Worksite Health 101
Training Manual

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HEALTHY WORKSITE • HEALTHY COMMUNITY • HEALTHY WORKFORCE •

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CENTERS FOR DISEASE™
CONTROL AND PREVENTION

Worksite Health 101 Training Manual

Through the National Healthy Worksite Program (NHWP), numerous training opportunities will be provided within NHWP communities and nationally through webinar-based programs. The Worksite Health 101 training curriculum will be used for all NHWP training opportunities. Worksite Health 101 follows the Centers for Disease Control and Prevention's (CDC) Workplace Health Model and provides a comprehensive approach to building healthier worksites.

Information and resources provided in the *Worksite Health 101 Training Manual* are intended to support training participants in each phase of worksite health program development. While attending all Worksite Health 101 training sessions is encouraged, there are numerous resources in this manual that can assist you in the development or enhancement of worksite health programs, regardless of your participation in all training sessions.

TABLE OF CONTENTS

National Healthy Worksite Program   (NHWP)

The National Healthy Worksite Program

Faced with high health care costs, many employers are turning to workplace health programs to help employees adopt healthier lifestyles and lower their risk of developing costly chronic diseases while improving worker productivity. In October 2011, the Centers for Disease Control and Prevention (CDC) began the National Healthy Worksite Program (NHWP). The NHWP is designed to assist employers in implementing science- and practice-based prevention and wellness strategies that will lead to specific, measureable health outcomes to reduce chronic disease rates. The program seeks to promote good health through prevention, to reduce chronic illness and disability, and to improve productivity outcomes that contribute to employers' competitiveness.

For many employers, high health care costs place their businesses at a competitive disadvantage in global markets.

The rising gap between the growth in health care spending and overall economic growth means that a larger share of resources is being devoted to health relative to other expenses, such as wages and other employee benefits, capital expenditures, and business operations.

The National Healthy Worksite Program will help employers resist short-term cost-cutting or cost shifting measures in favor of long-term sustainable investments in employee health.

Health care costs cannot be controlled without maintaining and improving the health of employees and reducing employees' risk of developing costly chronic diseases. Employers can create healthy work environments through workplace health promotion programs, policies, and practices that make it easier for employers to make healthy choices. Maintaining a healthier workforce can lower direct costs such as insurance premiums and workers' compensation claims, and positively impact many indirect costs such as absenteeism and worker productivity.[1-4]

By implementing and expanding science-based strategies documented to effectively change unhealthy behaviors and improve health outcomes, comprehensive workplace wellness programs offer employers the opportunity not only to improve the health of their employees, but also to control health care spending driven largely by chronic diseases. For example, a 1% reduction in the following risk factors—excess weight and elevated blood pressure, glucose, and cholesterol—has been shown to save $83 to $103 annually in medical costs per person, much of which could accrue to employers in reduced premiums.[5]

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The NHWP will assist up to 104 small, mid-sized and large employers in establishing comprehensive workplace health programs (WHPs) targeting employees at risk due to **physical inactivity**, **poor nutrition**, **obesity** and/or **tobacco use**. These WHPs will use science-based workplace programs, policies, practices and environmental supports to maximize employee participation in wellness-related activities, raise employee awareness and knowledge about health concerns, and establish a work environment aimed at supporting healthy lifestyle choices.

> **The Cost Burden of Chronic Disease**
>
> Each year in the United States, chronic diseases such as heart disease, stroke, cancer, arthritis and diabetes cause 7 in 10 deaths and account for about 75% of the $2 trillion spent on medical care.[6] Obesity alone is a significant health care cost driver. The Gallup-Healthways Well-Being Index data for 2011 show full-time workers in the U.S. who are overweight or obese and have other chronic health problems miss about 450 million more days of work each year than healthy workers, resulting in an estimated cost of more than $153 billion in lost productivity annually.[7]

The goals of the NHWP are to:

•   Reduce the risk of chronic disease among employees through science-based workplace interventions and promising practices.
•   Promote sustainable and replicable workplace health activities and organizational practices.
•   Promote peer-to-peer business mentoring.

Participating employers

Participating employers will be selected from eight local sites across the country. The eight local communities are: Somerset County, ME (Skowhegan); Shelby County, TN (Memphis); Marion County, IN (Indianapolis); Harris County, TX (Houston); Buchanan County, MO (St. Joseph); Kern County, CA (Bakersfield); Pierce County, WA (Tacoma); and Philadelphia County, PA (Philadelphia).

Each participating employer will receive intensive onsite support and expertise over a two-year period, putting in place a combination of program, policy, and environmental interventions to support physical activity, good nutrition, and tobacco cessation.

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Worksites will participate in a stepwise approach to create or improve a workplace health program including the following science-based activities and promising practices:

- An assessment to define employee health and safety risks and concerns and describe current health promotion activities, capacity and needs.
- A planning process to develop a workplace health program that includes goal determination; selecting priority interventions; and building organizational infrastructure, such as establishing a wellness committee and engaging senior leadership.
- Program implementation involving all the steps needed to put selected health promotion programs, policies, practices, and environmental supports into place and make them available to employees, including but not limited to:
  - Stairwell enhancement, physical fitness/lifestyle counseling, walking trails/clubs, flexible scheduling policies.
  - Worksite farmer's market, nutrition counseling/education, menu labeling, healthy foods in cafeterias and vending, weight management counseling.
  - Tobacco-free campus policy, subsidized quit-smoking counseling (quitlines, health plans).[8-11]
- An evaluation of efforts to systematically investigate the reach, quality, and effectiveness of the workplace health program.

In addition to receiving significant support to establish comprehensive health promotion programs, participating employers will build their skill and capacity to manage and sustain their wellness and health promotion investments. Capacity-building activities include a series of trainings, as well as participation in community coalitions whose goal is to build networks and identify opportunities to leverage existing community-based resources.

On-going evaluation of the individual worksite health promotion programs will track changes in employee knowledge, behavior and productivity, as well as changes in employer health and safety culture. Evaluation efforts will also capture best practices for implementing core workplace health programs, and document unique challenges and barriers experienced by employers and strategies to overcome them.

Through technical assistance, case studies, success stories and information forums, the information gathered throughout the program will be shared broadly with participating employers, as well as other employers and organizations nationwide interested in creating or expanding their own healthy worksite programs.

2011 also marked the launch of Million Hearts, a CDC and Centers for Medicare and Medicaid Services (CMS) initiative to prevent 1 million heart attacks and strokes over the next five years. The initiative focuses on two main goals: empowering Americans to make healthy choices, and improving care for people, focusing on the ABCS (Aspirin for people at risk, Blood pressure control, Cholesterol management and Smoking cessation.) The National Health Worksite Program supports Million Hearts efforts in the workplace.

For more information go to www.cdc.gov/NationalHealthyWorksite/

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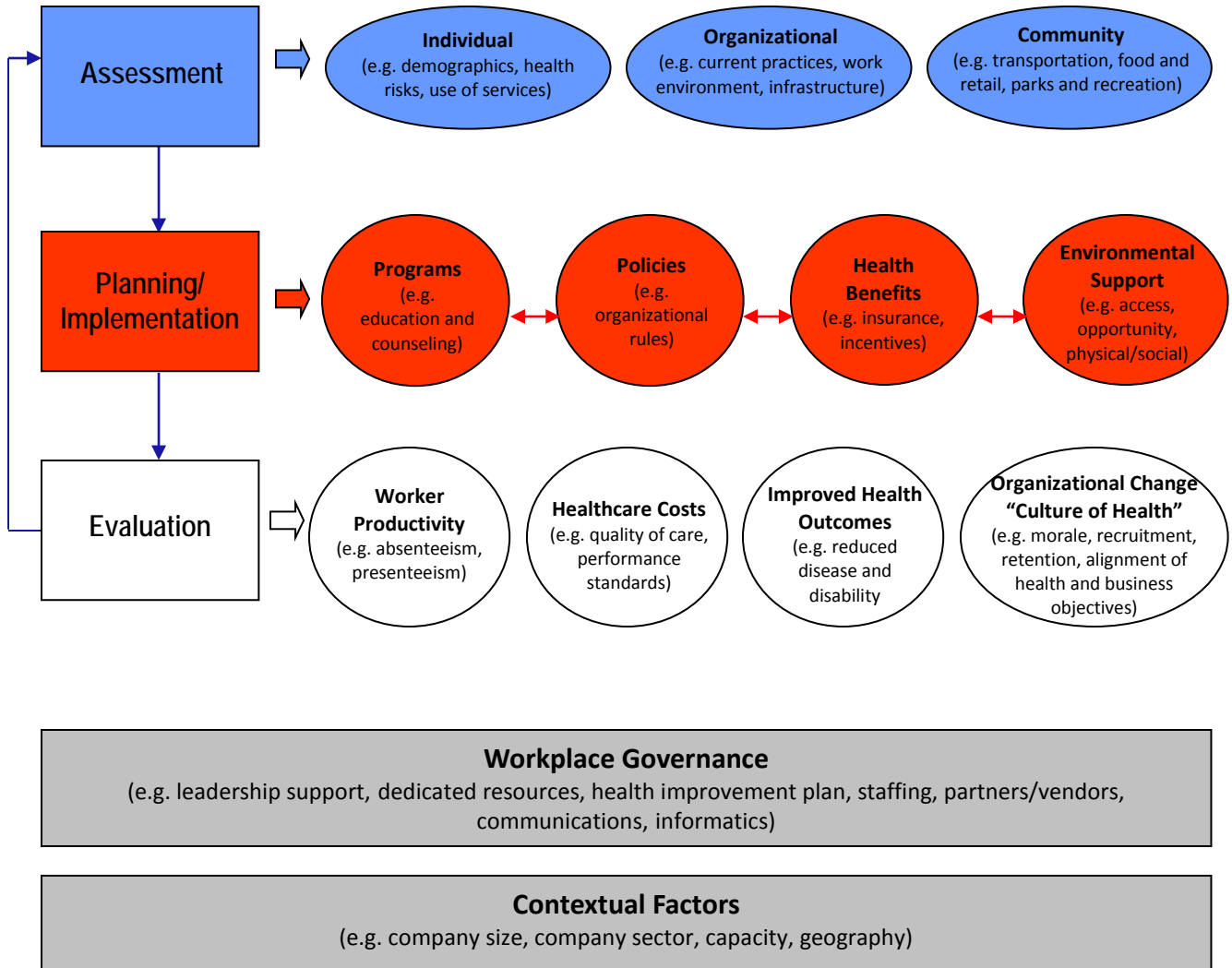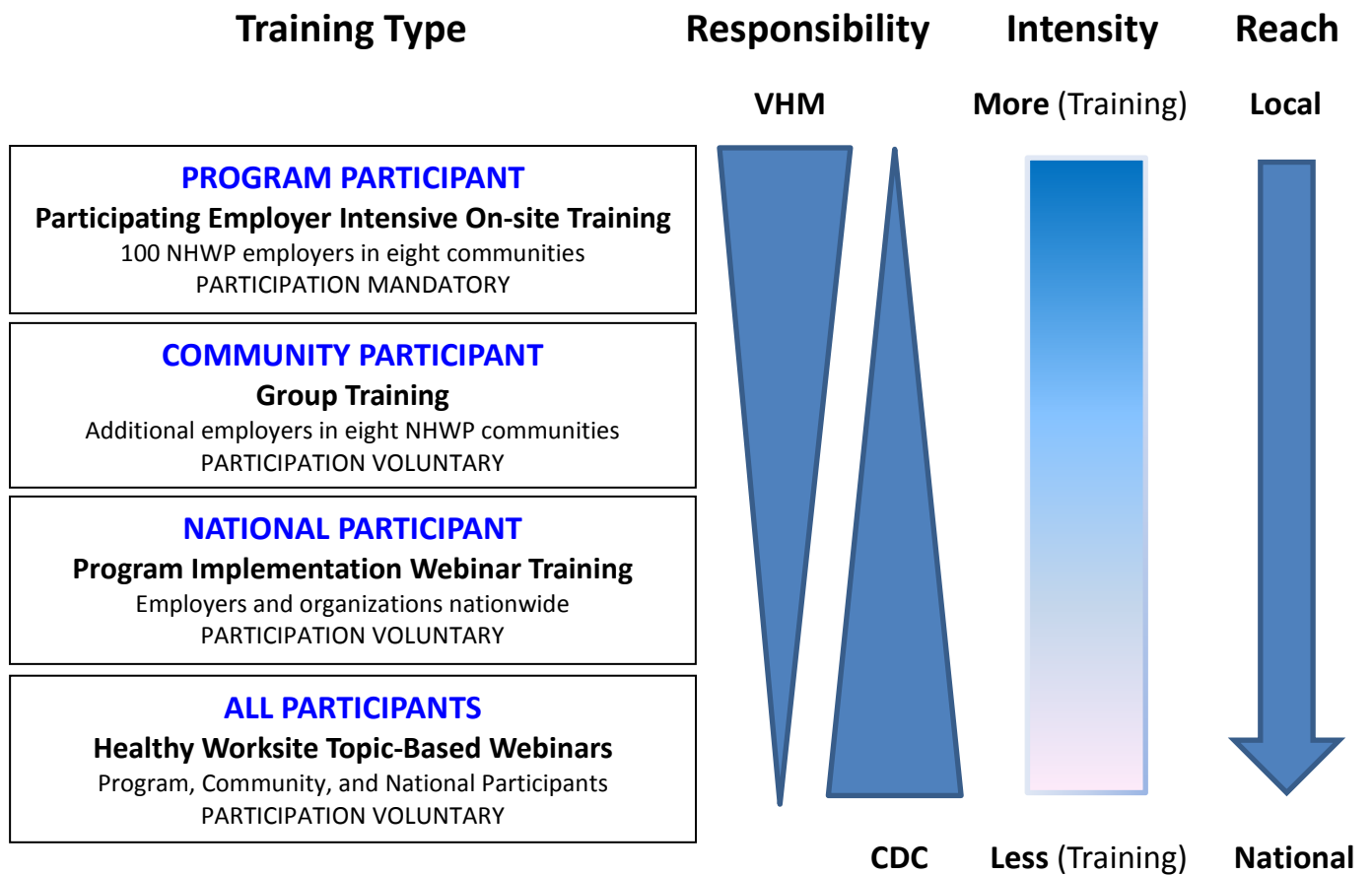Division of Population Health

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4. Mills PR, Kessler RC, Cooper J, Sullivan S. Impact of a health promotion program on employee health risks and work productivity. Am J Health Promot. 2007 Sep-Oct;22(1):45-53.

5. Henke, R.M., Carls, G.S., Short, M.E., Pei, X., Wang, S., Moley, S., Sullivan, M., and Goetzel, R.Z. (2010) The Relationship between Health Risks and Health and Productivity Costs Among Employees at Pepsi Bottling Group. Journal of Occupational & Environmental Medicine, 52(5), 519–527.

6. Centers for Disease Control and Prevention. Chronic diseases: the power to prevent, the call to control, at-aglance 2009. Atlanta, GA: U.S. Department of Health and Human Services, 2009.

7. Gallup-Healthways Well-Being Index, December 2011

8. U.S. Preventive Services Task Force. Counseling to Promote a Healthy Diet: Recommendations and Rationale. Am J Prev Med 2003; 24(1): 102-109.

9. U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001

10. Centers for Disease Control and Prevention. Public health strategies for preventing and controlling overweight and obesity in school and worksite settings. A report on recommendations of the Task Force on Community Preventive Services. Morbidity and Mortality Weekly Report. 2005;54(RR10):1-12

11. The Task Force on Community Preventive Services. The Guide to Community Preventive Services: What Works to Promote Health New York; Oxford University Press, 2005.

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www.cdc.gov/workplacehealthpromotion/model/index.html

Assessment →	**Individual** (e.g. demographics, health risks, use of services)	**Organizational** (e.g. current practices, work environment, infrastructure)	**Community** (e.g. transportation, food and retail, parks and recreation)	
Planning/ Implementation →	**Programs** (e.g. education and counseling) ↔	**Policies** (e.g. organizational rules) ↔	**Health Benefits** (e.g. insurance, incentives) ↔	**Environmental Support** (e.g. access, opportunity, physical/social)
Evaluation →	**Worker Productivity** (e.g. absenteeism, presenteeism)	**Healthcare Costs** (e.g. quality of care, performance standards)	**Improved Health Outcomes** (e.g. reduced disease and disability)	**Organizational Change "Culture of Health"** (e.g. morale, recruitment, retention, alignment of health and business objectives)

Workplace Governance
(e.g. leadership support, dedicated resources, health improvement plan, staffing, partners/vendors, communications, informatics)

Contextual Factors
(e.g. company size, company sector, capacity, geography)

NHWP Training Opportunities

Training Type	Responsibility	Intensity	Reach
	VHM	More (Training)	Local

PROGRAM PARTICIPANT
Participating Employer Intensive On-site Training
100 NHWP employers in eight communities
PARTICIPATION MANDATORY

COMMUNITY PARTICIPANT
Group Training
Additional employers in eight NHWP communities
PARTICIPATION VOLUNTARY

NATIONAL PARTICIPANT
Program Implementation Webinar Training
Employers and organizations nationwide
PARTICIPATION VOLUNTARY

ALL PARTICIPANTS
Healthy Worksite Topic-Based Webinars
Program, Community, and National Participants
PARTICIPATION VOLUNTARY

	CDC	Less (Training)	National

Worksite Health 101 Training Modules

Making the Business Case	Leadership and Culture	Data Collection	Planning & Implementation	Program Evaluation
Relationship between health and performance Impact of worksite health program Key components of a comprehensive worksite health program	Driving senior leadership support Creating a healthy worksite culture Building infrastructure and capacity	Worksite health assessment process Types of data to collect Using data for program planning	Determining program goals and objectives Developing detailed worksite health plans Putting assessment and planning into practice	Measuring process and outcomes Key evaluation metrics
Module 1	Module 2	Module 3	Module 4	Module 5

Healthy Worksite • Healthy Workforce • Healthy Communities

The National Healthy Worksite Program
Community Training Opportunities

Health care costs cannot be controlled without maintaining and improving the health of employees and reducing employees' risk of developing costly chronic diseases. For most employers, chronic diseases—such as heart disease, stroke, cancer, obesity, arthritis and diabetes—are among the most prevalent, costly, and preventable of all health problems. Employers can create healthy work environments through workplace health promotion programs, policies, and practices that make it easier for employees to make healthy choices.

