ENGAGING EMPLOYEES IN THEIR HEALTH

WHY SHOULD WE TRY? WHAT DO WE KNOW? WHAT SHOULD WE DO?

STARTING AN IMPORTANT CONVERSATION….

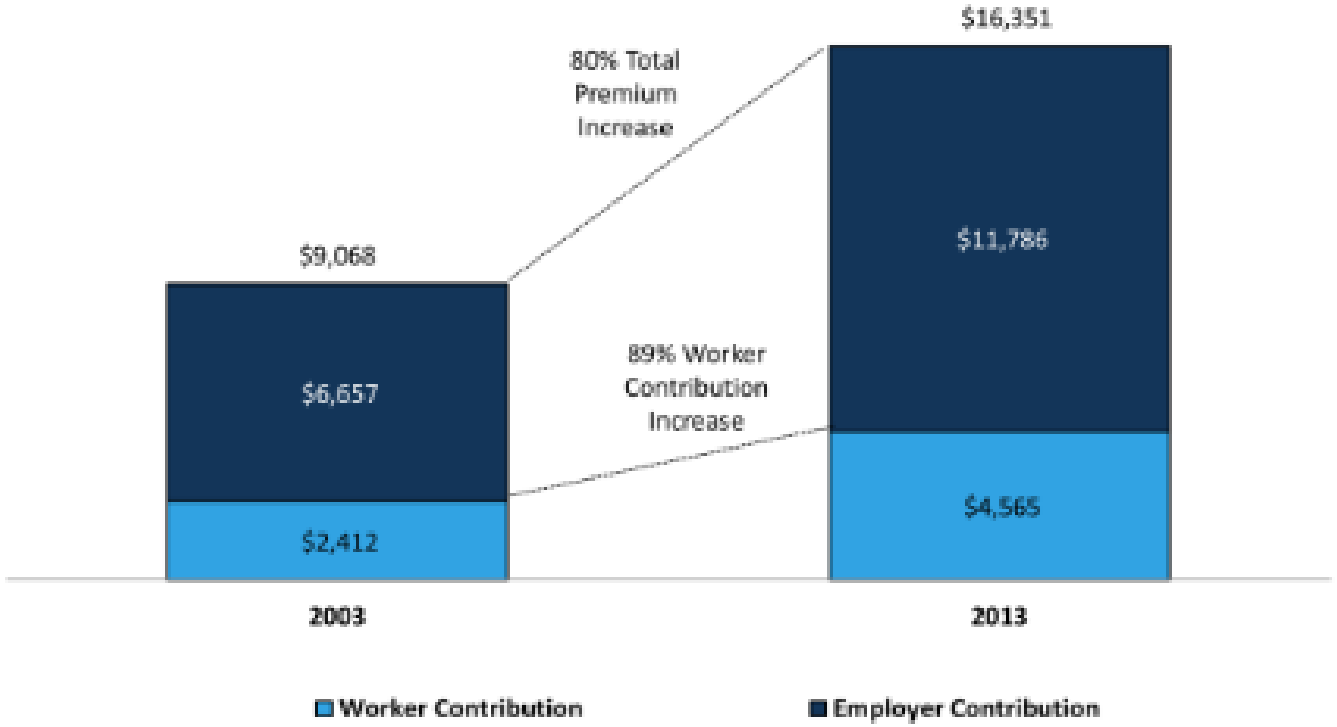
- Why employee health engagement strategies are needed….
- What are employers doing now to engage employees in their health?
- What are some key challenges to engaging employees?
- What are some promising strategies for engaging employees in their health?

WHY EMPLOYEE HEALTH ENGAGEMENT STRATEGIES ARE NEEDED?

THE CHRONIC DISEASE BURDEN IS ALARMING!

- Nearly one in 2 US adults suffer from some type of chronic disease
- Aging population, and aging workforce, will accelerate the rates of chronic disease among working adults
- Certain groups of employees suffer disproportionately from chronic diseases
  - Older workers
  - Lower education and income
  - Shift
  - Race/ethnicity
- People with multiple chronic conditions are growing in number and cost of health care!

Exhibit A:
Average Annual Health Insurance Premiums and Worker Contributions for Family Coverage, 2003-2013



SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2003-2013.

