won national or local awards, can serve as inspiration for future programs.

Large Employers

Many large employers have worksite wellness programs in place, but the examples outlined here have been particularly successful, and have won national awards or shown particularly successful outcomes. The Health Project (THP) is a private-public organization formed to bring about attitudinal and behavioral changes in the American health care system. The mission of THP is to seek out, evaluate, promote and distribute programs with

demonstrated effectiveness in influencing personal health habits and the cost effective use of health care services. C. Everett Koop National Health Awards are given annually to programs that meet these goals. Recent winners of this award include USAA (2006) and Union Pacific Railroad (2005).

USAA: Take Care of Your Health

USAA began this program in 2003, and currently has 14,801 participants. The goals for this program are: 1) Maximize employee health and quality of life through delivery of broad and targeted preventive and wellness services; 2) Deliver services that keep employees at work, focused and productive; 3) Improve expense control through improved health and productivity and active management of injury, disease and disability; and 4) Employ a data warehouse to facilitate metrics-driven benefits design. USAA's integrated Wellness Program encompasses multiple components that include more than 20 unique wellness initiatives and activities, ranging from on-site fitness centers and healthy food choices in cafeterias to integrated disability management and health risk assessments. The Wellness Program is led by the Employee Benefits staff and includes individuals from many different departments on its Wellness Council.

The program has proven successful as highlighted in the following accomplishments listed on the National Health Awards website.

- ❖ Overall Wellness Program participation increased to 68.5 percent companywide in 2005.
- ❖ 45 percent of current active employees have completed at least one HRA.
- ❖ Program participants have experienced statistically significant decreases in weight, smoking rate, and health risk factors.
- ❖ Participants have seen statistically significant increases in worksite productivity.
- ❖ Workers' Compensation claims have declined 3 percent in frequency, 8 percent in rate, and 24 percent in severity.
- ❖ Workplace absences have decreased, with an estimated three-year savings of more than \$105 million.
- ❖ USAA's medical plan cost trend (5.6 percent in 2005) continues to outperform the national average.

Read more about this program at:

www.healthproject.stanford.edu/koop/2006winnerindex.htm

*Union Pacific Railroad:
Project Health Track*

Union Pacific Railroad implemented its program in 1987 and currently has 11,000 active enrollees, but over time has served 30,451 individuals. The primary goals of this program are: 1) Continue lifestyle-related health care claims; 2) Enhance employee productivity; 3) Improve employer relations; and 4) Decrease injuries and absenteeism. This program has achieved many accolades and serves as a best practice model for many companies. A cornerstone of the program is the “health index” report card that provides feedback to managers related to their support of health and safety efforts at the railroad. In addition, the company has introduced a variety of environmental interventions aimed at reducing accidents at the workplace and improving employee health. The primary drivers for participation in the program are the employee/consumer driven health plans. This program has documented a 10% reduction in claims related to lifestyle since 1990 and roughly \$53.6 million dollars of cost avoidance due to a reduction in healthcare costs associated with lifestyle choices since 1998.

Read more about this program at:

www.healthproject.stanford.edu/koop/2005winnerindex.htm

*Institute on Costs and
Health Effects of
Obesity: Award
Winners*

For the past three years, the NBGH Institute has given awards to employers who have found innovative ways to create healthy work environments. Profiles of winners are available at:

<http://www.businessgrouphealth.org/healthy/awards.cfm>.

BCBS of Massachusetts, Inc.

Blue Cross and Blue Shield of Massachusetts, Inc. created the “Healthy Direction” program which received a Gold Award in 2007. The philosophical underpinnings of the program are that healthier employees have a better quality of life, a higher level of productivity and by virtue of being healthier, contribute to the well-being of their communities. BCBS offers many kinds of resources including onsite, online and interactive activities as well as effective incentives. Published results from the first year of the Healthy Direction program show an average of a \$1.12:\$1 ROI.

Johnson & Johnson, New Brunswick, NJ

Johnson & Johnson of New Brunswick, NJ received a Platinum Award in 2006 for their 30-year-old Health and Safety program. The program is responsible for \$225 in health-related savings for each participant. For those engaged in high-risk intervention programs, the savings is \$390 per participant.

Dell, Inc.

Dell, Inc. received a 2007 Platinum Award for their corporate “Well at Dell” wellness program. The hallmark of this program is a “pay for performance” incentive system which rewards employees and their families for healthy choices. In 2007, an average of \$303 per participant was posted to each participating employee’s health reimbursement account.

Small to Medium Employers

Small to medium employers are incorporating worksite wellness programs as well, but because of smaller resource pools they have a lower profile. Nonetheless, several small employer programs have won awards or been recognized in other ways for their success. Great opportunity exists for health promotion in small employer workplaces because small employers typically have higher worksite wellness participation rates than large employers (McMahan, 2001; Erfurt and Holtyn, 1991)

Cargill Salt, Watkins Glen, NY

Cargill Salt employs 94 full-time employees and produces granulated salt for a variety of uses. A few years ago employees in this plant decided they wanted a fitness center. They researched the idea and presented a plan to senior management. It was out of this initiative that the organization formed the 4-U Wellness Team. This has led to annual fitness challenges with rewards and incentives for healthy behaviors and achievement of goals. Each year new components are added such as blood screening, lifestyle information and aerobic testing. The program won an award from WELCOA in 2006.

United Way of Midlands, NE

United Way of the Midlands, Nebraska has been in existence since 1923. Its wellness program started out as an external endeavor through helping the Wellness Council of the Midlands get established. From that partnership emerged the desire to offer wellness programming to the employees of the United Way. An internal Wellness Committee was formed and a survey was administered to all employees. The President of the UW sent a memo to all staff explaining the initiative and two Vice Presidents were assigned to the committee. Initiatives include an Annual

Health Fair; Flu Shots; Seatbelt Checks; Quarterly Massage; and a Walking Program. The UW of the Midlands is also sensitive to creating policies that allow employees to balance work and family. The program won an award from WELCOA in 2006.

*Cities of Presque Isle
and Auburn, ME*

The City of Presque Isle is a rural municipality in northern Maine with a diverse workforce of 107 employees. The City identified that whether at the desk, driving, or in meetings, many City employees sit for long periods of time, contributing to circulatory problems, stiffness, and muscle aches that negatively affect health and productivity. In order to encourage their employees to move, the city implemented a policy that all employees should take a 3 minute 'moving' break every time they sit for 60 minutes straight. Because this policy was developed by management, employees felt free to leave their desk and walk around periodically. Costs were minimal, and included printing posters to help remind employees to take their 3 minute walking breaks.

The City of Auburn employs 260 people. In order to encourage them to become more physically active, the City instituted a simple flextime policy. The policy specifically allows employees to flex their schedule around an exercise regimen of their choice. All time is approved by their supervisor. An employee survey revealed that the proportion of employees engaged in physical activity increased by 55% once the new policy was initiated.

*Medical Care
Development, Augusta,
ME*

Medical Care Development employs 60 people in Augusta, Maine. In order to combat unhealthy vending machine options, the organization developed a plan to bring more fruits and vegetables into the workplace. A survey determined the level of interest in the program and the types of fruits and vegetables people would be interested in. A shopping list was created and a coordinator appointed. All produce is priced at break even prices and experience to date is that the program has yielded \$40 more in revenue than expense.