The Centers for Disease Control and Prevention's (CDC's) National Healthy Worksite Program (NHWP) is designed to assist employers in implementing science- and practice-based prevention and health promotion strategies that will lead to specific, measureable health outcomes to reduce chronic disease rates. The NHWP seeks to promote good health through prevention, reduce chronic illness and disability, and improve productivity outcomes that contribute to employers' competitiveness.

Local training opportunities are available in eight NHWP communities for interested employers and organizations.

While a major focus of the NHWP is on creating employer-based comprehensive healthy worksite programs with up to 15 participating employers in each of the eight NHWP communities, interested employers and organizations located in the NHWP communities—but who do not meet the eligibility requirements or are not selected for full-program participation—are encouraged to join as "Community Participants."

NHWP Communities:
Somerset County, ME (Skowhegan)
Shelby County, TN (Memphis)
Marion County, IN (Indianapolis)
Harris County, TX (Houston)
Buchanan County, MO (St. Joseph)
Kern County, CA (Bakersfield)
Pierce County, WA (Tacoma)
Philadelphia County, PA (Philadelphia)

Benefits to Community Participants

Community Participants will be able to take advantage of the following training, networking and mentoring opportunities beginning in spring 2012:
- Local trainings on the fundamentals of building and maintaining a healthy worksite
- Regular community meetings to build skills and share ideas among NHWP and Community Participants
- Webinars on subjects such as leadership involvement, assessing your workplace, and implementing healthy worksite programs
- Tools and resources for worksite health program implementation and evaluation
- Links to organizations with similar interests and experience with healthy worksite programs
- Additional forums with national health promotion and safety experts on special interest topics or emerging worksite health issues such as the aging workforce, mental health, or identifying healthy worksite program champions

> Registration information, tools, and resources are be available at
> www.cdc.gov/NationalHealthyWorksite

Learn how to create comprehensive healthy worksite programs

Beginning in spring 2012, Community Participants will join with NHWP participating employers in the eight NHWP communities to take part in the trainings and community meetings to increase their knowledge, skills, awareness and capacity in building, enhancing, and maintaining healthy worksite programs. Over the course of 12 months, Community Participants will master the fundamentals of implementing a healthy worksite program such as:

- Making the case for a healthy worksite and the importance of leadership support
- Data collection methods and tools
- Creating and implementing a comprehensive healthy worksite plan
- Strategies for employee health improvement and building an organizational culture of health
- Program evaluation
- Integration of health promotion and safety

Assessment and Evaluation Tools Available

Employers and organizations attending the community training sessions will also be provided with the assessment and evaluation tools being used in the NHWP, allowing them to effectively implement and evaluate a comprehensive healthy worksite program. These tools will assess employee knowledge, behavior and productivity, as well as the employer's health and safety culture. Lessons learned from NHWP participating employers—including best practices, ways to overcome barriers, and success factors--will be shared with interested employers throughout the community.

To receive ongoing program communications and announcements for specific training and technical assistance dates and times, please contact us at NationalHealthyWork@cdc.gov.

For more information go to www.cdc.gov/NationalHealthyWorksite

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The National Healthy Worksite Program
National Training Opportunities

Health care costs cannot be controlled without maintaining and improving the health of employees and reducing employees' risk of developing costly chronic diseases. For most employers, chronic diseases—such as heart disease, stroke, cancer, obesity, arthritis and diabetes—are among the most prevalent, costly, and preventable of all health problems. Employers can create healthy work environments through workplace health promotion programs, policies, and practices that make it easier for employees to make healthy choices.

The Centers for Disease Control and Prevention's (CDC's) National Healthy Worksite Program (NHWP) is designed to assist employers in implementing science- and practice-based prevention and health promotion strategies that will lead to specific, measureable health outcomes to reduce chronic disease rates. The NHWP seeks to promote good health through prevention, reduce chronic illness and disability, and improve productivity outcomes that contribute to employers' competitiveness.

National training opportunities are available to help employers and organizations build healthier worksites.

While a major focus of the NHWP is on creating employer-based comprehensive healthy worksite programs in eight local sites*, employers or interested organizations nationwide will have access to the following worksite health promotion trainings and resources beginning in summer 2012:

- Quarterly online trainings to guide employers through the process of building and maintaining a healthy worksite
- Access to tools and resources for worksite health program implementation and evaluation
- Links to organizations with similar interests and experience implementing healthy worksite programs
- Additional forums with national health promotion and safety experts on special interest topics or emerging worksite health issues such as the aging workforce, mental health, or how to identify healthy worksite program champions

Registration information, tools, and resources are available at
www.cdc.gov/NationalHealthyWorksite

*Somerset County, ME (Skowhegan); Shelby County, TN (Memphis); Marion County, IN (Indianapolis); Harris County, TX (Houston); Buchanan County, MO (St. Joseph); Kern County, CA (Bakersfield); Pierce County, WA (Tacoma); and Philadelphia County, PA (Philadelphia).

Webinars and teleconferences to focus on practical, skill-based training for employers

Employers and organizations can take part in a series of webinars and teleconferences to increase knowledge, skills, awareness, and capacity in building, enhancing, and maintaining worksite health promotion programs. Nationally recognized health promotion and safety experts, including employers who have implemented successful healthy worksite programs, will be part of the training faculty to discuss program implementation and evaluation. Each session will last no longer than 90 minutes. Over the course of 12 months, participants will master the fundamentals of implementing a healthy worksite program such as:

- Making the case for a healthy worksite and the importance of leadership support
- Data collection methods and tools
- Creating and implementing a comprehensive healthy worksite plan
- Strategies for employee health improvement and building an organizational culture of health
- Program evaluation
- Integration of health promotion and safety

Assessment and Evaluation Tools Available

Employers and organizations participating in the training sessions will also be provided with the assessment and evaluation tools being used in the eight local NHWP sites that will allow them to effectively implement and evaluate a comprehensive healthy worksite program. These tools will assess employee knowledge, behavior, and productivity, as well as the employer's health and safety culture. CDC will also share key lessons learned and updates from the approximately 100 employers in the eight NHWP sites that will receive intensive support to build comprehensive healthy worksite programs. Best practices, barriers, and success factors gleaned from these sites will therefore benefit employers across the nation.

To receive ongoing program communications and announcements for specific training and technical assistance dates and times, please contact us at NationalHealthyWork@cdc.gov.

For more information visit www.cdc.gov/NationalHealthyWorksite

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Worksite Health 101—Part 1

Making the Case for Worksite Health

Making the Case for Worksite Health

Checklist for Taking Action at your Worksite

☐ Share information from the Making the Case for Worksite Health slides with key leaders in your organization to build support for the worksite health program.

☐ For more information, visit the following CDC Web sites:
  o Worksite Health Promotion Page
    www.cdc.gov/WorkplaceHealthPromotion

  o Making a Business Case
    http://www.cdc.gov/workplacehealthpromotion/businesscase/index.html

  o National Healthy Worksite Program
    www.cdc.gov/NationalHealthyWorksite/

☐ For more information on the publications cited in the Making the Case for Worksite Health slides, see the reference list on pages 24-25.

Worksite Health 101
Making the Case for Worksite Health

NHWP Training and Assistance

Making the Business Case	Leadership and Culture	Data Collection	Planning & Implementation	Program Evaluation
Relationship between health and business performance Impact of worksite health programs Key components of a comprehensive worksite health program	Driving senior leadership support Creating a healthy worksite culture Building infrastructure and capacity	Worksite health assessment process Types of data to collect Using data for program planning	Determining program goals and objectives Developing detailed worksite health plans Putting assessment and planning into practice	Measuring process and outcomes Key evaluation metrics
Module 1	Module 2	Module 3	Module 4	Module 5

2

Learning Objectives

Understand the following:

- The relationship between employee health and individual and organizational performance.

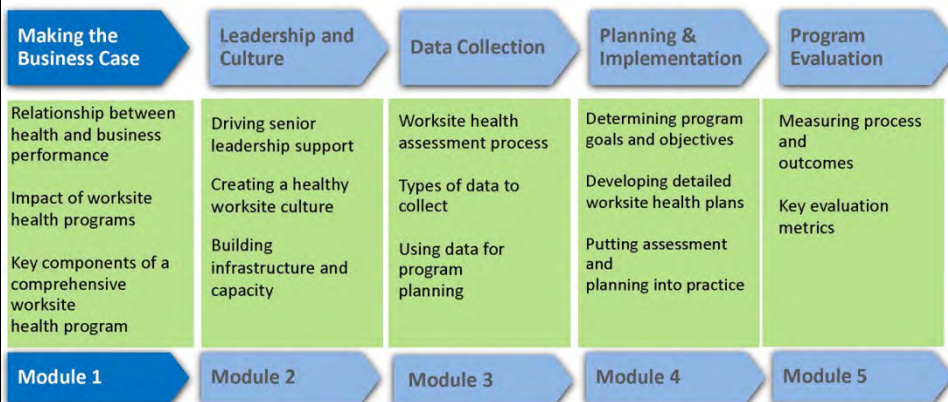- The positive impacts of a comprehensive worksite health program.

- The key components of a comprehensive worksite health program.

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Employee Health and Business Performance

In this section:

- Impact of lifestyle and chronic disease on medical and productivity related costs

    o Direct and indirect costs of employee health

    o How costs rise as employee health risks increase

    o Effects of tobacco use, physical inactivity, overweight/obesity, and job related stress

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Impact of Chronic Disease and Lifestyle

- In the United States, 7 in 10 deaths are due to chronic diseases such as heart disease, stroke, cancer, and diabetes,[*] accounting for 75% of medical care costs[**]

  [*] Kung HC, Hoyert DL, Xu JQ, Murphy SL. Deaths: final data for 2005. *National Vital Statistics Reports* 2008;56(10)
  [**] Centers for Disease Control and Prevention. Chronic diseases: the power to prevent, the call to control, at-a-glance 2009. Atlanta, GA: U.S. Department of Health and Human Services, 2009.

- Modifiable risk factors lead to deaths from chronic disease, estimated to cause more than half of all deaths in the U.S.:
  - Tobacco Use: (19%)
  - High Blood Pressure: (16%)
  - Physical Inactivity: (8%)
  - Overweight – Obesity: (8%)

  Danaei G, Ding EL, Mozaffarian D, Taylor B, Rehm J, et al. The Preventable Causes of Death in the United States: Comparative Risk Assessment of Dietary, Lifestyle, and Metabolic Risk Factors; 2009.
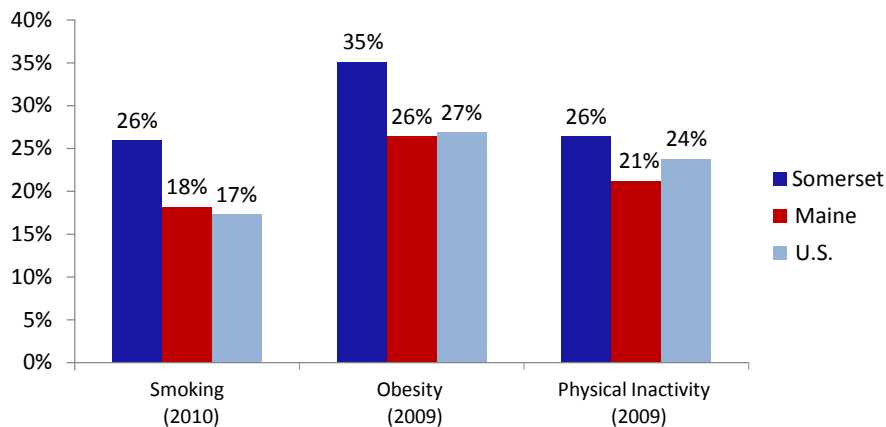
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Somerset County Health Statistics

Percent of Population (County, State, Nation) with Lifestyle-related Health Risks

	Somerset	Maine	U.S.
Smoking (2010)	26%	18%	17%
Obesity (2009)	35%	26%	27%
Physical Inactivity (2009)	26%	21%	24%

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Impact of Employee Health

Healthcare (Direct Costs)
- Medical
- Pharmacy

Visible Costs
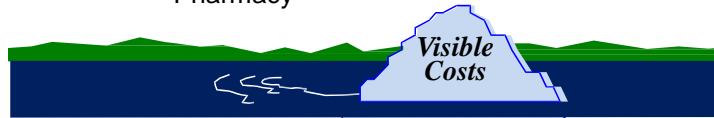
Lost Productivity (Indirect Costs)
- Presenteeism
- Short-Term Disability
- Long-Term Disability
- Absenteeism
- Workers Compensation
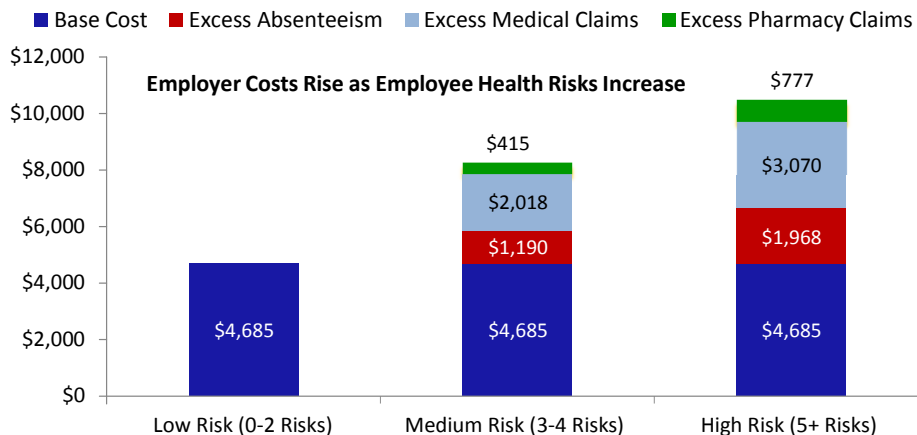
Non-Visible Costs

Indirect Costs represent 2-3 times Direct Health-care Costs

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Health Risk Status and Employer Costs

■ Base Cost   ■ Excess Absenteeism   ■ Excess Medical Claims   ■ Excess Pharmacy Claims

Employer Costs Rise as Employee Health Risks Increase

	Low Risk (0-2 Risks)	Medium Risk (3-4 Risks)	High Risk (5+ Risks)
Excess Pharmacy Claims		$415	$777
Excess Medical Claims		$2,018	$3,070
Excess Absenteeism		$1,190	$1,968
Base Cost	$4,685	$4,685	$4,685

Y-axis: $0, $2,000, $4,000, $6,000, $8,000, $10,000, $12,000

Yen L, Schultz AB, Schnueringer E, Edington DW. Financial Costs due to Excess Health Risks among Active Employees of a Utility Company. J Occup Environ Med. 2006;48(9):896-905.

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Tobacco Use, Physical Inactivity, and Obesity

- During 2000–2004, **cigarette smoking** was estimated to be responsible for $193 billion ($96 billion in direct medical cost and $96.8 billion in lost productivity) in annual health-related economic losses in the United States

  Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. Morbidity and Mortality Weekly Report 2008;57(45):1226–8 [accessed 2011 Mar 11].

- **Sedentary employees** incur $250 more in annual health care costs than moderately active (1–2 times/wk) and very active (3+ times/wk) employees

  Feifei Wang, Tim McDonald, Laura Champagne, Dee W. Edington. Relationship of Body Mass Index and Physical Activity to Health Care Costs Among Employees. J. Occup Environ Med. 2004; 46(5): 428-436.

- **Obese employees** (BMI ≥ 35) have 4.2% higher health-related productivity loss, equal to $506 per employee per year.* Medical costs paid for obese individuals $1,429 higher annually than for normal weight.**

  *Gates DM, Succop P, Brehm BJ, Gillespie GL, Sommers BD. Obesity and presenteeism: the impact of body mass index on workplace productivity. J Occup Environ Med. 2008;50(1):39-45.
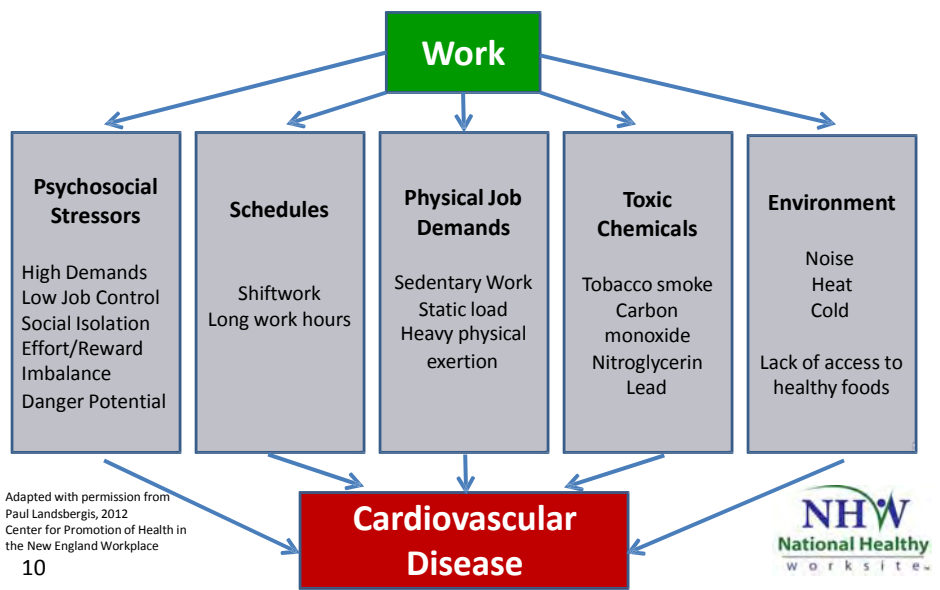
  **Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer- and service-specific estimates. Health Affairs. 2009;28(5):w822-831.

