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Worksite Wellness, Wyoming Best Practices 2006: Executive Overview

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1. Background

In spring 2006 the Chronic Disease Section (CDS) of the Wyoming Department of Health's Preventive Health and Safety Division (PHSD) contracted the Wyoming Survey & Analysis Center (WYSAC) to identify Wyoming businesses' best practices for worksite wellness programs. The purpose of this project is to provide, through information obtained from a mail survey and follow-up research through site visits and focus groups, a description of the status of worksite wellness programs in Wyoming as well as to offer some best practices for Wyoming businesses.

The following is a general overview of the entire study conducted across Wyoming businesses. The complete study is available for download from the Wyoming Department of Health web site at http://wdh.state.wy.us/cardio/index.asp in .pdf format or by calling the Wyoming Department of Health, Chronic Disease Section at (307)777-7585.

2. Introduction

"Worksite wellness" refers to various initiatives implemented in a workplace environment to produce a healthier workforce. By systematically addressing the issues surrounding employee wellness, an organization can realize long-term benefits to the real health of individual workers and to its own economic health.

Over the years, worksite health promotion has increased in popularity, especially in larger companies. The National Employee Services and Recreation Association (NESRA), which is now known as the Employee Services Management Association (ESMA), estimates that as many as 50,000 organizations in the United States have on-site physical fitness programs (Chenoweth, 1998). As interest in worksite wellness has increased, so has the availability of resources for employers.

2.1. Improved Productivity

Promoting health within the workplace is an "investment in human capital" and fiscal health that positively impacts employee productivity (Partnership for Prevention, 2001, p. 3). In addition to increasing productivity, this investment in employee well-being pays off by helping businesses attract and retain valuable employees. As noted in the 1999 National Worksite Health Promotion Survey (NWHPS), employers are not simply worried about healthcare costs, they are also concerned about employee performance, recruitment and retention, morale, and the effects of an aging workforce (Association for Worksite Health Promotion, 1999).

2.1.1. Employee Performance

Employers considering employee performance often focus on unscheduled absences, many of which are caused by illness or injury. Heaney and Clemans (1995) studied the link between stress and absenteeism in a mid-sized manufacturing plant and found a significant link between physician-excused absences and overall work and physical environment stress. Conversely, a healthy employee can positively impact productivity by directly reducing absenteeism. A 2003 study of a sample of male employees in a manufacturing company compared disability absences for participants and non-participants in the company's worksite health program. This study found that those employees not enrolled in the health program were absent more often and took more disability days (Schultz et al., 2002).

Workplaces can also lose productivity in small increments, not just in full days missed. Organizations sometimes implement worksite wellness programs with the belief that employees who are better educated about issues such as smoking, stress, and diet will become more productive while at work because of their improved time-management skills and health. This relationship between health education and increased productivity is evidenced at one forklift manufacturing company, whose workforce has a mean age of 47. This company's employees continually experienced expensive back injuries. In response, the company instigated a mandatory stretching and strength-building program that reduced injuries by around 80%; productivity also increased by approximately 20% (Drennan & Richey, 2003).

2.1.2. Recruitment, Retention, and Morale

Employers sometimes have trouble ensuring that employees stay with their company, a more concerning issue after lengthy and expensive training. Companies that provide health-related perks often have an upper hand in retention. Retaining employees may also depend on maintaining high morale. Implementing health programs, especially if they are free or low-cost, can help increase employees' morale and work ethic. A survey completed by 3,403 of 5,757 federal employees across the U.S. showed very favorable results and opinions of their worksite wellness programs. Other significant results included high levels of program participation as well as positive attitudes toward their employers and of the programs (Carter et al., 1995).

Flexible employee scheduling also appears to have a positive effect on recruitment, retention, and morale. Statistical analyses from a national survey of employed adults show that time-flexible work policies have multiple benefits, including reduced illness and associated costs, increased employee commitment, and decreased employee stress levels (Halpern, 2005).

2.1.3. Aging Workforce

A final productivity-related concern for employers is the effect of an aging workforce. With this concern in mind, analysts performed a comparison study of two cohorts of retirees and one of employees. This study found that participation rates in wellness programs after retirement are positively correlated with participation before retirement. Participation rates for retirees, depending on the time retired, ranged from around 25% to 47%. These rates of participation might be significant for employers who have numerous retirees under the age of 65 and still pay for their healthcare (Yen et al., 2006).