EXISTING ROCHESTER WELLNESS INITIATIVES

Many employers in Rochester have worksite wellness programs in place, and some community organizations offer wellness programs that could easily be incorporated into the workplace.

Employer-Based

Several employers in Rochester already have worksite wellness programs in place. While an exhaustive list is beyond the scope of this report, the following sample shows the diversity of programs already in our community.

Eat Well, Live Well

The well-known Eat Well. Live Well. program begun by Wegmans Food Markets has recently expanded in the Rochester community.⁴ The eight-week program has five major components, described on their website.

1. Strive for 5 Cups of Fruits and Vegetables.
2. Get Moving!
3. Use healthy cooking techniques and share with others
4. Remember that Calories Count
5. Measure Your Progress

In 2007, the Rochester Business Alliance brought the Eat Well. Live Well. program to 86 employers in the Rochester area. This represented over 90,000 employees.

Well-U

Well-U is operated at the University of Rochester through the Human Resources Benefits Office.⁵ The program's objective is to promote healthy behaviors in the work environment through tools, resources, and education.

Well-U has partnered with the non-profit America On the Move® (AOM), which provides an online fitness experience. The website includes a personalized home page with interactive tracking of progress, a personalized goal-setting section, daily e-tips and motivational messages, a tool to monitor a summary of progress compared to other University participants, news articles and tracking tools, and a healthy eating section.

⁴ www.wegmans.com/eatwelllivewell

⁵ www.rochester.edu/working/hr/wellness/Wellu.php

Other programs offered through Well-U are a ‘small steps’ campaign that encourages taking the stairs, healthy vending machine options, a weight management program with a proven track record, fitness opportunities, a stress management program, and a smoking cessation program.

Work Well Live Well

Preferred Care has developed a program called “Work Well Live Well.” This program is offered as an exclusive benefit for companies and/or employees who hold Preferred Care health insurance. The web-based tool provides resources to help employees reach their personal health goals.

*Wealth of Health
Award Winners*

Excellus Blue Cross Blue Shield, Rochester Region and the Rochester Business Journal co-sponsor the Wealth of Health Awards which recognize local companies that have implemented programs or policies encouraging employee wellness. Criteria for the awards included (1) creativity of the programs, (2) worker participation rates, and (3) success in achieving results. 2007 awards were announced in April and include nine winners in three employer size categories:

***Less than 100
employees***

Cornell Cooperative Extension of Monroe County—Put out a fruit bowl and organized walking breaks.

Canfield&Tack Inc.—Sponsored employee wellness programs and organized weight loss competition.

Dixon Schwabl Advertising Inc.—Installed ergonomic features in the workplace and held annual sessions with a nutritionist and massage therapist.

100 to 699 employees

Guardian Industries Corp.—Established HealthGuard team of employees which meets to discuss and implement wellness initiatives.

LiDestri Foods Inc. —Has a wellness team that focuses on health education.

The Friendly Home—Provides fully paid basic health coverage for all workers and partnered with a health broker for a wellness program.

700+ employees

Harris Corp. RF Communications Division—Provides full-time occupational health nurse on site, offers blood pressure screenings.

Paychex Inc.—Offers free online health assessments and onsite health screening tests.

Lifetime Assistance Inc.—Has trained some workers as certified fitness instructors, who then lead co-workers in diet and exercise programs.

Worksite Health Alliance of Greater Rochester

The WHAGR is a coalition of 70 companies representing over 25,000 employees.⁶ The coalition was formed to provide employers with the resources, education, and skills necessary to develop cost-effective health promotion and wellness programs.

The Alliance currently has a partnership with the You're in Charge! Health Promotion Department at Preferred Care Health Plan to help enhance programming including "Well Workplace Universities." The Alliance also offers periodic workshops to members on topics such as tobacco, healthy lunches, musculoskeletal stressors, worksite wellness program evaluation, work and family demands and healthy living, and personal money management.

Community-Based

A number of community-based wellness programs exist for employers to tap into.

YMCA Healthy Habits

The national YMCA Healthy Habits program was launched in the Rochester area in January 2007 at the Northwest Family YMCA in Greece.⁷ Eighteen individuals participate in the program along with a number of Wegmans employees who participate through the YMCA national office. The program lasts for ten months, and focuses on identifying barriers for participation in wellness programs. The program works for individuals who have had repeated failure in attempting to improve their health and wellness. The program involves an initial personal consultation, followed by 22 group sessions, and access to SHALA (Stanford Health and Lifestyle Assessment), an online assessment and tracking tool.

⁶ www.whagr.org

⁷ www.northwestymca.org/programs_health_fitness.asp

Contact: Jeremy Flint, 723-5470

*American Heart
Association Start!*

The AHA's national Start! program is designed to create a culture of physical activity and health through walking.⁸ The AHA believes that promoting physical activity through workplace walking programs can reduce risk for heart disease and stroke. The program rolled out in the Rochester area in early 2007, and currently 10 local employers, small and large, participate. Costs are minimal, but can include purchase of lanyards with the Start! logo for employees. Employees use an online tracking tool to monitor their progress, without employer oversight. Employers can apply for a national AHA Fit Friendly award through participation in this program, and both ITT and Ortho-Clinical Diagnostics have been recognized through this award program.

Contact: Sally Haigh, Corporate Events Director at 697-6268

*American Diabetes
Association: "Winning
@ Work"*

The American Diabetes Association has designed the "Winning @ Work"⁹ program. This program is currently being rolled out to the Rochester community. The program provides resources in the form of kits to employers that can spur detection and prevention of diabetes related symptoms in their employees. The cost for the program is \$99 per kit (English and Spanish available) with an additional binder available with more resources for \$75.50. In addition to this new program, a representative from the local chapter of the ADA conducts free "Lunch and Learn" seminars for businesses or groups in which someone from the ADA comes during a prescheduled luncheon and shares insights about diabetes and its impact on the workplace.

Contact: Kim Johnson at 888-342-2383 x 3474

BeActiveRochester.com

The Be Active Rochester website¹⁰ is an initiative of Monroe County to inform its citizens about the health benefits of being physically active. The website offers links and informative tips such as how to test your own BMI, and general ideas of what it means to be physically active. The site includes maps for walking trails and includes distances for walks around various city

⁸ www.americanheart.org/presenter.jhtml?identifier=3040778

⁹ www.diabetes.org/winningatwork

¹⁰ www.beactiverochester.com

neighborhoods. There are exercise logs and tips for how to get started with exercising.

CONCLUSION

Health promotion in the workplace provides a positive return on investment for large employers. These programs reduce health care costs and increase productivity. Key success criteria for successful implementation of health promotion programs have been identified and extensively documented in the literature. However, the knowledge base would be considerably strengthened by (1) federally funded long-term studies using the best research design and statistical analysis methods, and (2) by including small- to medium-sized employers in such studies.

Part II of this report will explore incentives and barriers to businesses and employees of participation in worksite wellness programs. It will conclude with recommendations to the health care planning committee for next steps regarding worksite wellness in the Rochester area.