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Worksite Contributions to Heart Disease Risk

Work

Psychosocial Stressors	Schedules	Physical Job Demands	Toxic Chemicals	Environment
High Demands Low Job Control Social Isolation Effort/Reward Imbalance Danger Potential	Shiftwork Long work hours	Sedentary Work Static load Heavy physical exertion	Tobacco smoke Carbon monoxide Nitroglycerin Lead	Noise Heat Cold Lack of access to healthy foods

Cardiovascular Disease

Adapted with permission from Paul Landsbergis, 2012 Center for Promotion of Health in the New England Workplace

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Impact of Job Stress on Heart Disease

- 30–40% employees report work as "very or extremely stressful"

  General Social Survey, 2006

- High job stress/strain associated with
  - Heart disease, high blood pressure, depression, musculoskeletal disease.
  - Increased lifestyle risks (overweight, smoking, heavy alcohol use, low physical activity).

- Job related stress contributes 10–30% of heart disease risk in working people.

  Belkic K, Landsbergis PA, Schnall PL, Baker D. Is job strain a major source of cardiovascular disease risk? Scand J Work Environ Health. 2004;30(2)85-128

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Impact of Comprehensive Worksite Health

In this section:

- Effects of worksite health programs on employee health.

- Financial impact of a comprehensive worksite health program.

- Benefits of worksite health programs.

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Impact of Worksite Health Programs

- Strong evidence exists for the effectiveness of worksite health programs to positively impact the following:
    - Tobacco use*
    - High blood pressure.*
    - High blood cholesterol.*
    - Days absent due to illness or disability.*
    - Dietary fat intake.*
    - Psychosocial work factors which are known to cause or exacerbate chronic disease and musculoskeletal disorders.**
    - Musculoskeletal disorders including low back, neck and shoulders.**

    *Task Force Comm. Prev. Serv. 2007. *Proceedings of the Task Force Meeting: Worksite Reviews.*

    **Gilbert-Ouimet M, Brisson C, Vezina M, Trudel L, Bourbonnais R, Masse B, et al. Intervention Study on Psychosocial Work Factors and Mental Health and Musculoskeletal Outcomes. *HealthcarePapers,* 2011;(Sp)Vol. 11; 47-66.

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Impact of Worksite Health Programs
Fieldale Farms

Through diet, exercise and medication changes, 26% of employees with elevated **blood pressure** and **cholesterol** lowered their risk CDC Six-Step Guide for Employers. http://www.cdc.gov/dhdsp/pubs/docs/six_step_guide.pdf
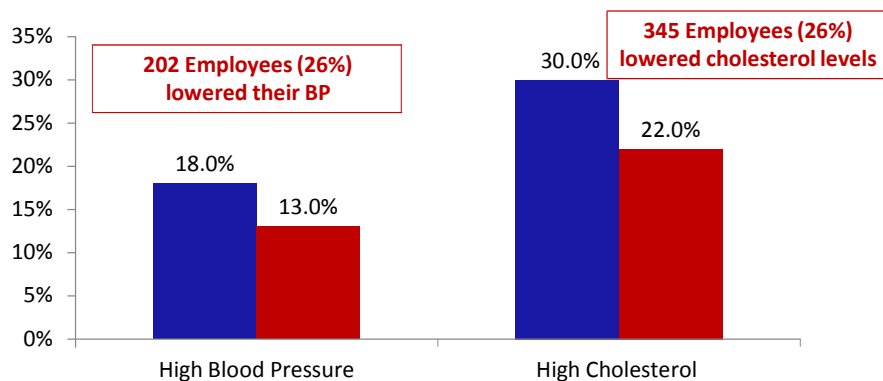
202 Employees (26%) lowered their BP

345 Employees (26%) lowered cholesterol levels

High Blood Pressure: 18.0%, 13.0%
High Cholesterol: 30.0%, 22.0%

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Impact of Worksite Health Programs

Cianbro Corporation

Over the first two years of the Healthy Lifestyle Program

- 16% of participants decreased risk for **overweight**.
- 20% improved their **blood cholesterol** levels.
- 49% increased **physical activity** level.

Highsmith Company

Learning and Development Wellness Program

- 53% decrease in number of employees whose **blood cholesterol** was "high risk."
- 52% decrease in number of employees whose **blood pressure** was "high risk."

CDC, Six-Step Guide for Employers Web site. http://www.cdc.gov/dhdsp/pubs/docs/six_step_guide.pdf.

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Financial Impact of Worksite Health

- A 1% reduction in excess weight, elevated blood pressure, glucose and cholesterol has been shown to save $83 to $103 annually in medical costs per person.

  Henke, R.M., Carls, G.S., Short, M.E., Pei, X., Wang, S., Moley, S., et al. The Relationship between Health Risks and Health and Productivity Costs Among Employees at Pepsi Bottling Group. *J Occup Environ Med.* 2010;52(5)519–527.

- An analysis of 22 large-employer studies showed significant positive impacts on health-care costs and absenteeism:
  - Employee health-care costs were reduced $3.27 for every $1 spent on comprehensive worksite health programs.
  - Absenteeism costs dropped by $2.73 for every $1 spent.

  Baiker K., Culter D., Song Z. Workplace wellness programs can generate savings. *Health Affairs*. 2010;29(2):304-311.

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Worksite Health Benefits

- Improved employee health and well-being.

- Lower health-care cost increases associated with lower employee health risks and improved health status.

- Ability to affect workers' compensation related expenses through integration of safety and health promotion.

- Reduction in absenteeism and presenteeism and increased productivity.

- Improved employee job satisfaction and retention.

- Positive employer image in the community, that aids in recruitment of employees.

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Implementing a Comprehensive Program

In this section:

- Overview of CDC Comprehensive Worksite Health Model.

- Key elements of a comprehensive program.

- Worksite Health 101 Training Outline.

- Additional worksite health resources.

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CDC Workplace Health Model

Assessment

- **Individual** (e.g., demographics, health risks, use of services)
- **Organizational** (e.g., current practices, work environment, infrastructure)
- **Community** (e.g., transportation, food and retail, parks and recreation)

Planning/ Implementation

- **Programs** (e.g., education and counseling)
- **Policies** (e.g., organizational rules)
- **Health Benefits** (e.g., insurance, incentives)
- **Environmental Support** (e.g., access, opportunity, physical/social)

Evaluation

- **Worker Productivity** (e.g., absenteeism, presenteeism)
- **Healthcare Costs** (e.g., quality of care, performance standards)
- **Improved Health Outcomes** (e.g., reduced disease and disability)
- **Organizational Change "Culture of Health"** (e.g., morale, recruitment/retention, alignment of health and business objectives)

Workplace Governance
(e.g., leadership support, dedicated resources, health improvement plan, staffing, partners/vendors, communications, informatics)

Contextual Factors
(e.g., company size, company sector, capacity, geography)

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NHWP Training and Assistance

Making the Business Case	Leadership and Culture	Data Collection	Planning & Implementation	Program Evaluation
Relationship between health and performance	Driving senior leadership support	Worksite health assessment process	Determining program goals and objectives	Measuring process and outcomes
Impact of worksite health program	Creating a healthy worksite culture	Types of data to collect	Developing detailed worksite health plans	Key evaluation metrics
Key components of a comprehensive worksite health program	Building infrastructure and capacity	Using data for program planning	Putting assessment and planning into practice	
Module 1	Module 2	Module 3	Module 4	Module 5

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Summary

- Employer costs **rise** as employee health risks **increase**.

- Worksite health programs **improve** employee health status and **reduce** medical and lost productivity costs.

- It takes a **comprehensive** worksite health program to generate these results.

- The National Healthy Worksite Program uses the CDC Comprehensive Workplace Health Model and will offer national and local training to help employers build capacity, skills and knowledge.

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CDC Worksite Health Promotion Resources

www.cdc.gov/WorkplaceHealthPromotion

www.cdc.gov/NationalHealthyWorksite/

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Slide #5:
Kung HC, Hoyert DL, Xu JQ, Murphy SL. Deaths: final data for 2005. Natl Vital Stat Rep. 2008;56(10).

U.S. Department of Health and Human Services, 2009. Chronic Diseases: The Power to Prevent, the Call to Control, At-A-Glance 2009. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2009.

Danaei G, Ding EL, Mozaffarian D, et al. The Preventable Causes of Death in the United States: Comparative Risk Assessment of Dietary, Lifestyle, and Metabolic Risk Factors; 2009.

Slide #6:
CDC Behavioral Risk Factor Surveillance System Web Site.
http://apps.nccd.cdc.gov/brfss/page.asp?cat=XX&yr=2010&state=All#XX, Accessed May 15, 2012.

Slide #8:
Yen L, Schultz AB, Schnueringer E, Edington DW. Financial costs due to excess health risks among active employees of a utility company. *J Occup Environ Med.* 2006;48(9):896-905.

Slide #9:
Centers for Disease Control and Prevention. Smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000–2004. *MMWR* 2008;57(45)1226–1228.

Wang F, McDonald T, Champagne L, Edington, DW. Relationship of body mass index and physical activity to health care costs among employees. *J. Occup Environ Med.* 2004;46(5):428-436.

Gates DM, Succop P, Brehm BJ, Gillespie GL, Sommers BD. Obesity and presenteeism: the impact of body mass index on workplace productivity. *J Occup Environ Med*. 2008;50(1):39-45.

Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer- and service-specific estimates. *Health Aff*. 2009;28(5):w822-831.

Slide #11:
Belkic K, Landsbergis PA, Schnall PL, Baker D. Is job strain a major source of cardiovascular disease risk? *Scand J Work Environ Health*. 2004;30(2)85-128

Slide #13:
Task Force for Community Preventive Services 2007. Proceedings of the Task Force Meeting: Worksite Reviews.

Gilbert-Ouimet M, Brisson C, Vezina M, et al. Intervention study on psychosocial work factors and mental health and musculoskeletal outcomes. *HealthcarePapers.* 2011;(Sp)Vol. 11; 47-66.

Slides 14 and 15:
CDC. Six-Step Guide for Employers Web site. http://www.cdc.gov/dhdsp/pubs/docs/six_step_guide.pdf, accessed May 15, 2012.

Slide #16:
Henke, RM, Carls, GS, Short, ME, et al. The Relationship between Health Risks and Health and Productivity Costs Among Employees at Pepsi Bottling Group. *J Occup Environ Med*. 2010;52(5)519–527.

Baiker K, Culter D, Song Z. Workplace wellness programs can generate savings. *Health Affairs*. 2010;29(2):304-311.

NOTES

Worksite Health 101—Part 2

Leadership and Culture

- **Exercise**: Identify 2–3 barriers to worksite health in your organization (consider leadership support, policies, environment, and work culture). For each barrier, identify 1–2 ways the barrier could be reduced or removed. Use this information for reference and incorporation into your worksite health plan (discussed later in Worksite Health 101 Planning and Implementation training).

- Identify key people in the organization who are in positions of influence to support the worksite health team.
    - Review the "Creating Leadership Support" slide (#7) and assess where key leaders fall on the continuum.
    - Use the information from the Making the Case presentation to build support for the worksite health program among these individuals.
        - Link worksite health to the business strategy.
        - Link program outcomes to employee financial/health benefits.
        - Integrate worksite health responsibilities into job descriptions/annual reviews and job performance criteria.
        - Implement a senior-level worksite health pilot program.

- **Worksite Health Team Exercise:**
    - Assess what is in place—
        - Are you developing a new worksite health champion team?
        - Are you merging existing teams (i.e., wellness and safety)?
    - Consider the components of effective worksite health teams in slides 14–19.
        - See sample worksite health team charter (pages 31–32).

- Develop a program name and logo (see samples on pages 33).
    - Leverage existing brand equity /integrate into corporate culture.
    - Involve employees in name/logo process.
    - Use images that reflect your employee population.
    - Brand all program communications for consistency.

Action Steps Checklist:

☐ Identify barriers to the worksite health program.

☐ Identify strategies to reduce the impact of barriers.

☐ Build support for the worksite health program with key leaders in the organization.

☐ Determine the worksite health champion team structure and representation.

☐ Select worksite health team leader.

☐ Formal/informal charter or mission statement developed.

☐ Meeting frequency determined (monthly meetings recommended).

☐ Establish worksite health champion team budget.

☐ Develop program name and logo.

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ABC Corporation

Example: Communication to Employees from Senior Management

To: All Employees of ABC Corporation

From: John Doe, CEO

Date: May 5, 2012

Re: Wellness Initiative

As the president and CEO of **ABC Corporation** I invite you join me as a participant in the new Employee Wellness program. **ABC Corp**. has long felt that its most valuable resource is its workforce. This program is designed to enhance the health of our people and set an example for our community.

Initially, a health risk appraisal will be presented to every employee and their dependents. Once completed, this confidential information will be reviewed by an outside contractor and a summary of its findings will be mailed to each participant individually. Aggregate results will be presented to our company to assist in planning interventions that will be relevant to the needs of our people.

Additionally, a "Needs and Interests" survey given confidentially to each employee will assist our committee in addressing the "Wants" of our population. I encourage each of you to provide your candid answers to the questions so we may move forward effectively.

Finally, I thank you in advance for your contribution to our company's success and to the preparation process invested into this wellness initiative. I look forward to seeing each of you at our program "Kick-Off" July 12 in the cafeteria. Please invite your families to join us for this celebration and orientation to the program.

With regards,

John Doe, CEO

■□■
1234 Corporation

May 5, 2012

Dear 1234 Corporation Employees,

I am pleased to announce the launch of **1234 Wellness**, a free benefit for employees and their spouses who are currently enrolled in the company's medical benefits insurance through Blue Cross/Blue Shield. 1234 Corporation has long been committed to the health and wellness of its employees, and 1234 Corporation is a natural evolution of the wellness initiatives many of you have enjoyed through the years.

Through the 1234 Wellness program, you will gain tools, information, and incentives to help you make simple lifestyle changes to maintain or improve your health. The benefits of eating healthy, increasing physical activity, quitting tobacco, reducing stress, and getting regular medical care can make a real difference in your life.

The comprehensive 1234 Wellness program includes health screenings, a personal wellness assessment, educational sessions, wellness coaching, and lifestyle management programs. As an added benefit, 1234 Corporation employees and spouses who participate in 1234 Wellness will be eligible for lower medical insurance premiums.

If you have questions, please visit www.1234wellness.com or call 1-877-486-0141. This number will connect you to Viridian Health Management, the outside vendor who will be coordinating this program for 1234 Corporation. Remember, participation is voluntary and completely confidential. 1234 Corporation will only receive nonspecific summary results for use in program planning.

I encourage you to begin working toward a healthier you today. Watch for upcoming information about the program and wellness services available to you at no charge.

Sincerely,

Jason B. Hunter
President/CEO
1234 Corporation

❖
XYZ Company, LLC.

Dear Employees,

I am pleased to announce the launch of our Wellness Initiative—*XYZ Better Health*—a free benefit for XYZ Company employees and spouses. XYZ Company is committed to the health and wellness of our employees, and we are excited to bring this program to you.

Based on the results of our recent biometric screenings, we have a lot of work to do to help many of you improve your overall health. Our results are as follows:

- 80% are overweight or obese.
- 67% suffer from high blood pressure.
- 37% have high cholesterol.
- 31% have high blood sugar.
- 20% smoke.

The benefits of eating healthy, quitting tobacco, increasing physical activity, reducing stress and getting regular medical care can make a real difference in your life. Through the *XYZ Better Health* program, you will have the tools, information and resources to make simple lifestyle changes to maintain or improve your health.

The comprehensive *XYZ Better Health* program will include annual health screenings, annual wellness assessments, wellness challenges and individual health coaching provided by Viridian Health Management, an external vendor who specializes in employee wellness programs.

XYZ Company employees who participate in the program will be eligible to receive incentives and prizes. Participation is voluntary and completely confidential. The company will only receive nonspecific summary information for use in program planning.

I encourage you to begin working toward a healthier you today. Making changes can be challenging. But by keeping it simple and creating an environment of support, you can succeed through gradual lifestyle changes to improve the overall quality of your life. Viridian will be reaching out to every employee on a confidential individual basis starting in July to assist you with any changes you need to make. We STRONGLY encourage you to take advantage of this service.

Watch for upcoming information about the programs, screenings, and additional wellness services available to you at no cost.

If you have questions, please call Viridian at 1-877-486-0141, or visit www.XYZBetterHealth.com.

Sincerely,

John W. Smith
EVP, Human Resources

Sample Worksite Health Team Charter

Mission Statement:
To support the health and productivity of all <<Company Name>> employees.