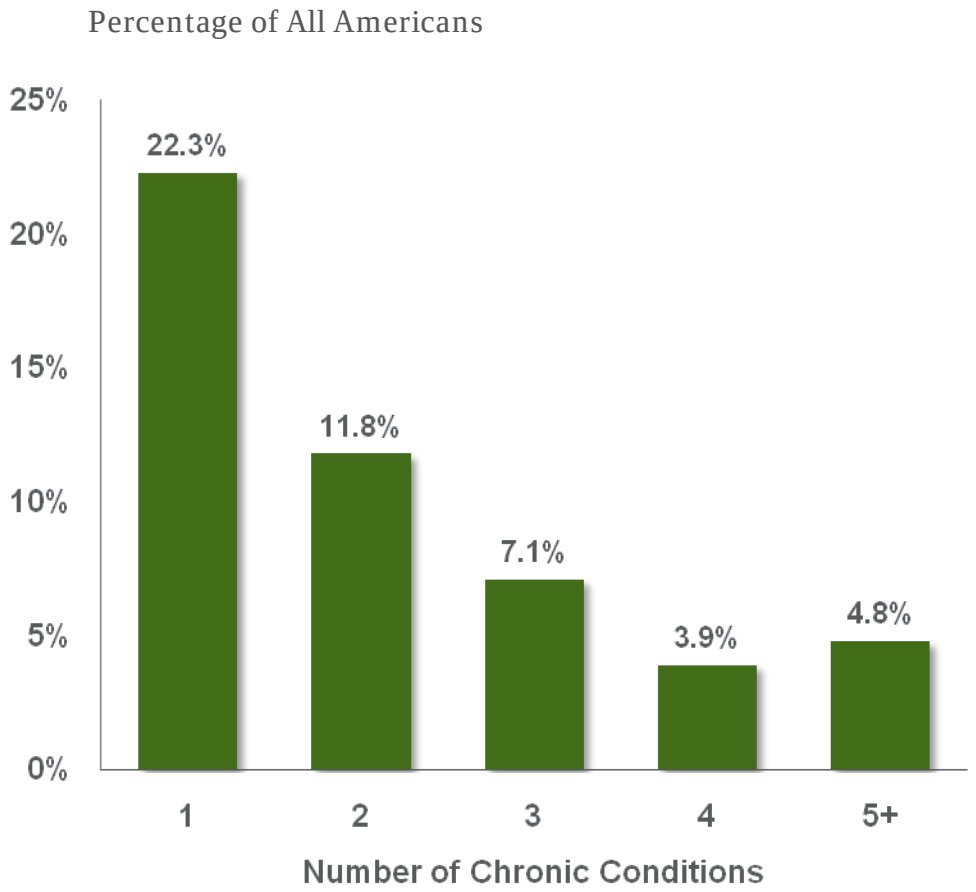
CHRONIC DISEASES ARE PREVENTABLE!!

- **Preventable** illness makes up 70% of the total burden of disease and their associated costs
  - Chronic diseases are the leading causes of death; cost billions of dollars annually, including nearly 17% of the US GNP
- The same 3 risk factors (tobacco use, physical inactivity, overweight) are linked to **multiple** chronic diseases (cancer, CVD/stroke, diabetes) and to **injury**
  - Individuals at risk for one chronic disease are often at risk for other diseases
  - One effective intervention strategy can reduce risk for multiple risk factors and chronic diseases

Source: Centers for Disease Control and Prevention. (2009). *Chronic Diseases: The Power to Prevent, the Call to Control*. http://www.cdc.gov/chronicdisease/resources/publications/AAG/pdf/chronic.pdf

The Prevalence of Multiple Chronic Diseases

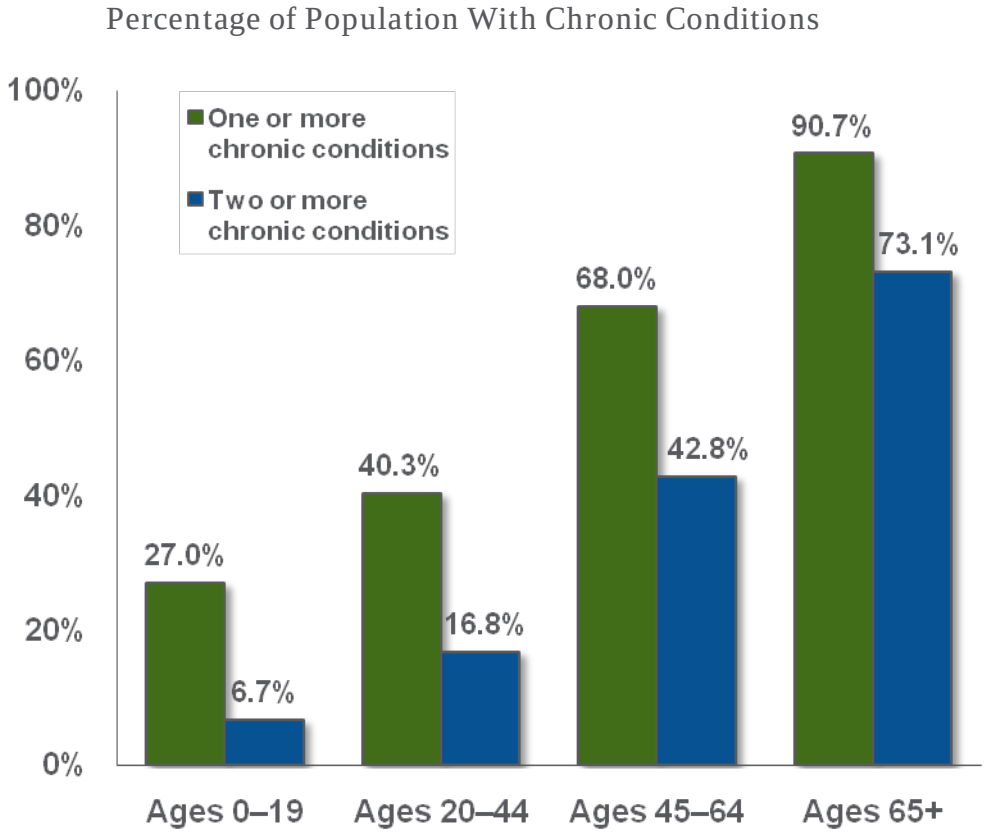
- **At least 22% of all Americans have at least one chronic condition and 28% have two or more chronic conditions.**
- **Thus, 50% of the population is affected by chronic diseases**