APPENDIX: RESOURCES FOR EMPLOYERS

Employers do not need to reinvent the wheel on worksite wellness. A plethora of information, tools, and proven programmatic approaches exists for employers of all sizes, many of which are described in the body of this report. In addition, this appendix describes some existing wellness programs that could be adopted by small or large employers interested in exploring worksite wellness.

Simple Steps to a Healthier Life: Aetna Inc.

Aetna Inc. has launched a web-based wellness product aimed at enhancing employee health and productivity called Simple Steps to a Healthier Life. The product incorporates broad-based health information that employers can purchase as part of their employee benefits plan. The product combines both online and offline wellness products and services. Users access the service with password protection and complete an online health risk assessment. A personalized health action plan with wellness and disease prevention programs is produced based upon identified risk factors. Employees are then encouraged to make changes that fit their lifestyle and track progress toward improvements. The product is designed to work with any health benefits plan. www.simplestepslife.com

Move It! Lose It! Live Healthy!

T. Gilliam and Associates has a 24 month integrated corporate wellness program titled Move it! Lose it! Live healthy! The program focuses on creating a healthy lifestyle and combating obesity through a healthy, gradual approach that transforms people's lives. The program is designed specifically to target obesity in the workplace. In addition to the comprehensive program, the program's website includes low-cost resources such as a book on creating a healthy home and environment for working families. www.moveitloseitlivehealthy.com

Aim for a Healthy Weight

This website is aimed specifically at helping individuals reach a healthy weight through weight reduction strategies. Included are calculators for body mass index, menu planners and feature articles regarding portion sizes for different foods. There is also a

link to a website focused specifically on reducing child obesity called “WE CAN” (Ways to Enhance Children’s Activity and Nutrition).

www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm

Fit Together North Carolina

This web-based endeavor is sponsored by BCBS of North Carolina. The website offers support for proper nutrition and healthy lifestyles for weight control. The site includes links for individuals and for corporate entities. On the individuals’ link, there is an online resource for a personal health assessment which then translates to action strategies for personal health.

www.fittogethernc.org

Hope Health

The “Step-by-Step Guide to Successful Workplace Wellness Programs” is a report from the Hope Health business communications company that provides more information on best practices, key metrics, and a “how-to” on establishing a worksite wellness program. www.hopehealth.com

Incentahealth.com

This internet- and kiosk-based program involves periodic reporting on weight, email coaching, and cash incentives for lowering and maintaining a healthy weight. A kiosk collects weight information so that it is accurate and not subject to self-reported errors. The program, which has been in existence since 2003, claims to reduce health care costs by \$729 per participant.

www.incentahealth.com

REFERENCES

- Aldana SG. 2001 “Financial Impact of Health Promotion Programs: A Comprehensive Review of the Literature.” *American Journal of Health Promotion* 15 (5): 296-320.
- Anderson DR, Whitmer RW, Goetzel RZ, Ozminkowski RJ, Dunn RL, Wasserman J, Serxner S, and HERO Research Committee. 2000. “The Relationship Between Modifiable Health Risks and Health Care Expenditures: A Group-Level Analysis of the HERO Database.” *American Journal of Health Promotion*. 15 (1): 45-52.
- Erfurt JC, Holtyn K. 1991. “Health Promotion in Small Business: What Works and What Doesn’t Work.” *Journal of Occupational Medicine*. 33 (1): 66-73.
- Goetzel et al. 2007. “Promising Practices in Employer Health and Productivity Management Efforts: Findings from a Benchmarking Study.” *Journal of Occupational & Environmental Medicine*. 49 (2): 111-130.
- Goetzel RZ, Long SR, Ozminkowski RJ, Hawkins K, Wang S, Lynch W. 2004. “Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers.” *Journal of Occupational & Environmental Medicine*. 46: 398-412.
- Goetzel RZ. 2001. “The Role of Business in Improving the Health of Workers in the Community.”
<http://www.human.cornell.edu/che/CUIPR/Research/upload/Goetzel%20role%20of%20business%20IOM%202001.pdf>
- Goetzel RZ, Anderson DR, Whitmer RW, Ozminkowski RJ, Dunn RL, Wasserman J. 1998. “The Relationship Between Modifiable Health Risks and Health Care Expenditures: An Analysis of the Multi-Employer HERO Health Risk and Cost Database.” *The Health Enhancement Research Organization (HERO) Research Committee. Journal of Occupational & Environmental Medicine*. 40: 843-54.
- Golaszewski T. 2001. “Shining Lights: Studies That Have Most Influenced the Understanding of Health Promotion’s Financial Impact.” *American Journal of Health Promotion*. 15 (5): 332-340.
- Heinen L. 2006. “Business Drivers of Health Risk Reduction: Today’s Costs, Tomorrow’s Trend.” *Health & Productivity Management: Lifestyle Risk Reduction. Special Edition 2* (1): 1-3.

- Koffman DMM, Goetzel RZ, et al. 2005. "Heart Healthy and Stroke Free: Successful Business Strategies to Prevent Cardiovascular Disease." *American Journal of Preventive Medicine*. 29 (5S1): 113-121.
- Kruger J. et al. 2007. "Selected Barriers and Incentives for Worksite Health Promotion Services and Policies." *American Journal of Health Promotion*. 21 (5): 439-447.
- McMahan S. 2001. "Assessing Health Promotion Programming in Small Businesses." *American Journal of Health Studies*. Accessed through:
www.findarticles.com/p/articles/mi_m0CTG/is_3_17/ai_90301868/print.
- National Business Group on Health.
www.businessgrouphealth.org
Heinen L. "Business Drivers of Health Risk Reduction: Today's Costs, Tomorrow's Trend." *Health & Productivity Management: Lifestyle Risk Reduction*. 2 (1): 1-3.
http://www.businessgrouphealth.org/pdfs/businessdrivers_healthriskreductionarticle.pdf
- North Carolina Institute of Medicine and Center for Health Improvement. 2005. Evidence-Based Approaches to Worksite Wellness and Employee Health Promotion & Disease Prevention. North Carolina Teachers' and State Employees' Comprehensive Major Medical Plan. Durham, NC and Sacramento, CA.
- Partnership for Prevention. Fall 2001. "Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small."
www.acsworkplacesolutions.com/documents/Healthy_Workforce_2010.pdf.
- Partnership for Prevention. 2005. "Leading by Example: Improving the Bottom Line Through a High Performance, Less Costly Workforce."
[www.prevent.org/content/view/31/65/](http://www.prevent.org/content/view/full/31/65/)
- Pelletier KR. 2001. "A Review and Analysis of the Clinical- and Cost-effectiveness Studies of Comprehensive Health Promotion and Disease Management Programs at the Worksite: 1998-2000 Update." *American Journal of Health Promotion*. 16 (2): 107-116.
- Stewart WF, Ricci JA, Chee E, Morganstein D. 2003. "Lost Productive Work Time Costs From Health Conditions in The United States: Results From the American Productivity Audit." *Journal of Occupational & Environmental Medicine*. 45 (12): 1234-1246.
- WELCOA. 2006. *Absolute Advantage*. 6 (1): 2-29.
www.welcoa.org/freeresources/pdf/7cs_report.pdf

Wellness Council of Florida. 2004. "Six Reasons Why Health Promotion Makes Good Business Sense," Produced by Wellness Councils of America.

www.doh.state.fl.us/Family/obesity/summit/20041013/gulick.pdf

PART II: INTRODUCTION

Extensive information exists regarding worksite wellness and its role in improving worker productivity and reducing health care costs. Much of that information is highlighted in Part I under “Best Practices and Lessons Learned”. Nonetheless, as the Greater Rochester Health Foundation and the Rochester Business Alliance prepare for a small employer worksite wellness pilot study this fall, it was important to ask for input directly from Rochester area employers and employees. CGR designed two surveys—one for employers, and one for employees—to gather input on perspectives regarding incentives to participation in worksite wellness, and barriers that prevent participation.