Operating Principles:
The <<Company Name>> Worksite Health Team commits to using the following framework in order to develop a sustainable, results-oriented wellness program:
1.   Develop Structure—Leadership, infrastructure and culture.
2.   Gather Information—Use data to drive programming.
3.   Develop a Program Plan—Ensure that programs match needs.
4.   Implementing a Program—Ensure that programs are carried out.
5.   Conducting Evaluations and Measuring Results.
The Worksite Health Team will use a proactive approach to supporting employee health, with responsibility shared between employees and the company.

Methods/Structure:
•   Participation on the Worksite Health Team is considered part of work duties, and supported by supervisor(s).
•   Broad representation across <<Company Name>> divisions (Residential Care, Finance, HR, Maintenance).
•   Broad knowledge base among team members with a strong commitment to employee health.
•   Regular reporting of results to senior management.
•   Commitment to engage employees in the identification, design and development of health-related initiatives.
•   Minimum number of five team members maintained.

Functional Roles:
1.   **Chair**
The Chairperson shall serve as the administrator, presiding at all meetings of the members and shall be responsible for meeting arrangements, agendas, and notices. The Chairperson shall have the right to vote at such meetings. The Chairperson shall also perform such other duties as the team shall specify, including representation of the Worksite Health Team at outside meetings.

2.   **Vice Chair**
The vice-chairperson shall perform the duties of the chairperson in the absence of or at the request of the chairperson and such other duties as may be assigned by the chairperson, which may include serving as spokesperson representing the Worksite Health Team before the public.

3. Secretary

The secretary shall keep an accurate record of the decisions, votes and actions with responsibilities noted, shall give notice of all meetings of the team, and shall perform such other duties as the chair from time to time shall prescribe.

4. Treasurer

The treasurer shall be responsible for oversight of the Worksite Health Team Budget held by the Finance Department and will report on the financial status of the team at each meeting. It is preferable for this role to be filled by a representative from the finance division.

Expectations of Officers:
- All officers shall serve for a term of one year, but may be elected to the same or different office to serve additional terms. Terms begin on January 1.
- Officers shall serve no more than three years in any one or combined roles.
- Any member, including officers, may be dismissed by majority approval of the Worksite Health Team.
- Treat team members with dignity and respect.

Succession Planning:
- Officers shall nominate candidates to ensure continuous fulfillment of officer roles.

Expectations of Team Members:
- Serve a one-year term on the committee. Terms begin on the date of the first meeting attended (allowed/encouraged to serve additional terms).
- Play an active role, including participation in at least one subcommittee.
- Treat team members with dignity and respect.

Team Communication:
- Regular Meetings: The team shall meet on a monthly basis.
- Ongoing Communication: In between monthly meetings the team will communicate via e-mail, phone, or face-to-face.
- Subcommittees will provide regular updates to the wellness team.

Decision-Making Procedures:

We adhere to the view that the "many are smarter than the few," and solicit a broad base of views before reaching any decision. For a motion to carry, it must have the support of a majority of the voting members (50% + 1). Voting may be obtained through face to face or electronic means, provided that all members have an opportunity for discussion.

Wellness Team Committees:

Each of the following committees will have a chair, as indicated. In cases where a chair cannot fulfill duties, said chair or nominating committee will be responsible for finding a replacement.

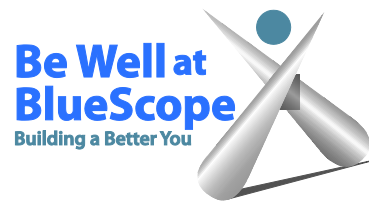Activities Subcommittee—Activities Chair

Nominating Committee—Worksite Health Team Chair

Workplan Subcommittee   Workplan Chair

Budget Subcommittee   Treasurer

Wellness Basket Committee   Wellness Basket Chair
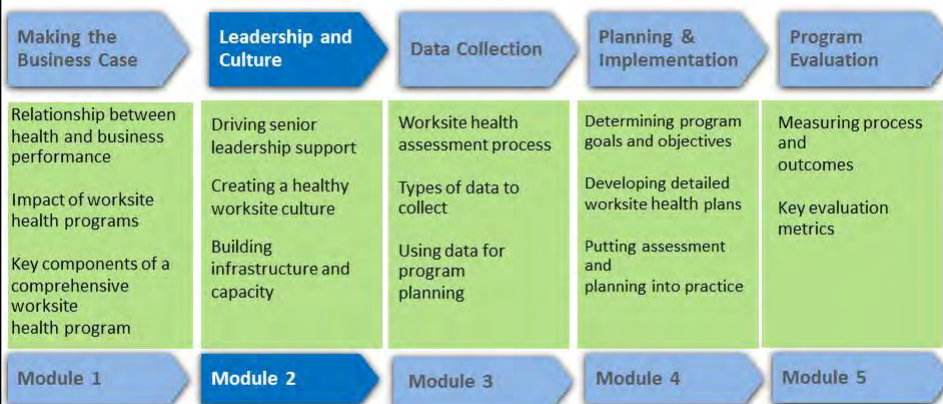
Sample Program Names and Logos

Worksite Health 101

Leadership and Culture

Learning Objectives
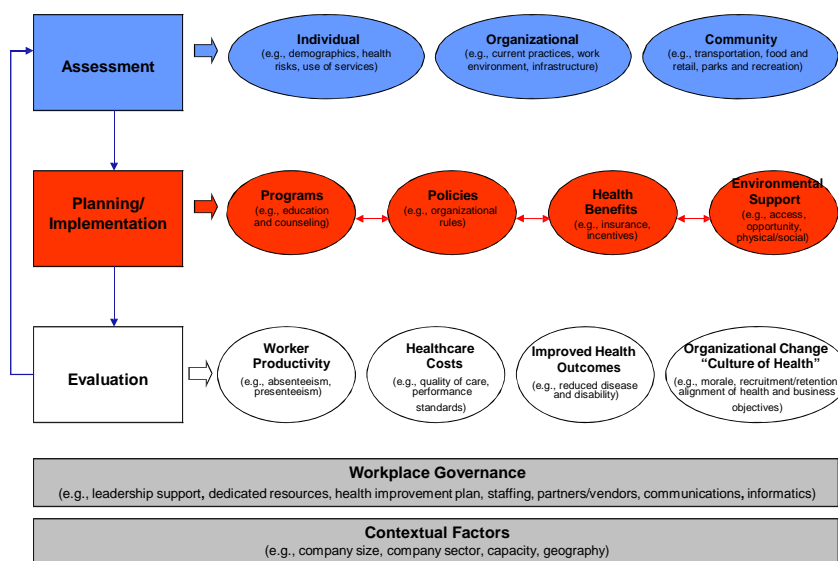
Understand the following:

- The importance of senior leadership support and worksite health infrastructure.

- How to create leadership support for worksite health.

- How to create a healthy worksite culture.

- How to build a strong infrastructure for worksite health.

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3

CDC Comprehensive Worksite Health Model

Assessment

- **Individual** (e.g., demographics, health risks, use of services)
- **Organizational** (e.g., current practices, work environment, infrastructure)
- **Community** (e.g., transportation, food and retail, parks and recreation)

Planning/ Implementation

- **Programs** (e.g., education and counseling)
- **Policies** (e.g., organizational rules)
- **Health Benefits** (e.g., insurance, incentives)
- **Environmental Support** (e.g., access, opportunity, physical/social)

Evaluation

- **Worker Productivity** (e.g., absenteeism, presenteeism)
- **Healthcare Costs** (e.g., quality of care, performance standards)
- **Improved Health Outcomes** (e.g., reduced disease and disability)
- **Organizational Change "Culture of Health"** (e.g., morale, recruitment/retention, alignment of health and business objectives)

Workplace Governance
(e.g., leadership support, dedicated resources, health improvement plan, staffing, partners/vendors, communications, informatics)

Contextual Factors
(e.g., company size, company sector, capacity, geography)

4

Importance of Senior Leadership

In this section:

- Why leadership support is important.
- Creating management support.
- How leaders and managers can impact program engagement and success.

5

Leadership Support for Worksite Health

Leaders have the ability to:

- Integrate worksite health into the business strategy.
- Create a healthy corporate culture with worksite policies and a supportive environment.
- Recognize and overcome barriers to engagement.
- Allocate resources and determine priorities.
- Set an example and celebrate success.

6

Creating Leadership Support

	Precontemplation	Contemplation	Preparation	Action	Maintenance
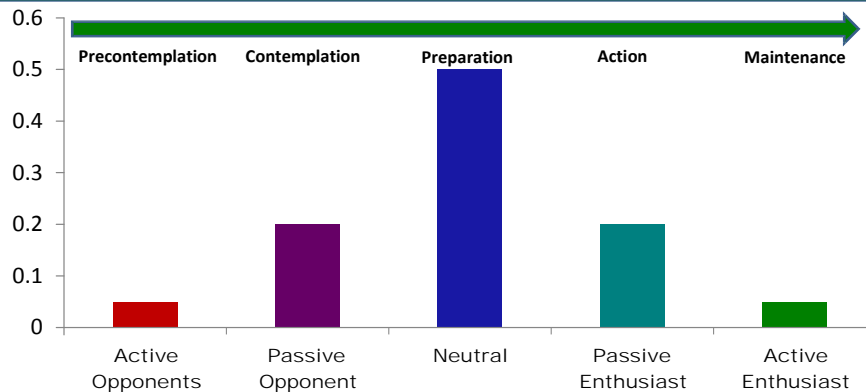
Use multiple strategies for creating support among leaders and managers

Linnan L, Weiner B, Graham A, Emmons K. Manager Beliefs Regarding Worksite Health Promotion. *Am J Health Promo*. 2007 Jul/Aug; 21(6):521-528.

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Creating Leadership Support

- Build the business case for worksite health

  o Link employee health to business performance.
  o Link the worksite health program to business strategy.

- Lead by example

  o Participate in worksite health programs.
  o Integrate worksite health responsibilities into job descriptions/annual reviews and job performance criteria.
  o Implement a senior-level worksite health pilot program.
  o Celebrate personal and organizational success.

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Driving Program Engagement

Leaders/Managers can identify and address barriers to participation

Occupational Barriers:
- Job type/industry (eg., shift work).
- Geographically dispersed teams.

Employer Barriers:
- Impact on productivity.
- Convenience/availability to all shifts.
- Lack of management support.

Employee Barriers:
- Lack of time or manager support.
- Fear of financial impact.
- Confidentiality concerns.
- Language and literacy.
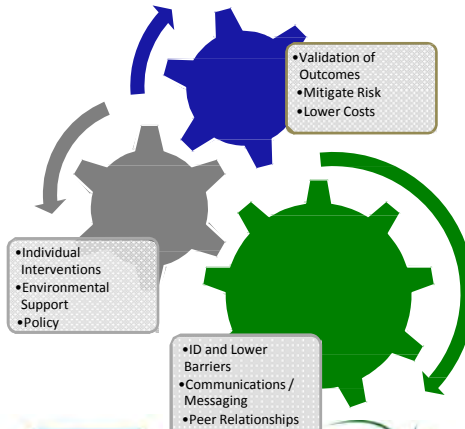
- Validation of Outcomes
- Mitigate Risk
- Lower Costs

- Individual Interventions
- Environmental Support
- Policy

- ID and Lower Barriers
- Communications / Messaging
- Peer Relationships

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Creating a Healthy Worksite Culture

In this section:

- Creating a healthy worksite culture.

- Developing worksite health infrastructure.

- Implementing a worksite health champion team.

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A Healthy Worksite Culture

- A work environment where employee health and safety is valued, supported and promoted.

- Leadership implements a comprehensive worksite health program, including policies, benefits and environmental supports.

- All levels of the organization are involved and the worksite health program is a routine part of business operations aligned with overall business goals.

- Access and opportunities to participate are made available to all employees.

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Creating a Healthy Worksite Culture

Leadership must:

- **Communicate support**
  - ○ Written communications, supportive policies, facility design.
- **Allocate resources**
  - ○ Worksite health team time, money and resources, and release time for programs.
- **Participate/engage in programs**
  - ○ Management at all levels participate in worksite health programs and process.

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Communications Support a Healthy Culture

- Develop a program name and logo
  - Leverage existing brand equity/integrate into corporate culture.
  - Involve employees in name/logo process.
  - Use images that reflect your employee population.
  - Brand all program communications for consistency.

- Consistently communicate
  - Utilize multiple communication channels for all communications.
    - Posters/flyers/Intranet/e-mail/home mailers.
  - Provide actionable information.
  - Consider multiple languages/low literacy.

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Worksite Health Infrastructure

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14

40
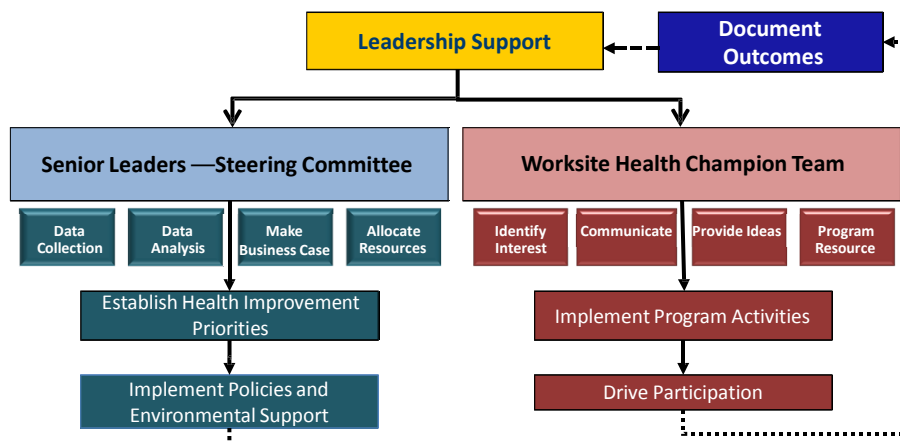
Worksite Heath Champion Team Benefits

Champion Teams:

- Create program ownership.

- Act as the eyes, ears and voice for worksite health.

- Help spread the work load.

- Inspire creativity and provide great ideas.

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Characteristics of a Champion

Worksite Health Champions:

- Believe in worksite health.
  - o Create opportunities and encourage others to participate.

- Are role models.
  - o Have frequently made a healthy lifestyle change.
  - o Provide peer-to-peer support.

- Reward success and recruit others.

- Link employee interests and health risk priorities.

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Assembling Your Champion Team

- Leverage existing worksite infrastructure:
  - Safety team, social committee, paid or volunteer coordinator.
- Assemble teams based on employer size and need.
- Select members from all levels and departments of the organization.

Senior Leaders	All Shifts
Safety Personnel	IT Support
Marketing/Communication	Union Representation
Middle Management	On-site Medical
Human Resources	Spouse/Retirees

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Champion Team Structure

- Formal or informal charter or bylaws
  - Assures sustainability by defining roles, job descriptions, terms, and committees.

- Effective team leader
  - Integrates worksite health vision with business strategy.
  - Empowers others to be valued team members.
  - Paid or volunteer coordinator.

- Typically meet once per month
  - More often for large projects or at the start of your program.
  - Alternate team members who lead meeting.

- Provide talking points and meeting minutes for team members to share with managers and coworkers.

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Leadership Support for Teams

Leaders can:

- Create job descriptions that empowers the team.

- Implement team recommendations, including policies, environmental changes and programs.

- Set alternating team member terms (1–2 years).

- Require periodic reports from the team and share progress across the organization.

- Routinely recognize team and individual success.

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Leadership and Culture Summary

- Leadership support is critical to program success.

- Tie worksite health to the business strategy.

- Leaders have the ability to remove or reduce barriers to program participation.

- Leadership must communicate, allocate, and participate.

- Establish internal infrastructure and capacity to support the worksite health program.

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CDC Worksite Health Promotion Resources

www.cdc.gov/WorkplaceHealthPromotion   www.cdc.gov/NationalHealthyWorksite/

NOTES

Worksite Health 101—Part 3

Assessment and Data Collection

Checklist for Taking Action at your Worksite

☐ Identify the types of data that will be collected for use in developing the worksite health plan. Consider the following types of data:
- o Demographic data:
  - o Gender, age, job class, education, race/ethnicity, language and literacy.
- o Organizational data:
  - o Health climate and health culture.
  - o Current worksite health policies, environment, programs, benefits and practices.
  - o Claims data (medical, pharmacy, disability, workers' comp).
  - o Sick leave and absenteeism.
- o Individual data:
  - o Needs, interests and perceived barriers.
  - o Health risks (employee health assessment + screenings).
  - o Readiness to change.
  - o Use, participation, and satisfaction with benefits, services, programs and policies.

☐ Determine the following:
- o How will the data be collected (identify survey tools, paper or electronic collection, etc.).
- o Who will be responsible for collecting the data.
- o What the timeframe will be for completing the entire worksite health assessment process.

☐ As part of your worksite health assessment process, use the following National Healthy Worksite Program data collection instruments:
- o CDC Worksite Health Scorecard
- o CDC NHWP Health and Safety Climate Survey (INPUTS™)
- o CDC NHWP Employee Health and Safety Assessment (CAPTURE™)

Resources:
▪ Refer to the **CDC Workplace Health Promotion** page for assessment information:
http://www.cdc.gov/workplacehealthpromotion/assessment/index.html

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Example: Sample Employee Health Survey Cover Letter

To: All Employees of ABC Corporation

From: James Kirk, Worksite Health Team Chair

Date: January 15, 2012

Re: Employee Survey

The ABC Health and Safety Team is conducting the annual employee health survey to better understand the needs and interests of employees. This information helps us plan worksite health programs that are interesting, get high participation, and support good health and safety practices by all employees. It also helps us to know if programs are working and guides us in determining what new programs are needed.