2.2. Lower Healthcare Costs

Along with improved productivity, employers must focus on their healthcare cost burdens. As the 1999 NWHPS shows, healthcare costs tops the list of employer concerns regarding worksite health promotion (Association for Worksite Health Promotion, 1999), and this concern is well founded. "It is a fact that medically high-risk employees are medically high-cost employees. They both use more healthcare and generate higher claim costs than their low-risk peers" (Partnership for Prevention, 2001, p. 6). Researchers used information from the Bureau of Labor Statistics and workers' compensation records to estimate occupational injury and illness costs. They then performed perworker calculations for each state, which ranged from \$650 in New Hampshire to \$1,979 in West Virginia. Wyoming ranked third highest in the nation with a yearly mean of \$1,602 per worker (Waehrer et al., 2004).

Costs associated with time away from work is also something to consider for any employer trying to reduce healthcare costs. As Wright et al. (2002) show, there is a strong association between health

risk level and time away from work (TAW) costs. They conclude that "if a decrease in TAW costs follows a reduction in health risks, then the potential TAW cost savings could amount to 32% to 36% of total cost incurred, not to mention the potential medical savings shown in the literature" (Wright et al, 2002, p. 1133).

2.2.1. Body Mass Index

The use of the Body Mass Index (BMI) is one way for companies to assess employee health, as it can serve as an indicator for many of the variables that lead to the health problems mentioned above. As defined by the Centers for Disease Control and Prevention, the BMI is a number calculated from a person's weight and height. It provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems (Centers for Disease Control and Prevention, 2006). In a 1995 study, Collins and Anderson monitored subjects who had BMIs substantially above average and who were taking anti-hypertensive and/or anti-diabetes medications. Each subject enrolled in one of two twelve-week weight loss programs. Participants showed an average weight loss of 19.8 pounds and a reduction in the need for medication after one year, saving employers an annual average of \$442.80 per subject.

2.2.2. Disability costs

Reducing disability costs is another way to lower total healthcare costs. A four-year study at GlaxoSmithKline examined the effects of the company's worksite wellness program. Results revealed that the company saved an annual average savings of \$613 per participant, the larger percentage of which came from reductions in disability costs, especially long-term disabilities. The program cost approximately \$100 a year per participant, equaling a \$6 return for each \$1 invested by the company (Stave et al., 2003).

2.2.3. Lifestyle choices

Simply encouraging employees to engage in physical activity can boost an organization's worksite wellness. In fact, one study used data from 683 workers in four separate sites across the nation to assess the effects of three modifiable health risks on work performance: physical activity, obesity, and cardio-respiratory fitness. This study showed the following to be true (Pronk et al., 2004):

- High levels of physical activity are associated with improved work quality.
- Cardiorespiratory fitness leads to higher production.
- Obesity is related to social difficulty with coworkers.
- Severe obesity is related to higher absenteeism.

2.2.4. Screenings and smaller changes

Worksite wellness is not only about healthier living though proper food choices and exercise. Employers should also consider initiatives such as health fairs, screenings, and other small-scale changes to the workplace. An evaluation of the Coors Brewing Company's *Coorscreen* mammography screening program found that, over an eight-year period, the program was beneficial for Coors and its employees, employee spouses, and retirees. During the evaluation period, *Coorscreen* made forty-three early detections and four late detections of breast cancer. Analyses show that the company saved a total of \$2,441,190 by implementing the screenings (Greenwood & Henritze, 1996).

Changes do not occur overnight. Sometimes, effective programming needs time to produce the desired change. A study of physically active employees based in the Cincinnati headquarters of the Procter & Gamble Company showed that their worksite health program took three years to achieve significantly lower healthcare costs. The lower costs were associated, not surprisingly, with program participants. This suggests that *long-term* participation may be needed to lower total and lifestyle-related healthcare costs (Goetzel et al., 1998). As the literature shows, improved productivity and lowered healthcare costs are each attainable through worksite wellness initiatives.

3. Best Practices

Worksite wellness policies, procedures and programs have as their goals the types of outcomes described above. While a specific definition of "best practices" for worksite wellness, and indeed worksite wellness itself, is problematic for many reasons—including variable workplace resources, workplace characteristics, and employee demographics, to name a few—a general description of such practices can be developed. This general description can, in turn, be compared to the results from the worksite wellness survey of Wyoming worksites that was administered to inform this study.

A basic description and a working concept of worksite wellness best practices may be found in *The Art of Health Promotion* (Chapman, 2004). As defined by Chapman, best practices, in general, constitute "replicable activities that contribute in a scientifically-proven manner to the ability to meet or exceed customer expectations in the context of worksite health promotion efforts" (Chapman, 2004, p.1). For the purposes of the current study, the most important components of this definition are *replicability, scientifically-proven*, and the ability to *define customer expectations*. Best practices for worksite wellness, therefore, should include policies, procedures and/or programs that are: generally portable (replicable) from one worksite to another; based on sound research (scientifically proven or validated); and that address the needs and expectations of the places (worksites) that implement such practices.