A request to RBA members to complete an online employer survey was emailed, as well as a request to forward to staff a link to an online survey for employees. The surveys were conducted in May 2007, and resulted in 119 employer respondents and 860 employee respondents. Among employee respondents, women outnumbered men by about two to one, and the distribution among three age groups appears generally reflective of the underlying population. Among employer respondents, manufacturing was the largest industry category and 59% of respondents were from firms with less than 100 employees. More details on demographics, firm size, and industry of employer and employee respondents can be found in Appendices A and B.

This Part II report summarizes the results of the Rochester surveys for the RBA and the GRHF as they look towards next steps.

SURVEY OF ROCHESTER AREA EMPLOYERS

The employer survey included questions on perceptions of worksite wellness, experience with participation in such programs, and reasons for and barriers to participating. The survey instrument is available in Appendix C.

All respondents were asked first about the role of health and wellness in the workplace. Less than one in five agreed that health and wellness is solely the responsibility of the employee. Nearly all respondents agreed that health and wellness impacts employee

Employer Perspectives on Worksite Wellness' Role in the Workplace			
	Disagree/ Strongly Disagree	Neutral	Agree/ Strongly Agree
Health and Wellness...			
is solely the employee's responsibility	55%	28%	17%
has impact on employee productivity	2%	1%	98%
has impact on the bottom line	3%	13%	84%
Employers Should...			
limit involvement in wellness to encouragement	50%	32%	18%
offer wellness programs at work	3%	24%	73%
provide incentives for wellness programs	11%	36%	53%

Totals may not add to 100% due to rounding

productivity, and that it has an impact on the company's bottom line. Results were then examined by industry; for the purpose of analysis we combined financial and business services into a single group, as well as education/social services/health care. Manufacturing was left as a separate industry group. Results on this question were similar across these three industry groupings, although manufacturing respondents were somewhat more

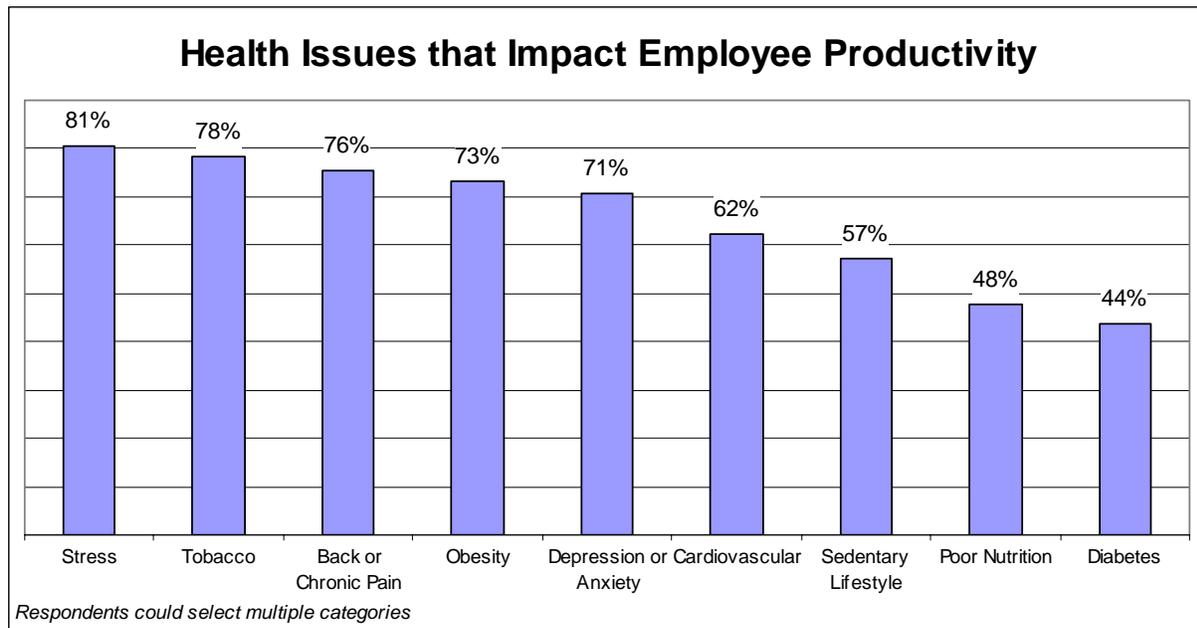
likely to feel that health and wellness is the sole responsibility of the employee when compared to business/financial services and healthcare/social services/education (23%, 12%, 18%, respectively). However, this result was not statistically significant.

Three-quarters of respondents indicated that employers should offer wellness programs in the workplace, but only half agreed that employers should provide incentives for participation. Larger companies were more likely than their smaller counterparts to agree that wellness programs should be offered in the workplace (statistically significant at the $p < .10$ level)¹¹ and to agree that incentives should be offered for participation.

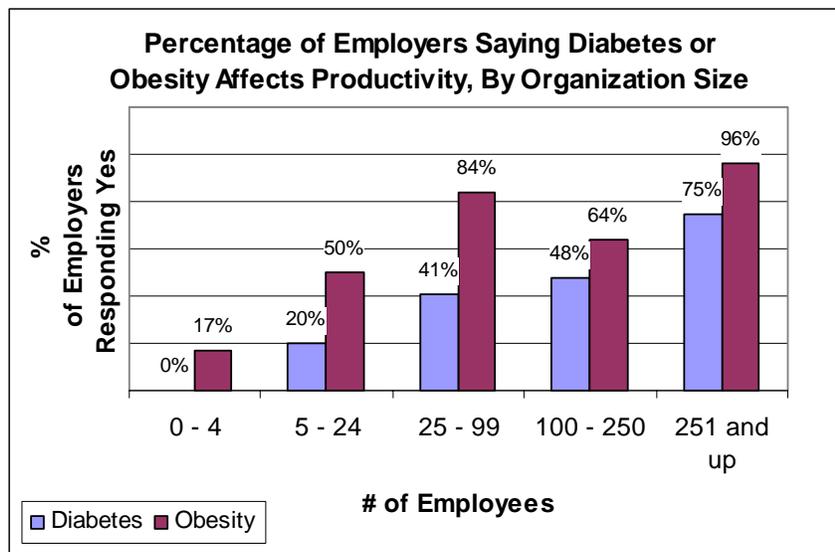
Health Issues Affecting Productivity

¹¹ A chi-square test was statistically significant at the $p < .10$ level. All significance tests reported in this document are the result of chi-square tests.