Your participation in this survey is completely voluntary; it should take about 15 minutes. We are not asking for your name, and are not recording any information that can personally identify you. Your responses to the survey will be combined with other employees to determine the most common interests. Your choice either to decline or participate in this survey, as well as your responses to questions, will not positively or negatively affect your work status at ABC Corporation. If you prefer not to answer a particular question, just leave it blank.

There are two ways to complete the survey. Simply fill out the attached survey and return it to me in an interoffice mail envelope, or complete the survey electronically (www.surveytoolexample.com/ABCsurvey). The survey should take approximately 15 minutes to complete.

The employee health survey is not intended to diagnose or recommend treatment for any medical conditions. If you have questions or concerns regarding your mental or physical health, please consult your primary care provider. If you have questions about the survey, please contact me at xxx-xxxx, ext. xxx.

Thank you,

James Kirk
Worksite Health Team Chair
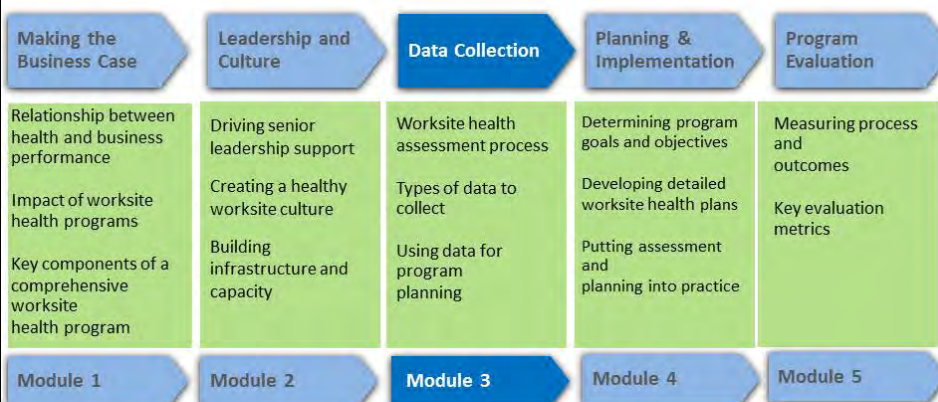jkirk@ABCcorp.xxx
xxx-xxxx, ext. xxx

Worksite Health 101

Assessment and Data Collection

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NHWP Training and Assistance

Making the Business Case	Leadership and Culture	Data Collection	Planning & Implementation	Program Evaluation
Relationship between health and business performance	Driving senior leadership support	Worksite health assessment process	Determining program goals and objectives	Measuring process and outcomes
Impact of worksite health programs	Creating a healthy worksite culture	Types of data to collect	Developing detailed worksite health plans	Key evaluation metrics
Key components of a comprehensive worksite health program	Building infrastructure and capacity	Using data for program planning	Putting assessment and planning into practice	
Module 1	Module 2	Module 3	Module 4	Module 5

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Learning Objectives

Understand the following:

- The worksite health assessment process.
- Reasons to collect data.
- The types of data used in worksite health promotion planning.
- Understanding the uses for specific assessment instruments.

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Worksite Health Assessment

In this section:

- Describe assessment as part of a comprehensive worksite health program.

- Benefits of the worksite health assessment process.

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CDC Workplace Health Model
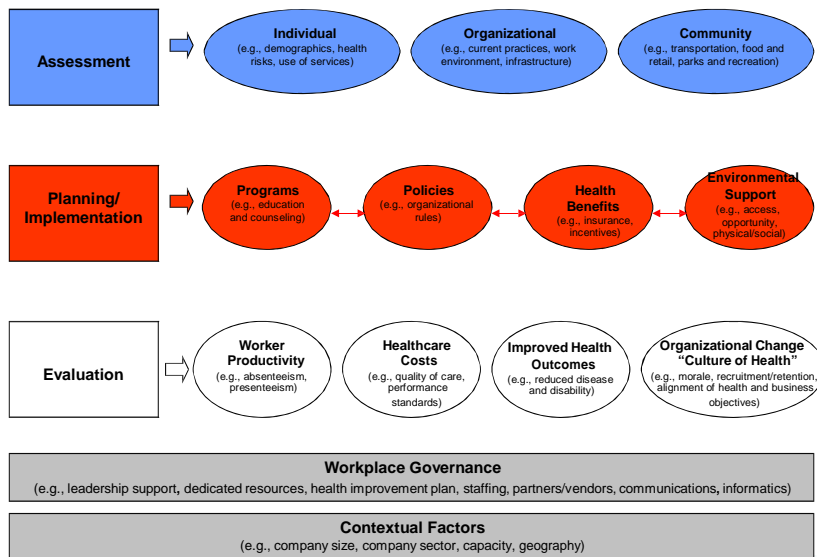
Worksite Health Assessment

- The process of gathering information about the factors that support or hinder the health and safety of employees.

- Identifies potential opportunities to improve or address health and safety risk factors.

- Helps to identify the current picture of worksite health as well as ways to improve it.

- A necessary first step that drives health improvement planning, resource allocation, program implementation, and outcomes evaluation.

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Worksite Health Assessment Process

- **Creates connections** between the various types of health issues identified by assessment tools.
- **Drives development** of a workplace health improvement plan.
- **Answers key questions:**
  - What are the key health and safety issues affecting employees?
  - What factors at the worksite influence employee health?
  - What are the employees' health and safety concerns?
  - What strategies are most appropriate to address these health and safety issues?

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Data Collection Instruments

In this section:

- Types of worksite health data
- Uses for specific data collection instruments
  - Organizational Assessments
  - Individual Assessments

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Types of Worksite Health Data

- Demographic Data
- Organizational Data
  - Organizational Assessment (completed by those with strong knowledge of the organization)
  - Health Climate Analysis/Health Culture Audit (completed by employees)
  - Employee Needs and Interests
- Individual Data
  - Employee Health Assessment and Biometric Screening
- Medical, Disability and Workers' Compensation Claims

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Demographic Data

- Male/female
- Average age
- Job classification (shift, job function)
- Education level
- Marital status
- Race/ethnicity
- Language

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Organizational Assessments

- Address existing healthy worksite programs, policies, benefits and practices and identify areas for improvement.

- Allow employers to compare their health promotion programs against other organizations of similar size and sector.

- Health Climate Analysis:
  - Measure employee perception of management's and coworker's commitment to employee health and safety.

- Needs and Interest Surveys.

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CDC Worksite Health ScoreCard (HSC)

Assesses best practice health promotion interventions including policies, programs and environmental supports.

- Organizational supports
- Tobacco control
- Nutrition
- Physical activity
- Weight management
- Stress management
- Depression

- High blood pressure
- High cholesterol
- Diabetes
- Signs and symptoms of heart attack and stroke
- Emergency response to heart attack and stroke

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Why Use The CDC Worksite Health ScoreCard?

- A comprehensive worksite health promotion program:
  - Evidence-based individual risk reduction programs
  - Environmental supports for healthy behaviors
  - Organizational policies and healthy worksite activities
- Only 6.9 percent of employers offer a comprehensive worksite health promotion program.
  - Linnan L., et al. Results of the 2004 National Worksite Health Promotion Survey. Am J Public Health 2008;98(8):1.
- Few validated worksite tools that adequately measure a comprehensive worksite health promotion program.

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Who can use the CDC HSC tool?

- **Employers and individuals responsible for worksite health promotion to:**
  - Help employees adopt healthy lifestyles.
  - Establish benchmarks and track improvements over time.
  - Integrate efforts with business objectives .
- **State health departments can use the tool to:**
  - Assist employers and business coalitions to establish healthier workplaces.
  - Monitor worksite practices.
  - Establish best-practice benchmarks and track improvements in worksite health promotion programs over time.

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What Does the CDC HSC Look Like?
~100 Yes/No Questions for All Topics

High Blood Pressure	Yes	No
During the past 12 months, did your worksite:		
69. Provide free or subsidized blood pressure screening (beyond HRAs) followed by directed feedback or clinical referral when appropriate?		
70. Provide brochures, videos, posters, pamphlets, newsletters or other written or online information that address the risks of high blood pressure?		
71. Provide a series of educational seminars, workshops or classes (including online, telephone conference or self study guide) on preventing and controlling high blood pressure?		
72. Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees with high blood pressure or pre-hypertension?		
73. Provide free or subsidized self-management programs for blood pressure control and prevention (can be delivered through vendors, onsite staff, health plan, community groups or other practitioners in group/individual settings)?		
74. Make blood pressure monitoring devices available with instructions for employees to conduct their own self assessments?		
75. Provide health insurance coverage with no or low out-of-pocket cost for blood pressure control medications?		

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Employee Assessments

- Employee perception on topics related to health and safety in the workplace
- Needs and Interest surveys
- Biometric screening
- Health assessment surveys (health risks and behaviors)

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CDC Employee - INPUTS™
(Interests, Needs, and Perspectives to Undertake a Tailored Strategy)

- Health Climate Survey to gather employee perception on topics related to health and safety in the workplace.

- Measures employee perceptions about:
  o Personal health and health-related work limitations
  o Organizational culture and social norms
  o Job hazards – physical and psychological

- Includes employee needs and interest questions.

- Employers receive detailed aggregate report with intervention recommendations.

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Employee - INPUTS™ Domains

Health and Safety Climate

Health Program Interests

Work and Job Qualities

- Job demands
- Work stress
- Work-family conflict
- Commute time
- Civility norms

Health and Well-being

- General health
- Pain symptoms
- Sleep quality
- Work ability

Work Outcomes

- Job satisfaction
- Burnout
- Intent to leave

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Employee Interest Data

Identifies High Interest Areas

How you can collect interest data:

- Interest Surveys (address barriers to participation)
  - Paper/pencil
  - Online

- Focus groups (8–10 people to share ideas).

- One-on-one discussions.

- For in-person discussions, consider sharing interview questions with interviewees before meeting, so they can prepare thoughtful responses.

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Balancing Interests and Need

High Needs + High Interest = Success

- Example: If health assessment data indicates high need for weight management and employees have high interest in weight management programs, you have an optimal environment for success!

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Balancing Interest and Need

Interest counts, but need takes priority

- Example: Company X has identified that 85% of employees do not meet physical activity recommendations, and interest is also very low

- The company chose to address this problem by:
  - Implementing a flex-time policy to encourage physical activity, organizing a walking club, and improving their stairwells.
  - Raising interest in physical activity through regular communications, coworker success stories, and a team competition.

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Biometric Screening

- **Screening tests to identify at-risk employees and populate Employee Health Assessment**
  - Referral for at-risk individuals critical

- **Multiple collection methods**
  - Onsite screening event
  - Laboratory referral
  - Physician

- **Typical screening tests:**
  - Blood pressure/pulse
  - Lipid profile (Total cholesterol, LDL, HDL, Triglycerides)
  - Height/weight (body mass index)
  - Glucose (when risk factors for diabetes are present)

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Health Assessment Surveys

Employee Health Assessments:

- Identify current health status, lifestyle behaviors and readiness to change.
  - Drives health improvement plan program prioritization.
  - Sets baseline to measure change.

- 20% of participants will make changes based on receiving a personal health report.

- Multiple options available.

Source: Effect of Health Risk Appraisal Frequency on Change in Health Status. Pai, C.W., S.E. Hagen, J. Bender, D. Shoemaker, D.W. Edington. *Journal of Occupational and Environmental Medicine*. 51(4):429-34, 2009.

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Aggregate Medical Claims

- Pharmaceutical Claims
  - Prescription drug usage
  - Data by volume and cost

- Use of medical system
  - Primary care visits
  - Preventive care utilization
  - Urgent care
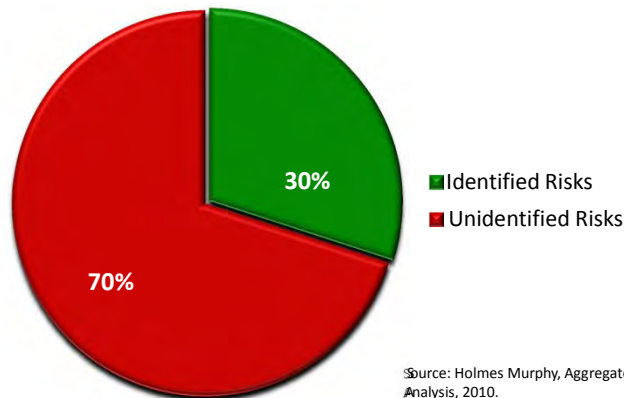 - Emergent care/emergency room

- Major medical
  - Inpatient/outpatient

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Importance of High Employee Health Assessment Participation

Medical claims identify fewer than one-third of health risks

- **30%** Identified Risks
- **70%** Unidentified Risks

Source: Holmes Murphy, Aggregate Client Demographic Analysis, 2010.

Share Results/Tie to Performance

- Sharing data and results with employees can create buy-in and support for the worksite health program

  o Why did you collect data?

  o Who was included and how many responded?

  o When was data collected?

  o Who collected the data; who has access to it?

  o What did you find out?

  o How did the data drive the health improvement planning process

  o What outcomes were achieved?

Data Collection - Tips

- Objectively report data.

- HIPAA compliance (NEVER release individual data).

- Stress confidentiality.

- Collect data as frequently as possible.

- Keep reports straightforward and relevant.

- Look for areas of high need and interest whenever possible.

- Don't collect data you don't intend to use.

Assessment Summary

- Data drives the health improvement planning process.

- Data establishes a baseline and documents outcomes.

- Balance employee interests and health and safety priorities.

- Link results to organizational performance.

CDC Worksite Health Promotion Resources

www.cdc.gov/WorkplaceHealthPromotion   www.cdc.gov/NationalHealthyWorksite/

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NOTES

Worksite Health 101—Part 4

Program Planning and Implementation

Program Planning and Implementation

Checklist for Taking Action at your Worksite

☐ Support from leadership including senior executives has been received.

☐ A workplace health committee or council has been formed.
   o Workplace Health Coordinator identified.
   o Committee has representatives from a broad range of organizational units.
   o Committee has diverse representation of managers, employees and their representatives (unions), and community organizations.

☐ Finalize any data collection that is outstanding.

☐ List five priorities for your organization's Worksite Health Plan based on data collected.
   o These priorities can be general (i.e., heart disease, low back pain, stress, tobacco use).

☐ List ways each priority can be addressed at an organizational and individual employee level.
   o This is a brainstorming exercise. You do not need to decide details like, "Who, What, Where, When, How Much," yet. Remember the Mission/Vision Statement of the program as well as business goals and objectives. Use CDC resources in this process.
   o Consider viable policies or environmental changes for your worksite and awareness, education, and behavior change programs for employees (See Worksite Health Intervention Strategies on page 65).

☐ Complete Worksite Health Plan with attention to
   o WHO you are targeting.
   o WHAT you want to do.
   o HOW MUCH you want behavior to change.
   o WHEN you want the goal to be met.
   o WHERE you want to use community resources to support worksite health programs.
   o Define roles and responsibilities for key stakeholders including vendors or community partners.
   o An evaluation plan.
   o A communication plan.

- Discuss benefit plan design with the appropriate resource at your worksite to decide whether or not benefit structure can be enhanced to support programming.

- Develop a budget for each intervention in your plan. Can existing resources be leveraged to accomplish goals? What free resources are available for your plan?
  - Staffing.
  - Space.
  - Finances such as vendor contracts or incentives.
  - Partnerships with community organizations.
  - Equipment, materials and supplies.

- List three possible barriers for senior management participation in your interventions and develop at least two ways each barrier can be addressed.

- List three barriers for employee participation in your interventions and develop at least two ways each barrier can be addressed.

- Determine what programs and interventions can be added to your Year Two and Year Three plans. (Slide 34)
  - Begin work on adding these interventions to the next two year's plans using your Year One plan as a starting point. Some programs will be repeated and enhanced. Others may be changed or dropped.

- Communications.
  - Program has branded the health strategy, including a logo.
  - Materials and messages are culturally competent, relevant, and at a sufficient level of health literacy.
  - Messages use a variety of channels such as e-mail, newsletters, intranet, etc.

- Process for regularly reporting progress to key stakeholders including leadership is in place.

Resources:

- Refer to the CDC Workplace Health Promotion pages for information on Planning/Workplace Governance, Health Topics, and Implementation.
  http://www.cdc.gov/workplacehealthpromotion/planning/index.html
  http://www.cdc.gov/workplacehealthpromotion/healthtopics/index.html
  http://www.cdc.gov/workplacehealthpromotion/implementation/index.html

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Worksite Health Intervention Strategies

The following worksite health intervention strategies are taken from the CDC Worksite Health Scorecard and are helpful in planning and building a comprehensive worksite health program. Comprehensive programs should strive to use multiple interventions for every priority health topic. Combining intervention strategies will be more effective than any one intervention alone. Each intervention has an associated health impact point value between 1 and 3, where 1= good, 2=better, and 3= best. After completing the CDC Worksite Health Scorecard, identify which strategies your worksite will implement, and complete your Worksite Health Improvement Plan. Consider choosing some of the highest impact strategies not currently in place at your worksite.

For resource links related to the topics below, visit the training section of the National Healthy Worksite website, www.cdc.gov/nationalhealthyworksite/join/training.html.

NOTE: Items that do not have a point value listed did not go through the Worksite Health Scorecard validation process.