A benchmark for general worksite wellness best practices is found in Chapman (2004), and is useful for comparison to Wyoming practices as revealed through the worksite wellness survey. In Chapman's (2004) article, *Expert Opinions on "Best Practices" in Worksite Health Promotion (WHP)*, he lists best practices for worksite health promotion developed by a panel of experts in the field of health promotion. These are:

- 1. Building top management support.
- 2. Integrating program with organizational/business goals.
- 3. Sound communication process.
- 4. Uses of stages of change concept.
- 5. Creating supportive cultures.
- 6. Incentive recruitment procedures.
- 7. Personal contact or word of mouth.
- 8. Targeted personal invitations.
- 9. Targeted personal communication.
- 10. Announcements made during meetings.
- 11. Sense of program ownership.
- 12. Use of self-efficacy concept.
- 13. Use of health website, Internet and Intranet strategies.
- 14. Use of program database or informational structure.

The order in which these items appear indicates how integral to a successful worksite wellness program the participating panelists think the items to be (Chapman, 2004, p.1). Several of the items in this list can be conflated somewhat for heuristic purposes and, in fact, it was necessary to do so when constructing the survey questionnaire for this study.

4. Executive Summary

This project consisted of two main components. The first was a comprehensive, statewide survey of all Wyoming businesses, obtained from the Wyoming Business Council, on the subject of worksite wellness. This survey was conducted by mail in the spring of 2006, with selected results displayed in Section 4 and presented fully in Appendix A of the final report. Of the 849 valid mailings, 385 were completed and returned for a 45% response rate. The second component was follow-up research through seven site visits and three focus groups designed to collect more detailed information from employers and employees about worksite wellness in Wyoming. Site visits were conducted at businesses that were selected based on survey results, the main criteria of which were whether the worksite had a wellness program and some methods for evaluation of program effectiveness. Focus groups were conducted at those worksites at which site visits were conducted if the worksites were amenable to hosting a focus group, and if there appeared to be a good chance that employees would actively participate. Section 7 of the final report presents synopses of site visit and focus group findings.

Below are some of the more informative and interesting findings from the survey and follow-up research components of this study. These findings apply only to the 385 worksites throughout the state that participated in this project.

- 30.3% of the businesses that participated in the mail survey indicated that they have a worksite wellness program of some sort; only just over a fifth of these (21.8%) have methods for evaluating program effectiveness
- Many (86.6%) of the businesses *without* a wellness program do not have any plans for implementing such a program.
- It was found though the mail survey that a high percentage of Wyoming businesses offers health insurance to their employees (90.8%).
- Many (70.0%) health insurance plans offered to employees include health screenings or Health Risk Assessment's (HRA).
- Only a small percentage (14.7%) of Wyoming worksites made HRA's available to employees during the past year.
- Worksite wellness is promoted by employers at some Wyoming worksites through annual or periodic health-related messages (24.7%) and through written organizational objectives (21.0%).
- Where wellness programs exist, 29.2% of the worksites have an individual in charge of program administration and 15.9% of the worksites make use of a formal wellness committee.

- Over half (53.8%) of worksites support employee physical activity during work time in some type of structured manner.
- Well over a third of all worksites (38.4%) have corporate agreements with gyms or health clubs for employee membership discounts or subsidies.
- Nearly three-quarters (74.6%) of worksites with a wellness program make use of incentives to encourage employee participation.
- Over half (56.3%) of worksites with cafeterias offer healthy food choices to employees either every day or almost every day.
- The most popular rule about tobacco use at Wyoming worksites was "allowed outdoors, but not indoors," for both smoking (64.2% of worksites) and spit tobacco (25.0%); 10.8% of worksites had no rules about smoking, and 45.3% had no rules regarding spit tobacco.
- Worksites with wellness programs draw their programming ideas largely from national sources (e.g. WELCOA), though they also got ideas from the practices of other organizations in their communities.
- Most of the wellness programs studied in this project are in their initial stages of implementation.
- Several worksites that do have a worksite wellness program indicated that while their program is assumed to yield long-term benefits for both employers and employees, there are no plans to verify this assumption through analyses.
- Most participants in wellness programs were enthusiastic about their programs and felt that they had adequate opportunity to provide feedback received during focus group discussion.
- Many wellness program participants indicated that communication about wellness programming—from wellness administrators to employees—could be improved.
- Most focus group participants had a well-developed knowledge of the purposes for worksite wellness programming.
- Most participants in wellness programs indicated that incentives were powerful factors in initiating and maintaining their participation.