Respondents were asked which health issues most impact the productivity of their employees. Stress and tobacco use were the top responses, followed by back or chronic pain, obesity, and depression or anxiety. Manufacturing respondents were more likely than those in other industries to select all of the health issues, particularly tobacco (91%), obesity (87%), and poor nutrition (64%) ($p < .05$). Manufacturing and health care/social services/education respondents were more likely than business/financial services to select back/chronic pain (83%, 89%, 52%, respectively) ($p < .05$).



Larger firms were more likely than smaller firms to say that various health issues affect productivity. For example, 20% or less of respondents in companies with 24 or fewer employees said that diabetes affects productivity, compared to 75% of companies with 250 or more employees ($p < .05$). A similar pattern existed for obesity, tobacco, back or chronic pain, cardiovascular health and poor nutrition, and all were statistically significant at the $p < .05$ level.



Organizations Involved in Worksite Wellness

Half the employer survey respondents are from organizations that have been involved in worksite wellness in the last year (51%). Among those respondents, two-thirds designed their own program, nearly one-third adopted the “eat well. live well.” challenge, and 16% did something else (they could select multiple categories).

Type and Focus of Workplace Wellness Programs

	n = 61 % of respondents
Type of Program Implemented	
We designed our own program	67%
We adopted the "eat well. live well. challenge"	30%
Other	16%
Issues Addressed by Program	
Increasing Physical Activity	92%
Improving Nutrition	79%
Reducing Stress	49%
Specific Health Conditions	31%
Other	16%

Respondents could select multiple categories

Nearly all the worksite wellness programs addressed increasing physical activity (92%) and most addressed nutrition (79%) (respondents could select multiple categories). Half were aimed at reducing stress, and one-third targeted a specific health condition or conditions.

Expectations

Nearly all respondents participating in worksite wellness expected to see improved employee health as a result, and more than four out of five respondents expected to see improved employee

Expected and Observed Benefits of Workplace Wellness Programs	
	% of Respondents
Expected Benefits of Program n = 61	
Improved Employee Health	92%
Improved Employee Morale	82%
Improved Employee Productivity	66%
Reduced Absenteeism	54%
Reduced Health Insurance Costs	44%
Other	2%
Observed Benefits of Program, of Those Expressing An Opinion n = 28	
Improved Employee Health	39%
Improved Employee Morale	68%
Improved Employee Productivity	18%
Reduced Absenteeism	14%
Reduced Health Insurance Costs	14%
Other	4%
None	14%

Respondents could select multiple categories

morale. Most respondents stated they aren't sure yet what benefits they will see, either because not enough time has passed or because they are not measuring such indicators. But among those who have seen a benefit, 39% have seen improved health, and 68% have seen improved morale.

Two-thirds expected improved productivity, and 18% of those observing a benefit have observed an improvement. One-half expected reduced absenteeism and 14% have seen a reduction. Finally, 44% expected to see a reduction in health care costs and 14% have seen this result (or 4 respondents).

Employee Motivation

Employee participation in worksite wellness varied across the employer respondents' organizations, but nearly all had less than three-quarters participation, and 42% saw participation rates of 25% or less. Nearly three-quarters of respondents indicated that some incentive was offered for participation (71%). Among those offering incentives, 63% provided workout-related gear (t-shirts, water bottles), 49% provided a prize based on team performance, and 42% provided a prize based on individual performance.

Responding employers indicated that the biggest motivators for participation were a desire on the part of the employees to improve their health (69%), and encouragement of other staff (51%).

Employee Motivation and Participation Factors

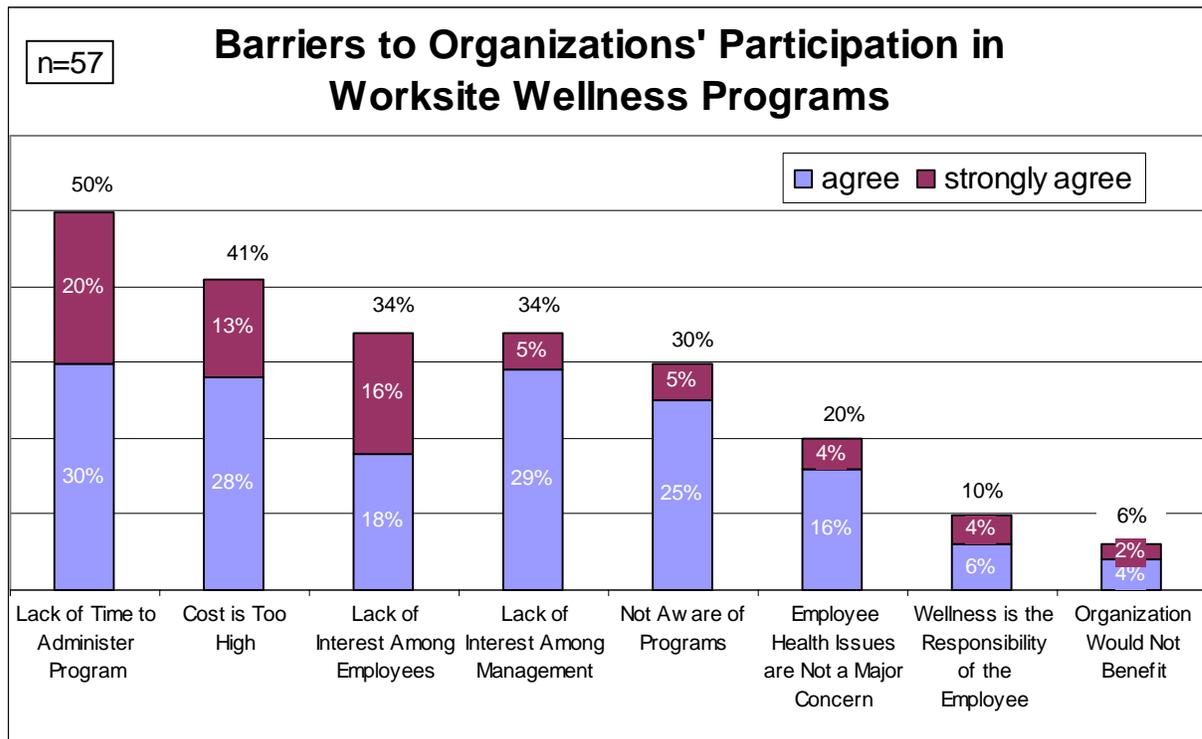
	<u>% of Respondents</u>
Employee Participation Percentage	(n = 59)
0 - 25%	42%
26 - 50%	31%
51 - 75%	25%
76 - 100%	2%
Employee Incentives Included in Program	(n = 61)
None	29%
Offered an incentive (n = 43)	71%
Among those offering an incentive....	
All Participants Received Items (gear etc.)	63%
Prize Based on Team Performance	49%
Prize Based on Individual Performance	42%
Other Incentive	30%
What Factors Encouraged Participation	(n = 61)
Desire of Employees to Improve Health	69%
Encouragement of Other Staff	51%
Competition Among Co-Workers	41%
Internal Staff "Champion" For Program	38%
Reward or Incentive	30%
Encouragement/Requirement of Management	20%
Other	3%