Organizational Supports

1. Conduct an employee needs and interest assessment for planning health promotion activities. (1 pt)
2. Conduct employee health risk appraisals/assessments through vendors, onsite staff, or health plans and provide individual feedback plus health education. (3 pts)
3. Demonstrate organizational commitment and support of worksite health promotion at all levels of management. (2 pts)
4. Use/combine incentives with other strategies to increase participation in health promotion programs. (2 pts)
5. Use competitions when combined with additional interventions to support employees making behavior changes. (2 pts)
6. Promote and market health promotion programs to employees. (1 pt)
7. Use examples of employees role modeling appropriate health behaviors or employee health-related "success stories" in the marketing materials. (1 pt)
8. Tailor some health promotion programs and education materials to the language, literacy levels, culture, or readiness to change of various segments of the workforce. (3 pts)
9. Have an active health promotion committee. (2 pts)
10. Have a paid health promotion coordinator whose job (either part-time or full-time) is to implement a worksite health promotion program. (2 pts)
11. Have a champion(s) who is a strong advocate for the health promotion program. (2 pts)
12. Have an annual budget or receive dedicated funding for health promotion programs. (2 pts)
13. Set annual organizational objectives for health promotion. (2 pts)
14. Include references to improving/maintaining employee health in the business objectives or organizational mission statement. (1 pt)
15. Conduct ongoing evaluations of health promotion programming that use multiple data sources. (2 pts)
16. Make any health promotion programs available to family members. (1 pt)
17. Provide flexible work scheduling policies. (2 pts)

18. Engage in other health initiatives throughout the community and support employee participation and volunteer efforts. (2 pts)

Tobacco

19. Have a written policy banning tobacco use at the worksite (NOTE: Review your state's laws related to tobacco-use in the workplace prior to developing a policy). (3 pts)
20. Actively enforce a written policy banning tobacco use. (1 pt)
21. Display signs (including 'no smoking' signs) with information about the tobacco-use policy. (1 pt)
22. Refer tobacco users to a state or other tobacco cessation telephone quit line. (3 pts)
23. Provide health insurance coverage with no or low out-of-pocket costs for prescription tobacco cessation medications including nicotine replacement. (3 pts)
24. Provide health insurance coverage with no or low out-of-pocket costs for FDA-approved over-the-counter nicotine replacement products. (2 pts)
25. Provide or promote free or subsidized tobacco cessation counseling. (2 pts)
26. Inform employees about health insurance coverage or programs that include tobacco cessation medication and counseling. (2 pts)
27. Provide incentives for being a current non-user of tobacco and for current tobacco users who are involved in a cessation class or actively quitting. (1 pt)
28. Do not allow sale of tobacco products on company property. (1 pt)

Nutrition

29. Provide places to purchase healthy food and beverages.
30. Have a written policy or formal communication that makes healthier food and beverage choices available in cafeterias or snack bars. (1 pt)
31. Have a written policy or formal communication that makes healthier food and beverage choices available in vending machines. (1 pt)
32. Make most (more than 50%) of food and beverage choices available in vending machines, cafeterias, snack bars, or other purchase points be healthier food items. (3 pts)
33. Provide nutrition information (beyond standard label information) on sodium, calories, trans fats, or saturated fats for food and beverages sold in worksite cafeterias, snack bars, or other purchase points. (2 pts)
34. Identify healthier food and beverage choices with signs or symbols. (3 pts)
35. Subsidize or provide discounts on healthier foods and beverages offered in vending machines, cafeterias, snack bars, or other purchase points. (3 pts)
36. Have a written policy or formal communication that makes healthier food and beverage choices available during meetings or events when food is served. (1 pt)
37. Provide employees with food preparation and storage facilities. (1 pt)
38. Offer or promote onsite or nearby farmers markets where fresh fruits and vegetables are sold. (1 pt)
39. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the benefits of healthy eating. (1 pt)
40. Provide a series of educational seminars, workshops, or classes on nutrition. (2 pts)
41. Provide free or subsidized self-management programs for healthy eating. (3 pts)

Physical Activity:

42. Provide an exercise facility onsite. (3 pts)
43. Subsidize or discount the cost of onsite or offsite exercise facilities. (3 pts)
44. Provide environmental supports for recreation or physical activity. (3 pts)

45. Post signs at elevators, stairwell entrances, exits and other key locations that encourage employees to use the stairs. (3 pts)
46. Provide organized individual or group physical activity programs for employees, other than the use of an exercise facility. (3 pts)
47. Provide brochures, videos, posters, pamphlets, newsletters or other written or online information that address the benefits of physical activity. (1 pt)
48. Provide a series of educational seminars, workshops or classes on physical activity. (2 pts)
49. Provide or subsidize physical fitness assessments, follow-up counseling, and physical activity recommendations offered either onsite or through a community exercise facility. (3 pts)
50. Provide free or subsidized self-management programs for physical activity. (3 pts)

Weight Management:
51. Provide free or subsidized body composition measurement, such as height and weight, body mass index (BMI) scores, or other body fat assessments (beyond HRAs) followed by direct feedback or clinical referral when appropriate. (2 pts)
52. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of overweight or obesity. (1 pt)
53. Provide a series of educational seminars, workshops, or classes on weight management. (3 pts)
54. Provide free or subsidized one-on-one or group lifestyle counseling for employees who are overweight or obese. (3 pts)
55. Provide free or subsidized self-management programs for weight management. (3 pts)

Stress Management:
56. Provide dedicated space where employees can engage in relaxation activities, such as meditation, yoga or biofeedback. (1 pt)
57. Sponsor or organize social events throughout the year. (1 pt)
58. Provide stress management programs. (3 pts)
59. Conduct work-life balance or life-skills programs. (3 pts)
60. Provide training for managers on identifying and reducing workplace stress-related issues. (3 pts)
61. Provide opportunities for employee participation in organizational decisions regarding workplace issues that affect job stress. (3 pts)

Depression:
62. Provide free or subsidized clinical screening for depression (beyond HRAs) followed by directed feedback or clinical referral when appropriate. (3 pts)
63. Provide access to online or paper self-assessment depression screening tools. (2 pts)
64. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address depression. (2 pts)
65. Provide a series of educational seminars, workshops, or classes on preventing and treating depression. (3 pts)
66. Provide access to one-on-one or group lifestyle counseling for employees with depression. (3 pts)
67. Provide training for managers on depression in the workplace. (2 pts)
68. Provide health insurance coverage with no or low out-of-pocket costs for depression medications and mental health counseling. (3 pts)

High Blood Pressure:

69. Provide free or subsidized blood pressure screening (beyond HRAs) followed by directed feedback or clinical referral when appropriate. (3 pts)
70. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of high blood pressure. (2 pts)
71. Provide a series of educational seminars, workshops, or classes on preventing and controlling high blood pressure. (3 pts)
72. Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees with high blood pressure or pre-hypertension. (3 pts)
73. Provide free or subsidized lifestyle self-management programs for blood pressure control and prevention. (3 pts)
74. Make blood pressure monitoring devices available with instructions for employees to conduct their own self-assessments. (1 pt)
75. Modify health insurance coverage to have no or low out-of-pocket costs for blood pressure control medications. (2 pts)

High Cholesterol:

76. Provide free or subsidized cholesterol screening (beyond HRAs) followed by directed feedback or clinical referral when appropriate. (3 pts)
77. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of high cholesterol. (2 pts)
78. Provide a series of educational seminars, workshops, or classes on preventing and controlling high cholesterol. (3 pts)
79. Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees who have high cholesterol. (3 pts)
80. Provide free or subsidized self-management programs for cholesterol or lipid control. (3 pts)
81. Provide health insurance coverage with no or low out-of-pocket costs for cholesterol or lipid control medications. (2 pts)

Diabetes:

82. Provide free or subsidized pre-diabetes and diabetes risk factor self-assessment (paper, pencil or online) and feedback, followed by blood glucose screening or clinical referral when appropriate. (3 pts)
83. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of diabetes. (1 pt)
84. Provide a series of educational seminars, workshops, or classes on preventing and controlling diabetes. (3 pts)
85. Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees who have abnormal blood glucose levels (pre-diabetes or diabetes). (3 pts)
86. Provide free or subsidized self-management programs for diabetes control. (3 pts)
87. Provide health insurance coverage with no or low out-of-pocket costs for diabetes medications and supplies for diabetes management (glucose test, strips, needles, monitoring kits). (2 pts)

Heart Attack and Stroke:

88. Have posters or flyers in the common areas of your worksite (such as bulletin boards, kiosks and break rooms) that identify the signs and symptoms of a **heart attack** and also convey that heart attacks are to be treated as emergencies. (1 pt)

89. Have posters or flyers in the common areas of your worksite that identify the signs and symptoms of a **stroke** and also convey that strokes are to be treated as emergencies. (1 pt)
90. Provide any other information on signs and symptoms of **heart attack** through e-mails, newsletters, management communications, Web sites, seminars or classes. (1 pt)
91. Provide any other information on signs and symptoms of **stroke** through e-mails, newsletters, management communications, Web sites, seminars or classes. (1 pt)
92. Have an emergency response plan that addresses acute heart attack and stroke events. (2 pts)
93. Have an emergency response team for medical emergencies. (2 pts)
94. Offer access to a nationally recognized training course on Cardiopulmonary Resuscitation (CPR) that includes training on using an Automated External Defibrillator (AED). (3 pts)
95. Have a policy that requires an adequate number of employees per floor, work unit, or shift, in accordance with pertinent state and federal laws, to be certified in CPR/AED. (2 pts)
96. Have one or more functioning AEDs in place. (3 pts)
97. Have an adequate number of AED units such that a person can be reached within 3–5 minutes of collapse. (2 pts)
98. Identify the location of AEDs with posters, signs, markers, or other forms of communication other than on the AED itself. (1 pt)
99. Perform routine maintenance and testing on all AEDs. (1 pt)
100. Provide information to your local community Emergency Medical Service providers so they are aware that your worksite has an AED in place to facilitate emergency response. (1 pt)

NOTE: Items that do not have a point value listed did not go through the Worksite Health Scorecard validation process.

Lactation Support:
101. Develop a written policy on lactation support.
102. Private space (other than a restroom) that may be used by an employee to express breast milk.
103. Provide access to a breast pump at the worksite.
104. Provide flexible break times to allow mothers to pump breast milk.
105. Promote free or subsidized breast feeding support groups or educational classes.
106. Offer paid maternity leave, separate from any other accrued leave.

Occupational Health and Safety:
107. Include references to improving or maintaining job health and safety in business objectives or organizational mission statement.
108. Have a written injury and illness prevention program or plan.
109. Provide clear communication channels for employees to voice safety concerns or suggestions.
110. Have an occupational health nurse or safety professional onsite.
111. Encourage reporting of injuries or near misses.
112. Provide opportunities for employee input on hazards and solutions.
113. Establish a program or protocol to investigate the causes of injuries or illnesses.
114. Provide written materials on health and safety.
115. Provide safety training for new hires.
116. Coordinate between worksite safety and health activity plans.
117. Offer paid time off because of sickness or illness of employees or dependents (non-exempt employees).
118. Provide paid vacation time, personal days or hours (non-exempt employees).
119. Provide company paid short-term disability and long-term disability.

Community Resources:

120. Promote the availability of health related information, programs, technical support or resources from any of the following organizations:
- o State or local public health departments.
- o American Heart Association.
- o American Cancer Society.
- o YMCA.
- o Insurance broker.
- o Health insurance plans.
- o Health management or wellness provider or vendor.
- o Hospitals.
- o Business organization (chamber, wellness council, etc.).

121. Participate in any community coalition or program focused on worksite health or business and community partnerships.

For resource links visit the training section of the National Healthy Worksite Web site, www.cdc.gov/nationalhealthyworksite.

Worksite Health Intervention Strategy Resource Links

Tobacco
CDC Worksite Health Promotion Site: Tobacco-Use Cessation Intervention Strategies
http://www.cdc.gov/workplacehealthpromotion/implementation/topics/tobacco-use.html

Map and Listing of State and National Quitline— North American Quitline Consortium
http://map.naquitline.org/

CDC Healthier Worksite Initiative—Tobacco Free Campus Policy
http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/example.htm

Nutrition
CDC Worksite Health Promotion Site: Nutrition Intervention Strategies
http://www.cdc.gov/workplacehealthpromotion/implementation/topics/nutrition.html

American Cancer Society— Meeting Well
http://www.acsworkplacesolutions.com/meetingwell.asp

Eat Smart Move More NC—Healthy Meeting Guide
http://www.eatsmartmovemorenc.com/HealthyMeetingGuide/HealthyMeetingGuide.html

Physical Activity:
CDC Worksite Health Promotion Site: Physical Activity Intervention Strategies
http://www.cdc.gov/workplacehealthpromotion/implementation/topics/physical-activity.html

CDC StairWELL to Better Health
http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/stairwell/index.htm

Eat Smart Move More NC—Move More Stairwell Guide
http://www.eatsmartmovemorenc.com/StairwellGuide/StairwellGuide.html

Maine Cardiovascular Health Program—Physical Activity on Company Time Case Study
http://mainehearthealth.org/sites/default/files/downloads/Physical_Activity_Break.pdf

Weight Management:
CDC Worksite Health Promotion Site: Obesity Prevention and Control Intervention Strategies
http://www.cdc.gov/workplacehealthpromotion/implementation/topics/obesity.html

National Heart Lung and Blood Institute (NHLBI)—Aim For a Healthy Weight
http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/index.htm

Depression and Stress Management:
CDC Worksite Health Promotion Site: Depression Related Intervention Strategies
http://www.cdc.gov/workplacehealthpromotion/implementation/topics/depression.html

Heart Disease and Stroke:
CDC— Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit
http://www.cdc.gov/dhdsp/pubs/employers_toolkit.htm

High Blood Pressure:
CDC Worksite Health Promotion Site: High Blood Pressure Intervention Strategies
http://www.cdc.gov/workplacehealthpromotion/implementation/topics/blood-pressure.html

High Cholesterol:
CDC Worksite Health Promotion Site: High Blood Cholesterol Intervention Strategies
http://www.cdc.gov/workplacehealthpromotion/implementation/topics/cholesterol.html

Diabetes:
CDC Worksite Health Promotion Site: Type 2 Diabetes Prevention and Control Intervention Strategies
http://www.cdc.gov/workplacehealthpromotion/implementation/topics/type2-diabetes.html

Lactation Support:
CDC Worksite Health Promotion Site Lactation Support Intervention Strategies
http://www.cdc.gov/workplacehealthpromotion/implementation/topics/nutrition.html

Occupational Health and Safety:
CDC Worksite Health Promotion Site: Work-Related Musculoskeletal Disorders (WMSD) Prevention Intervention Strategies
http://www.cdc.gov/workplacehealthpromotion/implementation/topics/disorders.html

Updated: June 15, 2012
This resource listing is updated regularly and is available at electronically at the following Web site:
www.cdc.gov/nationalhealthyworksite

Sample Annual Worksite Health Improvement Plan

Developing a Worksite Health Improvement Plan is one of the most critical steps in building a comprehensive worksite health program. The plan, which is guided by the assessment and data collection process, assures that the right intervention strategies are chosen for priority health issues. Further, it serves as a road map for taking action on those interventions. The following are key components in the worksite health improvement plan:

1. Develop specific, measureable goals and objectives to address key health needs or priorities.

2. Determine the core set of intervention strategies designed to change the work environment and individual behavior to improve health. This should include a mixture of programs, policies, environmental supports targeting physical activity, nutrition, and tobacco use, as well as other priority health issues.

3. Identify the detailed action steps and timeline for implementation, including dates and responsible staff.

4. Determine what communications strategies will be used for each intervention strategy.

5. Determine the evaluation plan for each intervention strategy, objective, and the overall program.

6. Develop an itemized budget for the work plan.

The following is a sample worksite health plan that incorporates these components.

Worksite Health 101 – Sample Worksite Health Plan

Goal 1: Support ABC Company employees in the prevention and control of high blood pressure.

Objective 1:	By 12/31/2012, 80% of ABC Company employees will know their blood pressure number.		
	Evaluation Measure: Conduct baseline and end of year surveys to determine if objective was met.		
Intervention Strategies (What)	**Process (How, When, Who)**	**Communications**	**Evaluation**
Make blood pressure monitoring devices available with instructions for all employees to conduct their own self-assessments.	Sharon to identify space, research and purchase electronic and manual blood pressure (BP) monitoring devices.	CEO letter and e-mail announcing goal that every employee will know their number by 12/2013.	Was strategy fully implemented? Status: Yes. Electronic device purchased. Manual devices with multiple sized BP cuffs purchased, BP information provided. Space dedicated.
	Ed: will set up training for wellness team members on proper BP measurement.	Regular communication via e-mail, newsletters and company meetings.	Track the type, number, and reach of promotional communications. Status; CEO letter to all employees. E-mail announcement reached 50% of employees. Displayed on digital ticker display and with posters.
	Ashley: will work with county health department to compile information for employees, including guidelines. Announce by 7/1.		End-of-year assessment to determine if goal was met Status: 86% of employees reported they know their number. Late start held us back.
Offer free, onsite blood pressure screening with directed feedback and clinical referral when appropriate.	Kendra will reach out to local healthcare practitioners and find qualified nurse/clinician to conduct clinics. (8/1)	Announce and continue to promote using e-mail, newsletter and company meetings	Was strategy fully implemented?
	Janelle: to coordinate logistics, including space, sign-ups and announcements.		Track the type, number and reach of communications.
	Conduct first screening in September.		Track participation and tie in with 80% goal.
Provide a series of educational workshops on preventing and controlling high blood pressure.	Develop action steps accordingly.	Identify communication strategy.	Determine how intervention strategy will be measured.