Respondents could select multiple categories

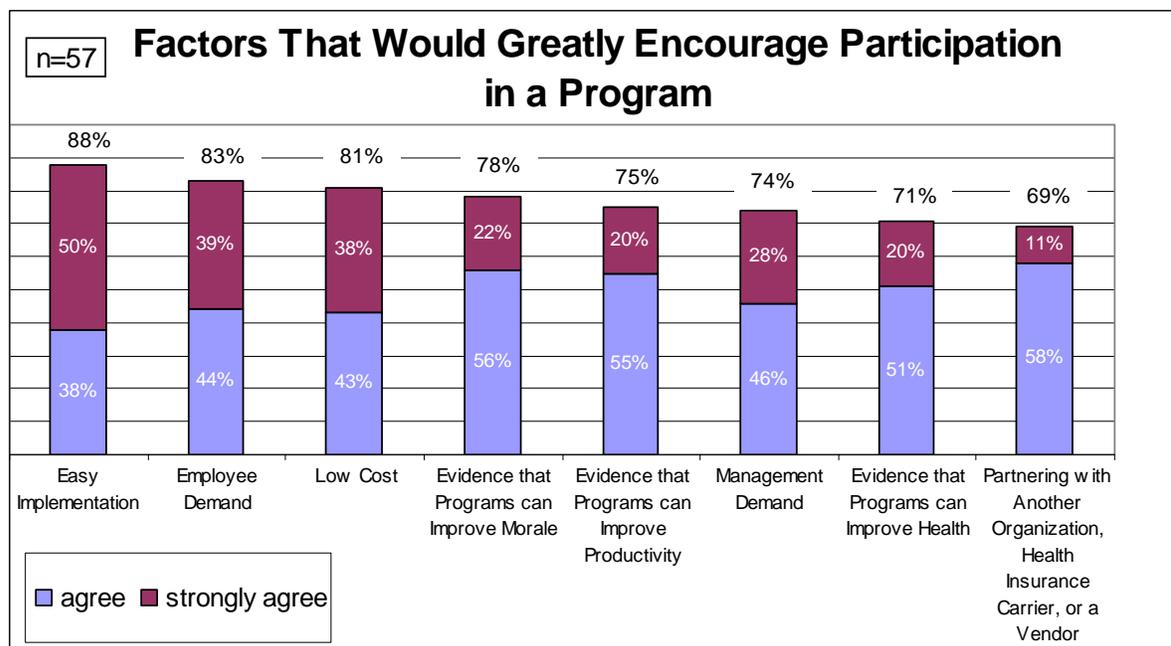
Organizations Not Involved in Worksite Wellness

Nearly half the employer respondents were from organizations that had not participated in worksite wellness in the last year (49%). These employers were asked about barriers to their participation and about factors that would encourage their organization's participation in worksite wellness.

The biggest barrier selected by employers was the lack of time resources to administer such a program (50% answered a "4" or "5" where 1=not a barrier and 5=major barrier). Other top responses were "cost is too high," lack of interest among employees and among management, and a lack of awareness of programs available. The largest "major barriers" were lack of time to administer (20%) and lack of interest among employees (16%).



Employers whose organizations do not participate in worksite wellness were also asked about factors that would encourage them to participate. Easy implementation, employee demand, and low cost were the top responses, with 38% to 50% indicating these factors would have a major impact on their likelihood of participation (selecting a 5 where 1=no impact and 5=major impact). These were followed closely by evidence that the programs can improve morale and improve productivity. Evidence that the programs can improve employee health was selected by 71% of respondents, with only 20% saying this would have a major impact.



SURVEY OF ROCHESTER AREA EMPLOYEES

The employee survey was similar in design to the employer survey, and included questions on perceptions of worksite wellness, experience with participation in such programs, reasons for participation, and barriers to participating. A total of 860 employees from various industries responded. The survey instrument is available in Appendix C.

Role of Worksite Wellness	% Agree/ Strongly Agree	
	Employers	Employees
Employee Health and Wellness...		
has impact on employee productivity	98%	96%
has impact on the bottom line	84%	86%
is solely the employee's responsibility	17%	29%
Employers Should...		
limit involvement in wellness to encouragement	18%	21%
offer wellness programs at work	73%	82%
provide incentives to employees to participate in wellness programs	53%	71%

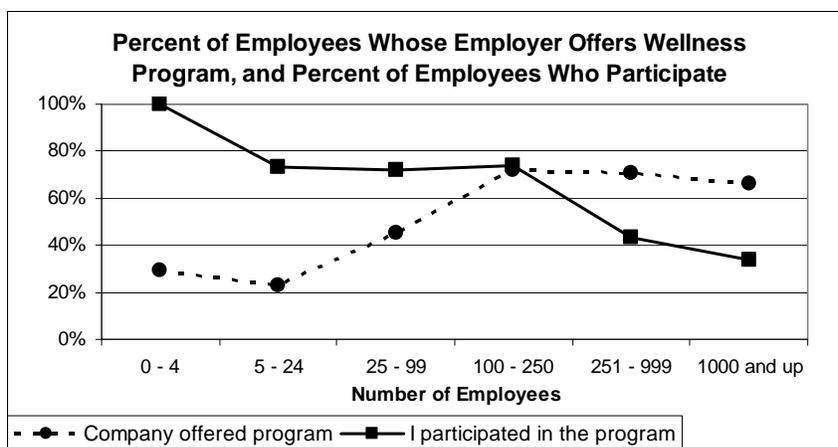
All survey takers were asked first about the role of health and wellness in the workplace. Similar to the employer responses, nearly all employee respondents felt that employee health has an impact on employee productivity (96%), with 66% strongly agreeing. Similarly, 86% agreed or strongly agreed that health has an impact on the

company's bottom line. More than four out of five respondents agreed or strongly agreed that employers should offer wellness programs at work, with females somewhat more likely to agree/strongly agree with this statement than males (84% vs. 78%, $p < .05$). Also, younger employees (under 55) were more likely than older employees (ages 55+) to agree/strongly agree (85% vs. 70%, $p < .05$). Employees in larger organizations were more likely than those in smaller organizations to believe employers should offer worksite wellness. Further, nearly three-quarters of respondents (71%) agree or strongly agree that employers should offer incentives for participation in wellness programs.

Employee respondents were more likely than employer respondents to believe that wellness is solely the employee's responsibility (29% and 17%, respectively). At the same time, employees were more likely than employer respondents to agree that employers should offer programs and should provide incentives for participation.

Participation Rates

More than half the employee survey respondents worked in companies that have offered a worksite wellness program in the



last year (57%). Larger firms were more likely than smaller firms to offer a program (about 70% of responding employees in companies with 100 or more employees, compared to 20%-45% of employees in companies with fewer than 100 employees, $p < .05$). Males and females were equally likely to

participate, but younger respondents (18 to 34) were less likely than older respondents to participate (ages 35+) (48% vs. 61%, $p < .05$). Employees in smaller firms were more likely to participate than employees in larger firms as illustrated in the accompanying chart ($p < .05$); this finding is consistent with published literature. Among survey respondents, employees in the manufacturing industry were most likely to report that their employer offers a

plan (70% of manufacturing respondents), and employees in the manufacturing industry had the highest participation rates (83%).