Objective 2:	By 12/31/2012, 25% of ABC Company employees with existing high blood pressure will control their blood pressure.		
	Evaluation Measure: Conduct baseline and end of year surveys to determine if objective was met.		
Provide access to group lifestyle counseling and follow-up monitoring for employees with high BP or pre-hypertension.	Develop action steps accordingly.	Identify communication strategy.	Determine how intervention strategy will be measured.
Modify health insurance coverage to have no or low employee out-of-pocket costs for BP control medications.	Develop action steps accordingly.	Identify communication strategy.	Determine how intervention strategy will be measured.

Goal 2: Increase the number of ABC Company employees who get at least 30 minutes of physical activity every day.

Objective 1:	By 12/31/12, increase the percentage of employees who meet the *Surgeon General's Guidelines for Physical Activity* (at least 30 minutes every day) from 22% to 26%.		
	Evaluation Measure: Conduct baseline and end of year surveys to determine if objective was met.		
Intervention Strategies (What)	**Process (How, When, Who)**	**Communications**	**Evaluation**
Post signs at elevators, stairwell entrances, exits and other key locations that encourage employees to use the stairs.	Lisa to review plans with Joe from maintenance to improve lighting and paint stairwells by 4/30.	Announce using e-mail, newsletter and company meeting.	Was strategy fully implemented? Status: Yes, on 6/10.
	Anthony to obtain "point of decision prompt" signs from CDC or elsewhere, and post in key places by 5/15.	Hold stairwell walk kickoff.	Track the type, number and reach of promotional communications. Status: Five communications received via e-mail by 100% of employees. Promoted during company meetings. Kick-off walk held.
	Complete work by 6/15.	Post signs in other key spots, e.g., bathroom stalls, break rooms, encouraging stair use.	Baseline and end-of-year assessment to determine if stair use increased. Status: Both assessments completed; 10% increase in stair use.
Provide environmental supports for recreation or physical activity.	Sheila to work with Joe to determine location for covered bike parking. (3/1)	Announce using e-mail, newsletter and company meeting.	Was strategy fully implemented?
	Dean to purchase bike rack. (3/15)		Track the type, number, and reach of communications.
	Danielle to purchase bikes and helmets and pedometers, and set up check-out process for pedometers. (4/15)	Promote availability, sign-out process, and location to employees to ride at breaks/lunch.	Baseline and end-of-year assessment to measure use.
	Marissa to station bikes at parking rack and create sign-out procedure. (5/1)		
	Mary Cay to organize a lunchtime ride on National Employee Health & Fitness Day.	Co-promote the lunchtime ride, bike check out and bike rack.	
	Create walking path and mileage markers on property. (5/15)		
Develop and promote flexible work scheduling policy to support increased physical activity.	Offer extended lunch breaks for physical activity.	Identify communication strategy.	Determine how intervention strategy will be measured.

Worksite Health 101 - Sample Worksite Health Plan

Goal 3: Decrease the number of lower back injuries among ABC employees

Objective 1:	By 12/31/12, decrease the number of annual employee low back claims from 20 to fewer than 10. Evaluation Measure: Conduct baseline and end of year surveys to determine if objective was met.		
Intervention Strategies (What)	**Process (How, When, Who)**	**Communications**	**Evaluation**
Implement mandatory pre-shift employee stretching program.	Nick will work with Human Resources to develop a written policy. (6/10)	Reference safety or injury prevention in Worksite Health Team communications.	Was program fully developed?
	Suzanne will research and obtain job specific stretching routines. (6/1)		Employee survey to determine participation and satisfaction.
	Tim will work with managers to identify space, train stretching leaders, post stretching routines, etc. by 7/12.		
Conduct job design analysis and develop stretching programs to fit job design.	Lisa to interview and hire an ergonomist or physical therapist to conduct job design analysis and design stretching program to fit job design. (2/25)	Worksite Health Team, Safety Coordinator, Human Resources announcements about strategies to make the work environment safer.	Number of job design analyses performed. Number of employee specific stretching programs developed.
	Kevin to train employees on proper job specific stretching techniques. (3/ 12)		
	Display posters with proper stretching technique in places in workplace. (3/1)		
Modify the work environment to support safe work practices.	Jermaine to conduct NIOSH lifting equation evaluation for high strain jobs.		Document number and type of changes made to the work environment. Track the type, number, and reach of communications.
Eliminate any regular lifting of over 50 pounds conduct NIOSH lifting equation evaluation for any jobs that don't meet that goal.	HR to coordinate with Operations to cross train staff and rotate job functions to limit repetitive motion injuries.	Worksite Health Team, Safety Coordinator, Human Resources announcement about making the work environment safer.	
Eliminate all lifts from the floor or over shoulder height.	Display posters with proper lifting technique in key places in the workplace.		Review Workers Compensation claims to determine changes in annual low back claims.

Total Worksite Health Program Budget   **$44,395**

A detailed line item budget should be developed with the final worksite health plan. See the Sample Worksite Health Budget in the *Worksite Health 101 Training Manual* for an example.

![NHW National Healthy Worksite logo]

Annual Worksite Health Improvement Plan Template

Goal 1:

Objective 1:

Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.

Intervention Strategies (What)	Process (How, When, Who)	Communications	Evaluation

Objective 2:	Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.		
Intervention Strategies (What)	Process (How, When, Who)	Communications	Evaluation

Goal 2:

Objective 1:			
Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.			
Intervention Strategies (What)	Process (How, When, Who)	Communications	Evaluation

Objective 2:

Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.

Intervention Strategies (What)	Process (How, When, Who)	Communications	Evaluation

Goal 3:

Objective 1:			
	Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.		
Intervention Strategies (What)	**Process (How, When, Who)**	**Communications**	**Evaluation**

Objective 2:	Evaluation Measure: Conduct baseline and end-of-year surveys to determine if objective was met.		
Intervention Strategies (What)	Process (How, When, Who)	Communications	Evaluation

Total Worksite Health Program Budget

A detailed line item budget should be developed with the final worksite health plan. See the sample Worksite Health Budget in the *Worksite Health 101 Training Manual* for an example.

$ _____

Sample Worksite Health Budget

The following is a sample budget justification form for a company of 300 employees, allowing for worksite health intervention strategies to be categorized and budgeted. This form should go hand in hand with the worksite health plan in seeking financial support for the worksite health program.

ABC Company—2012 Worksite Health Budget

Category	Item	Subtotal	Total Cost
Wages/Benefits	Part-time Wellness Director	$20,000	$20,000
Materials and Supplies	Lighting and paint for stairwell project	$300	
	Printing for posters, fliers, etc.	$500	
	Supplies for Healthy Pot-Luck lunch series	$150	$950
Memberships/Affiliations	Wellness Council of Greater Cornville	$500	
	National Network of Wellness Councils	$50	$550
Subscriptions and Publications	Electronic newsletter service	$175	
	Various health publications	$150	$325
Health Education Materials	Blood pressure log-books	$500	
	Blood pressure literature and DVD	$300	$800
Health Assessment & Screenings	Currently planned for Year 2	$0	
Health Coaching	Currently planned for Year 2	$0	
Health Plan Design Changes	Currently planned for Year 2	$0	
Health Education Programs	Blood pressure educational workshops	$250	
	Tobacco cessation educational program	$250	$500
Equipment	Blood pressure monitoring equipment	$800	
	Bike rack	$450	
	Pedometers	$2,200	
	Bike parking structure	$1,500	
	Bicycles/helmets for sign-out program (2)	$500	$5,450
Incentives	Gift cards and prizes for contests, raffles, etc.	$1,000	
	Gym reimbursement	$6,000	$7,000
Miscellaneous	Contract with landscaper to create walking paths on property	$8,000	
	Wellness Team meetings	$720	$8,720
TOTAL			**$44,395**

Worksite Health Budget Template

ABC Company—20XX Worksite Health Budget

Category	Item	Subtotal	Total Cost
Wages/Benefits		$	$
Materials and Supplies		$	
		$	
		$	$
Memberships/Affiliations		$	
		$	$
Subscriptions and Publications		$	
		$	$
Health Education Materials		$	
		$	$
Health Assessment & Screenings		$	$
Health Coaching		$	$
Health Plan Changes		$	$
Health Education Programs		$	
		$	$
Equipment		$	
		$	
		$	
		$	
		$	
		$	$
Incentives		$	$
		$	$
Miscellaneous		$	$
		$	$
			$
Total			**$**

Learning Objectives

Understand the following:

- The importance of program planning in a comprehensive approach to worksite health.
- Using data to develop a detailed worksite health plan.
- How to write objectives that drive effective program implementation.
- How to set reasonable objectives for behavior change.
- Three-year strategic planning process.

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Worksite Health Planning

In this section:

- The value of program planning.

- Program planning as part of a comprehensive worksite health program.

- Developing a detailed worksite health improvement plan.

- Setting realistic behavior change expectations.

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The Value of Program Planning

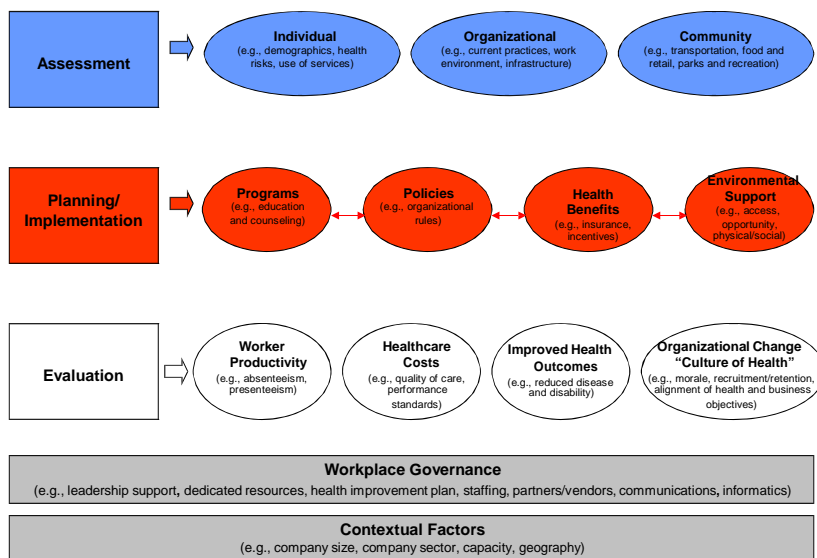**Written worksite health improvement plans allow employers to:**

- Focus on priorities.

- Link worksite health to the business plan and strategic objectives.

- Formalize efforts.

- Set expectations and timelines.

- Define roles and responsibilities.

- Measure impact and validate programs.

- Provide continuity through change.

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CDC Workplace Health Model

Assessment

- **Individual** (e.g., demographics, health risks, use of services)
- **Organizational** (e.g., current practices, work environment, infrastructure)
- **Community** (e.g., transportation, food and retail, parks and recreation)

Planning/ Implementation

- **Programs** (e.g., education and counseling)
- **Policies** (e.g., organizational rules)
- **Health Benefits** (e.g., insurance, incentives)
- **Environmental Support** (e.g., access, opportunity, physical/social)

Evaluation

- **Worker Productivity** (e.g., absenteeism, presenteeism)
- **Healthcare Costs** (e.g., quality of care, performance standards)
- **Improved Health Outcomes** (e.g., reduced disease and disability)
- **Organizational Change "Culture of Health"** (e.g., morale, recruitment/retention, alignment of health and business objectives)

Workplace Governance
(e.g., leadership support, dedicated resources, health improvement plan, staffing, partners/vendors, communications, informatics)

Contextual Factors
(e.g., company size, company sector, capacity, geography)

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Planning and Implementation

The process of selecting science and practice-based interventions to create a healthy culture to support individual healthy lifestyle choices

- Identifies key areas of needs and interest based on data assessment results.
- Includes programs, policies, environmental supports and health benefit design.
- Supports outcomes evaluation.
- Aligns resources and infrastructure.

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Worksite Health Improvement Planning

How to Write a Good Worksite Health Improvement Plan

Worksite Health Mission Statement
- Describes your program focus in one or two sentences.
- Aligns with and should be an integral part of your overall your corporate strategy.
- Sample Mission: At L.L. Bean (Freeport, ME)
    - The mission of the Employee Health Program is to work with area management and employees to achieve and maintain a healthy and safe workplace, and promote the health, safety and fitness of employees.

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Writing the Worksite Health Improvement Plan

The Worksite Health Improvement Plan should address primary health concerns *identified through data collection and assessment*

- First: Identify **WHO** you are targeting in the objective.

- Second: Identify **WHAT** you want the target group to do.

- Third: Identify **HOW MUCH** you want the behavior to change.

- Fourth: Identify **WHEN** you want to see the behavior change happen.

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Writing the Worksite Health Improvement Plan

Worksite Plan Objectives - *WHO*

- Is your target…

  o Employees

  o Management

  o Spouses

  o 3rd shift

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Writing the Worksite Health Improvement Plan

Worksite Plan Objectives - *WHAT*

- Let your data decide

- What do you want your target group to do?

- What action(s) do you want them to take?
  - o Increase physical activity
  - o Decrease overweight/obesity
  - o Decrease tobacco use

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Writing the Worksite Health Improvement Plan

Worksite Plan Objectives – *HOW MUCH*

- How much do you want the behavior/outcome to change?
  - o Increase/decrease your baseline measurement
    - ➢ From __% to __%
    - ➢ From 10 people to 20
    - ➢ At least 30%
    - ➢ No more than 10%

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Writing the Worksite Health Improvement Plan

Worksite Plan Objectives – *WHEN*

- Set a specific date

    o Typically a twelve month calendar

    o May be reasonable to set a longer date – up to two years

    Example:

    It is now January, but your new pharmacy benefit plan that includes nicotine replacement therapy (NRT) does not begin until June. It is reasonable to work 12 months out from June and set an 18-month time frame to give your employees a full year to quit using tobacco.

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Writing the Worksite Health Improvement Plan

What is wrong with this objective?

- Increase participation in the health assessment.

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Worksite Health Planning Process

Increase participation in the health assessment:

Who	?
What	Increase participation in the health assessment
How Much	?
By When	?

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Worksite Health Planning Process

Objective

Who	Employees and spouses
What	Increase participation in the health assessment
How Much	From 30% to 50% of employees
By When	By 12/31/2012

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Health Improvement Planning Process

OBJECTIVE (What?)	DATE (When?)	PROGRAM (What?)	PROCESS (How?)	RESPONSIBLE PARTY	EVALUATION (Who? What? By When?)
70% or more of our employees will complete the health assessment (HA) by 1/5/13.	By 1/5/13	Conduct free health assessment for all employees.	Outside vendor to distribute and collect HA at employee meetings between shifts.	Tom Smith ABC Consulting	# of participants "Satisfaction" survey Aggregate data
At least 90% of employees with at least one cardiac risk factor will increase their knowledge of preventing cardiovascular disease by 2/2/13.	By 2/2/13	Healthy Heart campaign during Heart Month	Healthy cooking demonstration and health education activity for all shifts on meal break.	Jane Doe to identify American Heart Association resource to come onsite.	"Pre & Post" knowledge survey Satisfaction Survey

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Action Planning

- Further detailed planning for activities to support the worksite health improvement plan goals and objectives
  - Roles and responsibilities for team members
  - Timeline for each activity
  - Resources needed (financial/nonfinancial)
  - Communication strategies
  - Data sources/Evaluation strategies

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Setting Reasonable Expectations

- **Creating a healthy worksite culture and changing individual behaviors takes time**

- **Expectations should be based on several factors:**

  o **Difficulty** (ex: increasing the percentage of people who know their cholesterol numbers is much easier than losing weight or quitting smoking)

  o **Financial resources** dedicated to the worksite health initiative

  o **Policies/environmental changes** to support behavior change

  o **Benefit plan design** and incentive plan

  o **Personnel** necessary to develop and maintain the program

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Planning Effective Interventions

In this section:

- Program strategies and interventions

- Types of worksite health interventions

- Intervention examples

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Worksite Health Interventions

Areas for consideration:

- Driven by data collection and assessment

- Address most common or costly health risk or lifestyle factors

- Employee interests

- Budget/Time constraints

- Management expectations for the worksite health program

- Effective and science-based

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Program Strategies and Interventions

Individual
- Health behaviors
- Risk factors
- Current health status

Interpersonal
- Relationship with management and coworkers
- Social support

Environment
- Facilities that support health
- Access and opportunities

Organization
- Leadership support
- Culture
- Work climate

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Types of Worksite Health Interventions

Programs	• Support for individual health behaviors • Individual health coaching/counseling; health classes
Policies	• Formal or informal statements to protect employee health • Tobacco-free campus; healthy food policies
Environmental Supports	• Physical factors that foster healthy choices • Stairwell enhancement; walking paths
Health Plan Design	• Strategy to impact key risks and cost drivers by influencing behavior change

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Multiple Strategies are Most Effective

Comprehensive worksite health programs should strive to:

- Use multiple interventions, such as combining a policy and a health benefit strategy, for a single health issue.
  - o *Combinations are more effective than any one intervention alone.*
- Use interventions that address multiple health issues at the same time, which is more effective than addressing each health issue separately.

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Environmental Supports

Supportive Physical Environment

- Tobacco-free workplace/campus

- Showers and lockers to support physical activity

- Parking for bicycles

- Stress management room/relaxation room

- Ergonomically-sound workstations

- Healthy vending and cafeteria options

- Lactation room for nursing mothers

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Policy and Benefit Examples

Supportive Policies and Resources

- Tobacco-free campus and benefits
  - Tobacco cessation classes, counseling, or quitlines
  - Insurance discounts to support quitting tobacco
  - Prescription and over-the-counter support for cessation drugs

- Flexible work schedule
  - Allow flex-time or company time for physical activity

- Healthy eating
  - Policy with rules or guidelines for what food can be served at company meetings or gatherings
  - Nutritional counseling offered through benefits plan

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Health Benefit Design Changes

Designing your benefit package to support worksite health

- Tobacco-cessation medication in prescription formulary

- Lower co-pay for disease management drugs

- Low- or no-cost preventive services

- Consumer driven health accounts to engage employees in responsible health choices

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Policy and Benefit Options

Linking worksite health to benefit design

- Discounted health insurance premiums for those that comply with specified wellness initiatives.
  - Currently allowed up to 20% of full cost of employee health insurance[1]
  - Beginning in 2014, employer can offer incentives up to 30% of the cost of coverage[2]

- Can be designed to cover program costs.