Issues Addressed by Program

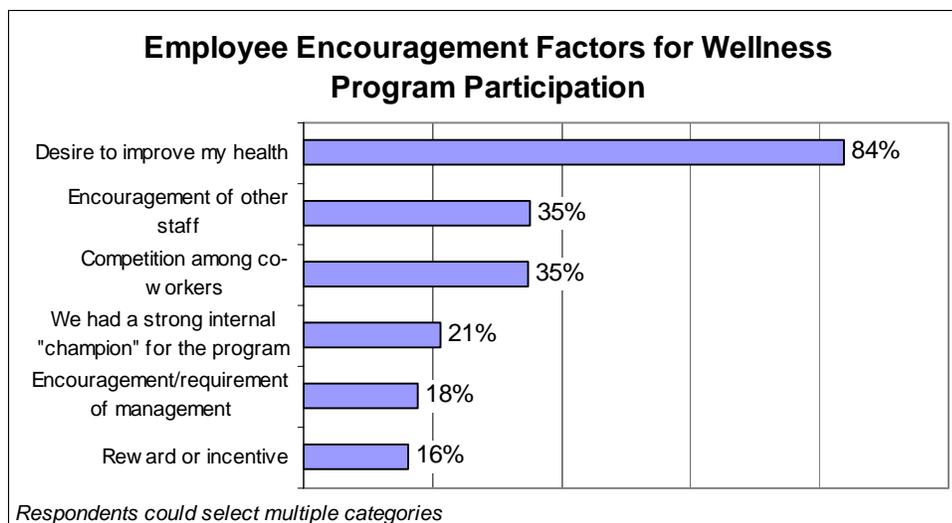
Among employee respondents who participated in their employer’s wellness program, most responded that their wellness program addressed physical activity (78%) and/or nutrition (74%), while nearly one-third responded that it addressed stress (29%) (respondents could select multiple categories).

Wellness Program Type	
	<u>Yes</u>
Participated in Worksite Wellness Program (n=485)	57%
Issue(s) Addressed by Program (n=278)	
Increasing physical activity	78%
Improving nutrition	74%
Reducing stress	29%
Specific health conditions (i.e. high blood pressure, diabetes)	19%
Weight Loss	8%
Other	6%

Respondents could select multiple categories

Motivation for Participation

Employees who participated in their employer’s worksite wellness program overwhelmingly indicated they did so because of a desire to improve their health (84%). Distant seconds were encouragement of other staff and competition among co-workers (both 35%). Women were more likely than men to say they would be motivated by the desire to improve their health (88% vs.



Respondents could select multiple categories

77%, $p < .05$) and by rewards or incentives (19% vs. 11%, $p < .10$). Workers ages 55 and older were twice as likely as younger workers to say they would be motivated by the encouragement or requirement of

management to participate (28% versus about 15%, not statistically significant).

After the program, 84% of participants indicated they experienced some sort benefit from participating. Of those, 87% felt they had improved their health, 41% experienced an improved relationship with co-workers, and 15% had improved job satisfaction.

Workers ages 55+ were more likely (81%) than those ages 35 to 54 (73%) or ages 18 to 34 (69%) to say they had improved their health; however, older workers were less likely to say they saw improved relationships with co-workers than younger workers (19% vs. 33%-39%, $p < .05$).

Self-Described Employee Benefits After Program	
	n = 278 % of Participants
Benefitted from Program	84%
Type of Benefit:	
Improved Health	87%
Improved Relationships with Co-workers	41%
Improved Job Satisfaction	15%
No Benefit from Program	16%

Respondents could select multiple categories

Employees in larger organizations were more likely to say they experienced improved relationships with co-workers. Respondents in the business/financial services industries were more likely than those in other industries to say they saw no benefit (23% vs. 9%-14%, $p < .05$).

Future Participation

About two-thirds of employees who have participated in their employer's wellness program indicate they would participate again in the future (67%), or might participate (33%). About half the employee respondents whose employer does not currently offer a program say they would participate, but only one-third of those whose employer offers a program but who chose not to participate at this time say they would participate in the future.

Likelihood of Future Participation				
	Number of Respondents	Would participate	Might participate	Would not participate
Employer offers program				
Participated	278	67%	33%	1%
Did not participate	207	32%	57%	11%
Employer does not offer program	368	51%	45%	4%

Totals may not add to 100% due to rounding

Employee Non-Participants

About half the respondents whose employer offered a wellness program chose not to participate in the program (n=207). The survey asked those employees why they chose not to participate, and also what would make them more likely to participate in the future. A lack of time in the workday and before and after work, as well as already taking care of their health were the top reasons given for non-participation.

Reasons for Not Participating in Past Programs	
n = 207	
	<u>% of Respondents</u>
No time during the workday	34%
Already take care of my health	33%
No time before/after work	29%
Just not interested	18%
Already involved in other programs	13%
Too tired	8%
Don't want to do this with co-workers with my employer	7%
Existing health problems restrict my activity/diet such that I could not participate	5%
Don't have time for more paperwork	4%
Other	3%
	16%

Respondents could select multiple categories

Males were twice as likely as females to respond that they already take care of their health (47% vs. 25%, $p < .05$). Younger workers, ages 18 to 34, were more likely than workers 35 and older to say they were too tired (17% vs. 2% of those ages 35 to 54 and 7% of those ages 55+, $p < .05$). Manufacturing employees were twice as likely as others to say they already take care of their health (69% vs. about 30%, $p < .05$). Manufacturing employees were least likely to say they were too tired, or didn't have time during the workday or before or after work ($p < .05$).

Dedicated time during the workday for exercise or wellness activities was by far the top factor selected that would make respondents more likely to participate in the future (57%). Women were twice as likely as men to say that more co-worker participation would make them more likely to participate (28% vs. 12%, $p < .05$), and younger people were more likely than older