- *Example: XYZ company provides a quarterly insurance premium discount to employees who complete a health screening and assessment and participate in health coaching throughout the year.*

1. HIPAA, 1996;
2. PPACA, 2010;
3. Georgetown University Health Policy Institute
   http://www.rwjf.org/files/research/74010.5713.premium.incentives.drive.wellness.022812.pdf

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Creating a Culture of Health and Safety

- New hires introduced to the worksite health program at employee orientation.
- Supervisors
  - Support and enforce health and safety policies.
  - Encourage and reward employees for engaging in the worksite health program.
  - Allow flex time to support healthy lifestyles.
  - Are visible and actively participate.
- Worksite health becomes the norm and not the exception in all aspects of business.

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Worksite Health Program Budget

- Estimates suggest that a reasonable investment in comprehensive worksite health programs is at least $150 per employee per year.

- Prioritize budget expenses based on what will add the most value.
  - Data Collection: Health assessment and screening
  - Interventions: Individual coaching/counseling
  - Environmental changes to support physical activity and healthy eating
  - Policies to decrease tobacco use, increase physical activity & healthy eating

- Develop your budget based on your program needs, don't design your program to fit your budget.

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Potential Low-Cost Resources

- Centers for Disease Control and Prevention (CDC)
  www.cdc.gov/NationalHealthyWorksite
- Local/County/State public health departments
- County extension offices
- Local wellness councils or coalitions
- Local hospitals and colleges
- Health and human service agencies (American Cancer Society, American Heart Association, March of Dimes, etc.)
- Health and fitness clubs
- Coworkers

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Program Success Factors

- Encourage senior management participation.
- Catch people doing well – showcase success.
  - Caught in the Act Recognition
  - Hall of Fame/Monthly Success Stories
- Leverage your worksite health champions to promote your program.
- Use your committee to be creative and innovative.
- Don't reinvent the wheel – use existing worksite health resources.

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Planning and Implementation Summary

- Data drives the health improvement planning process.

- Multiple interventions are most effective.

- Balance employee interests and health and safety priorities.

- Link plan to business objectives and tie to employee performance.

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Example Worksite Health Program Planning

	Year 1 – Employee focus; create a healthy culture and reward participation	Year 2 – Employee and spouse	Year 3 – Employee and spouse; reward biometric improvement
Strategic Focus			
Services:	▪ Health assessment (HA) and biometric screening ▪ Health coaching (onsite and telephonic) ▪ Worksite Health Web portal ▪ Health campaigns/challenges ▪ Onsite seminars ▪ Organizational policy development ▪ Healthy Worksite Champion team	**Add:** ▪ Four quarterly company-wide challenges ▪ Healthy Worksite Champions trained in brief intervention ▪ Text messaging service ▪ Expand Healthy Worksite Champion team to include spouses	**Add:** ▪ Client-specific year-long worksite health challenge ▪ Mandatory screening for spouses to qualify for benefits
Incentives:	▪ Gateway (1st quarter) for premium differential: completion of HA and biometric screening ▪ 2nd – 4th quarter incentive: Health coaching compliance by risk level	**Add:** ▪ Biometric screening will be mandatory for benefit enrollment ▪ Preventative screenings for further worksite health incentives ▪ HRA/HSA contribution	**Add:** ▪ Reward biometric improvement ▪ Mandatory screening for spouses to qualify for benefits
Marketing – Communications	▪ Program branding and logo ▪ Program roll-out campaign ▪ Healthy Worksite committee/champions ▪ Monthly newsletter ▪ New-hire packets ▪ Monthly program talking points	**Add:** ▪ Targeted communications by medical criteria ▪ Program/satisfaction survey results ▪ Healthy bulletin boards/scorecard in central areas	**Add:** ▪ Employee and leadership focus groups
	First Year Metrics	**Second Year Metrics**	**Third Year Metrics**
	1) HRA/biometrics utilization 2) Establish baseline health status measures 3) Participation in all programs 4) Medical plan renewals 5) Participant satisfaction 6) Management satisfaction/experience	Year 1 metrics plus the following: 1) Change in health status 2) Use of maintenance drugs 3) Perception of program effectiveness (employees and management) 4) Worksite health event success results (via committee or champions) 5) Preventive care utilization 6) Policy compliance/utilization	Year 2 metrics plus the following: 1) Overall medical costs and lifestyle-specific diseases decline 2) Change in health status 3) Worksite health policies established (healthy food/activities at corporate events, flex work arrangements, work space modifications) 4) Changes in health-care utilization

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CDC Worksite Health Promotion Resources

www.cdc.gov/WorkplaceHealthPromotion   www.cdc.gov/NationalHealthyWorksite/

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Worksite Health 101—Part 5

Program Evaluation

Checklist for Taking Action at your Worksite

Process Evaluation: Focuses on what was implemented, employees participation, and participant satisfaction. Process evaluation helps to answer the following questions:

- Were strategies implemented according to the worksite health plan?
- Were leaders supportive of the worksite health programs?
- Which strategies reached the highest number of employees?
- Were worksite health program goals and objectives met?
- Which strategies will be sustainable over the long-term?

Outcomes Evaluation: Measures short- and long-term changes in knowledge, skills, health behaviors, health risk status, chronic disease rates, health care, disability, and workers' compensation costs, productivity and absenteeism.

- Did the worksite health program change employee health status or overall health-care costs?
- Were there changes in productivity or absenteeism as a result of the worksite health program?
- Which strategies were most effective?
- Were changes made in the organizational culture related to supporting employee health?

☐ During the planning phase, determine the evaluation strategy for each objective or activity on the worksite health plan. Include the evaluation strategy on the worksite health plan. Examples: For a lunch and learn program, capture attendance and use a participant satisfaction survey. For a benefit change, use an end-of-year survey to capture awareness, use, and satisfaction with the benefit.

☐ Conduct program-specific evaluations as they occur (example: lunch and learn satisfaction survey).

☐ Annually, determine what worksite health initiatives were implemented. If not implemented, identify the root cause (lack of resources or time, lack of funds, etc.).

☐ Conduct annual assessment to measure awareness, participation, and satisfaction with worksite health programs.

☐ Analyze year-to-year changes and trends in health behaviors, health risks or health status, health-care use, workers' compensation and disability, absenteeism and turnover rate.

☐ Use the above data to inform the annual worksite health planning process.

☐ Communicate results of the worksite health program evaluation with leadership and employees.

Resources:

- Refer to the CDC Workplace Health Promotion pages for information on Program Evaluation.
  http://www.cdc.gov/workplacehealthpromotion/evaluation/index.html

- The CDC framework for program evaluation includes the following steps:
  - Engage stakeholders.
  - Describe the program.
  - Focus the evaluation design.
  - Gather credible evidence.
    - Determine baseline measures (from assessment findings).
    - Benchmark against national, state or industry specific data.
    - Determine process measures.
    - Determine outcome measures.
  - Justify conclusions.
  - Ensure use and share lessons learned.

Worksite Health 101
Program Evaluation

NHWP Program Evaluation

Making the Business Case	Leadership and Culture	Data Collection	Planning & Implementation	Program Evaluation
Relationship between health and performance

Impact of worksite health program

Key components of a comprehensive worksite health program | Driving senior leadership support

Creating a healthy worksite culture

Building infrastructure and capacity | Worksite health assessment process

Types of data to collect

Data for program planning | Determining program goals and objectives

Developing detailed worksite health plans

Putting assessment and planning into practice | Types of program evaluation

Measuring process and outcomes

Key evaluation metrics |
| Module 1 | Module 2 | Module 3 | Module 4 | Module 5 |

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Learning Objectives

Understand the following:

- Program evaluation as part of a comprehensive worksite health program.

- Definition of program evaluation.

- Deciding on the program evaluation focus.

- Designing a program evaluation.

- Key evaluation areas and metrics for worksite health.

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Program Evaluation

In this section:

- Definition of program evaluation.
- Purpose of program evaluation in worksite health.
- Key types of program evaluation:
  - o Process evaluation.
  - o Outcome evaluation.
- Key areas for program evaluation in worksites.

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CDC Workplace Health Model
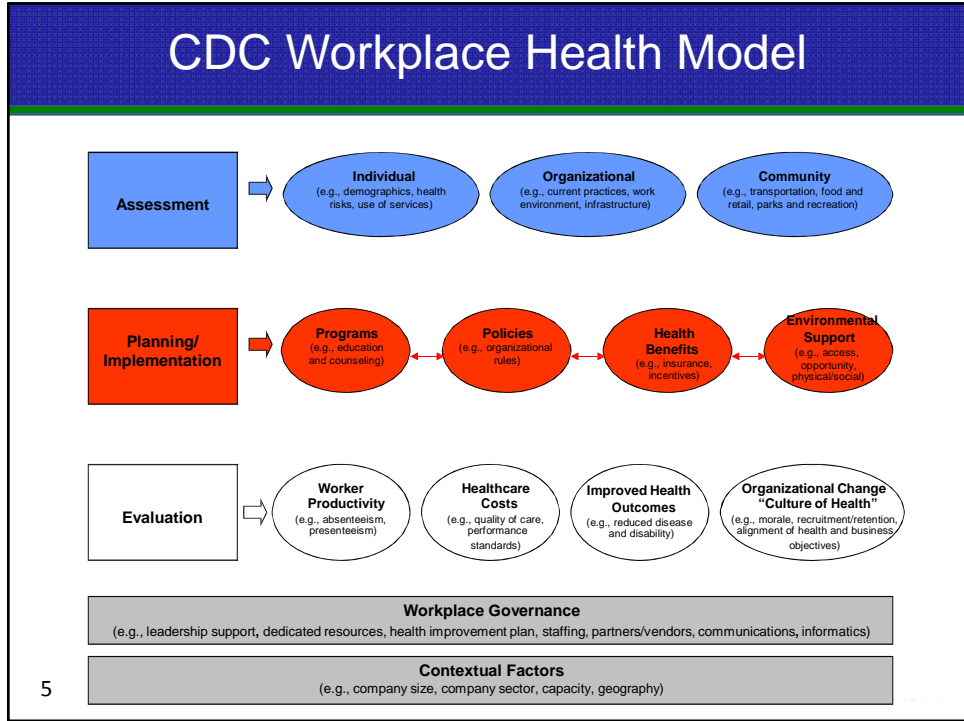
What is Program Evaluation?

- Evaluation is an examination and assessment of a program to improve its effectiveness.
- Evaluation/evaluation design should be considered at all stages of program development.
- Types of program evaluation measurements:
  - **Process Evaluation**
    - What are we doing?
    - How well are we doing it?
  - **Outcome Evaluation**
    - Are our efforts making a difference in the short, mid-, and long-term?
- Evaluation is NOT (always) research.

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Purpose for Program Evaluation

Helps develop clarity and consensus about the program –
What is it and what is it trying to accomplish?

- Accountability
  - Documents the success of your program
  - Defines the value of the program
- Organizational learning and improvement
  - Identifies areas of program that are working well **AND** areas that are not (and why).
  - Provides data for program improvement.
  - Drives benefit plan design (changes) considerations.

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Process Evaluation

- Focuses on activities and outputs that will drive the desired outcomes.
  - Examples: Walking program implemented; Vending machine changes made; no-tobacco policy put in place.
- Examines:
  - Steps and activities taken in implementing a program.
  - How well the program was carried out (what was and was not done).
  - How faithful implementation was to the "Gold Standard" intent.
  - Problems and barriers encountered.
- Is most useful earlier in a program, but yields benefits if done on an ongoing basis.

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Key Process Evaluation Questions

- **What program activity was implemented?**
  - Stage of development- is it too early to expect the specific program component to have occurred?
- **How much did it cost?**
  - Allocation and use of resources (e.g., staffing a fitness center or purchasing pedometers).
  - Were adequate resources provided?
- **Who did it impact?**
  - Look at participants and participation rates.
- **Was it implemented the way you planned?**
  - Quality of the program (e.g., number of sessions).
  - Tracking participant satisfaction of program.

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Outcome Evaluation

Outcomes: The desired changes that the program will accomplish.

- Short-Term and Intermediate Measures
  - "Drivers" that lead to long-term outcomes.
  - Improvement in health behaviors.
  - Increased readiness to change.
- Long-Term Measures
  - Reduced incidence of chronic disease.
  - Lower health-care costs.
  - Improved productivity and reduced absenteeism.
  - Fewer disability claims.

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Key Areas for Outcome Evaluation in Worksites

- Employee Productivity
  - Absenteeism
  - Presenteeism

- Healthcare Costs
  - Quality of care
  - Insurance premium and top diagnostic code costs

- Health Outcomes
  - Reduced incidence of chronic disease

- Organizational Change (culture of health)
  - Employee satisfaction and morale

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Designing A Program Evaluation

Things to consider:

- Who wants the results and what do they need them for?

- How long has the program been underway?
  - Evaluation should be considered at every stage of the program.

- What is the program focus of the evaluation?
  - What are the goals of the program?
    - Short and long-term outcomes?
    - Are they measurable?
    - How will they be evaluated?
    - Define your evaluation tools, timing, and process before the program begins

- How will results be communicated, and to whom?

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Program Evaluation

In this section:

- Key decisions in designing the evaluation.
- Selecting key areas to measure.
    - Selecting data sources and indicators to use.
    - Baseline and follow-up process measures.
    - Baseline and follow-up outcome measures.
- Defining how you will measure success.
- Establishing baseline data and benchmarks for the areas to be measured.

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Importance of Baseline Data

Allows comparison against baseline over time to measure program success.

- To ensure a baseline:
    - Design evaluation plan **before** the program begins.
    - Collect process and outcome measures at the beginning of the program to establish baseline.
    (even if change in outcomes are not expected for a while)

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Establishing Baseline Data

Examples of Baseline Measurement

- Current program awareness (short-term)
  - Current % of employees who are aware of worksite health program

- Readiness to change (mid-term)
  - Current % of employees who are ready to change or make healthy changes
  - Employee's intent and optimism about making changes

- Current heath status of employees (long-term)
  - Current % of employees who use tobacco
  - Current % of employees who have hypertension

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Baseline Data and Benchmarks

Evaluate data against risk factor and organizational benchmarks

- Against national, state, county data
  - BRFSS (Behavior Risk Factor Surveillance System)
  - County Health Rankings (www.countyhealthrankings.org)
  - CDC Health ScoreCard

- Against industry norms
  - Health Plan Book of Business (BOB) for specific risk factors

- Year-one data compared to identical follow-up data
  - Total population
  - Repeat participants only

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Key Areas for Program Evaluation

Employee Productivity

- Absenteeism
  - Amount of sick time/leave taken by employees

- Presenteeism
  - Attending work but not functioning at an optimal level of productivity due to illness or a chronic health condition

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Key Areas for Program Evaluation

Improved Health Outcomes

- Health Screening Data
  - Clinical measurements (blood pressure, cholesterol)

- Health Assessment Data
  - Health status (presence of chronic disease)
  - Health behaviors (tobacco use)
  - Preventative exam compliance

- Year-over-year Comparison
  - Total employee population
  - Repeat participants only

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Key Areas for Program Evaluation

Aggregate Claims Data/Trends
- Pharmaceutical Claims
  - Prescription drug usage
  - Data by volume and cost

- Use of medical system
  - Primary care visits
  - Preventive care utilization
  - Urgent care/Emergency room

- Major medical
  - Top diagnosis codes
  - Inpatient/outpatient visits and costs

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Key Areas for Program Evaluation

Organizational Change
- Changes made to organizational structure and interventions
  - Policy and environmental support implementation
  - Recruitment/retention rates

- Aligning health and business objectives

- Changes in employee morale
  - Organizational climate surveys
  - Satisfaction surveys
  - Focus groups

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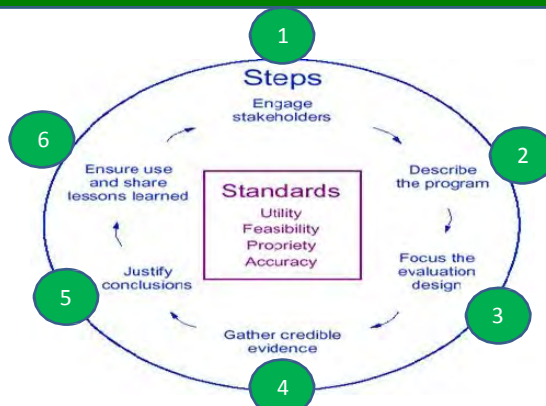w o r k s i t e

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Program Evaluation Summary

- Program evaluation is a critical part of a comprehensive worksite health program.

- Data from program evaluation can drive continuous program improvement.

- Baseline data is critical in showing progress over time.

- Use multiple data sources/indicators to document program success and areas for improvement.

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CDC Evaluation Framework

- www.cdc.gov/workplacehealthpromotion/evaluation
- CDC Framework for Program Evaluation in Public Health - http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

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CDC Worksite Health Promotion Resources

www.cdc.gov/WorkplaceHealthPromotion   www.cdc.gov/NationalHealthyWorksite/

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