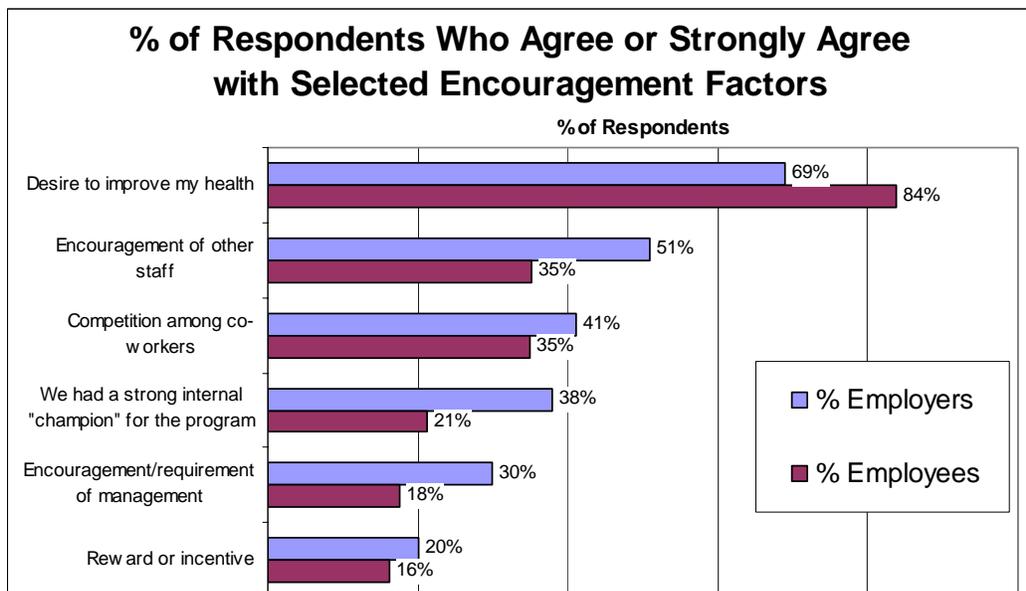
Factors that Might Make Me More Likely to Participate	
n = 207	
	<u>% of Respondents</u>
Dedicated Time During Work Day	57%
Incentives Such as Work-Out Gear	23%
If Co-Workers Joined In	22%
Prizes for Performance	21%
If Encouraged by Management	18%
Competition among Co-Workers	17%
Other	15%

Respondents could select multiple categories

workers to say that competition among co-workers would increase their likelihood of participation ($p < .05$). Workers under age 35 were also more likely to say that incentives would increase their participation (29% vs. 23% ages 35-54 and 7% of those 55 and older) ($p < .10$).

Employer/ Employee Comparison

Employees were more likely than employers to indicate that the desire to improve their health was a reason to participate in wellness programs. Employers were more likely than employees to believe that encouragement of other staff, competition among co-workers, and a strong internal champion were incentives for participation.



Desired Focus for Worksite Wellness Programming

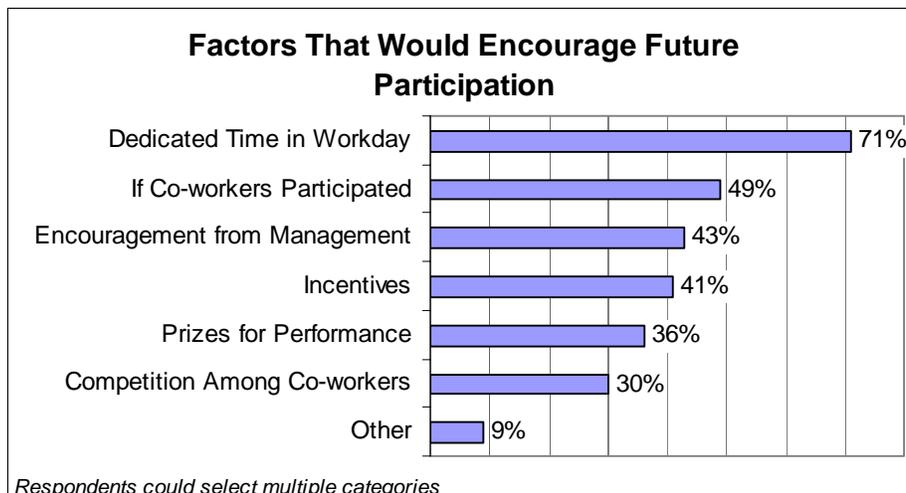
Employees whose employers do not offer a worksite wellness program would most like programming to address stress, and increased physical activity.

	Current program focus		Desired focus
	Previous Participants n=278	Previous Non-participants n=207	Respondents with no employer program n=352
Specific Health Conditions	19%	25%	52%
Increasing Physical Activity	77%	53%	84%
Improving Nutrition	74%	53%	69%
Reducing Stress	29%	42%	87%
Other	14%	11%	11%

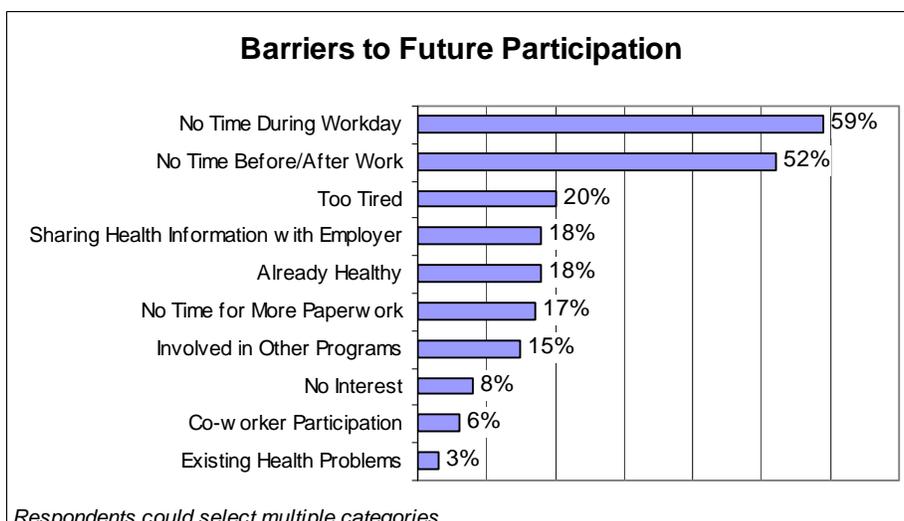
Respondents could select multiple categories

Encouragement and Barriers Among Respondents with no Current Programming

Respondents whose employer did not offer a wellness program were asked for factors that would encourage them to participate in a future program, as well as barriers they perceive to participation. Most respondents indicated that time in the workday would encourage them to participate (71%).



Similarly, no time during the workday or before or after work were by far the top two anticipated barriers to future participation in a worksite wellness program. A substantial minority, 18%, were concerned about sharing health information with their employer.



SUMMARY OF FINDINGS

The surveys were designed to identify primary barriers to both employer and employee participation in worksite wellness programs, as well as incentives to both groups for participation.

Incentives to Participation

Employers clearly want a program that is easy to implement, in demand by employees, and low cost. They also would like evidence that the program will improve morale and productivity.

Employees participate in worksite wellness in large part because they want to improve their health. In the survey they indicate that dedicated time during the work day would make them more likely to participate, as would participation of co-workers and incentives, to a lesser degree. These findings are consistent with a 2007 study which found that employees want a convenient time, convenient location, and employer-provided time off during the workday as incentives for participation in a free worksite wellness program (Kruger et al., 2001). The Kruger study also found that employees want fitness centers, weight loss programs, and on-site exercise programs. Our survey found that employees want programs that focus on stress reduction followed closely by increased physical activity, and on improved nutrition.

Barriers to Participation

Employers choose not to offer worksite wellness because of a lack of time to administer the program, high costs, and perceived lack of interest among either employees or management, or both.

Employees face a lack of time in the workday or before and after work for participation. This was consistent with findings in the Kruger (2007) study. In addition, many of our survey respondents said they do not participate because they already take care of their health or are already involved in other programs, or are too tired or just not interested.