Source: Medical Expenditure Panel Survey, 2006 in Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care.* Robert Wood Johnson Foundation. http://www.rwjf.org/pr/product.jsp?id=56888.

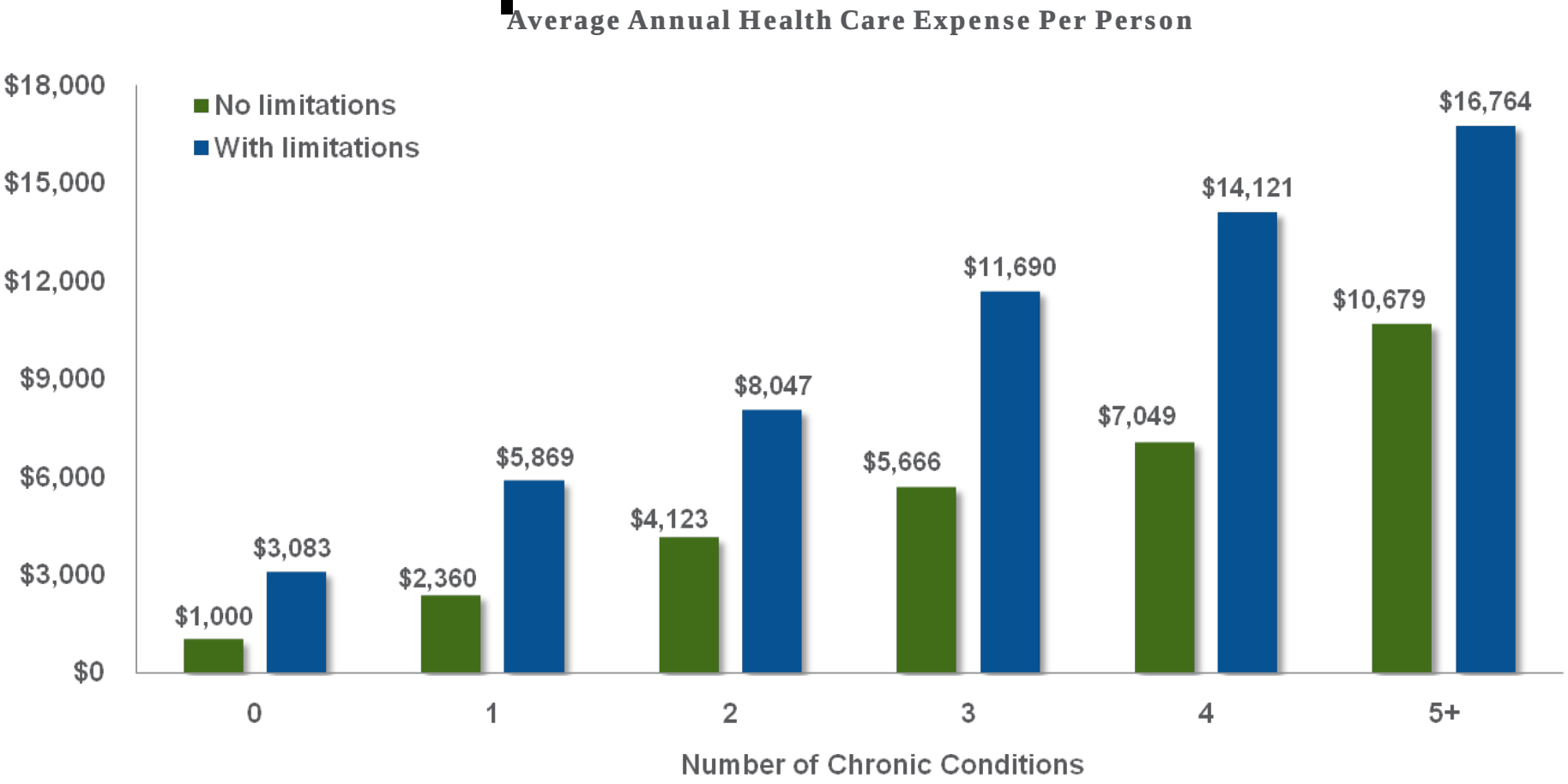
Prevalence of Multiple Chronic Conditions Increases with Age

- **Prevalence of chronic conditions increases at all ages**
- **73% of people age 65+ have multiple chronic conditions.**



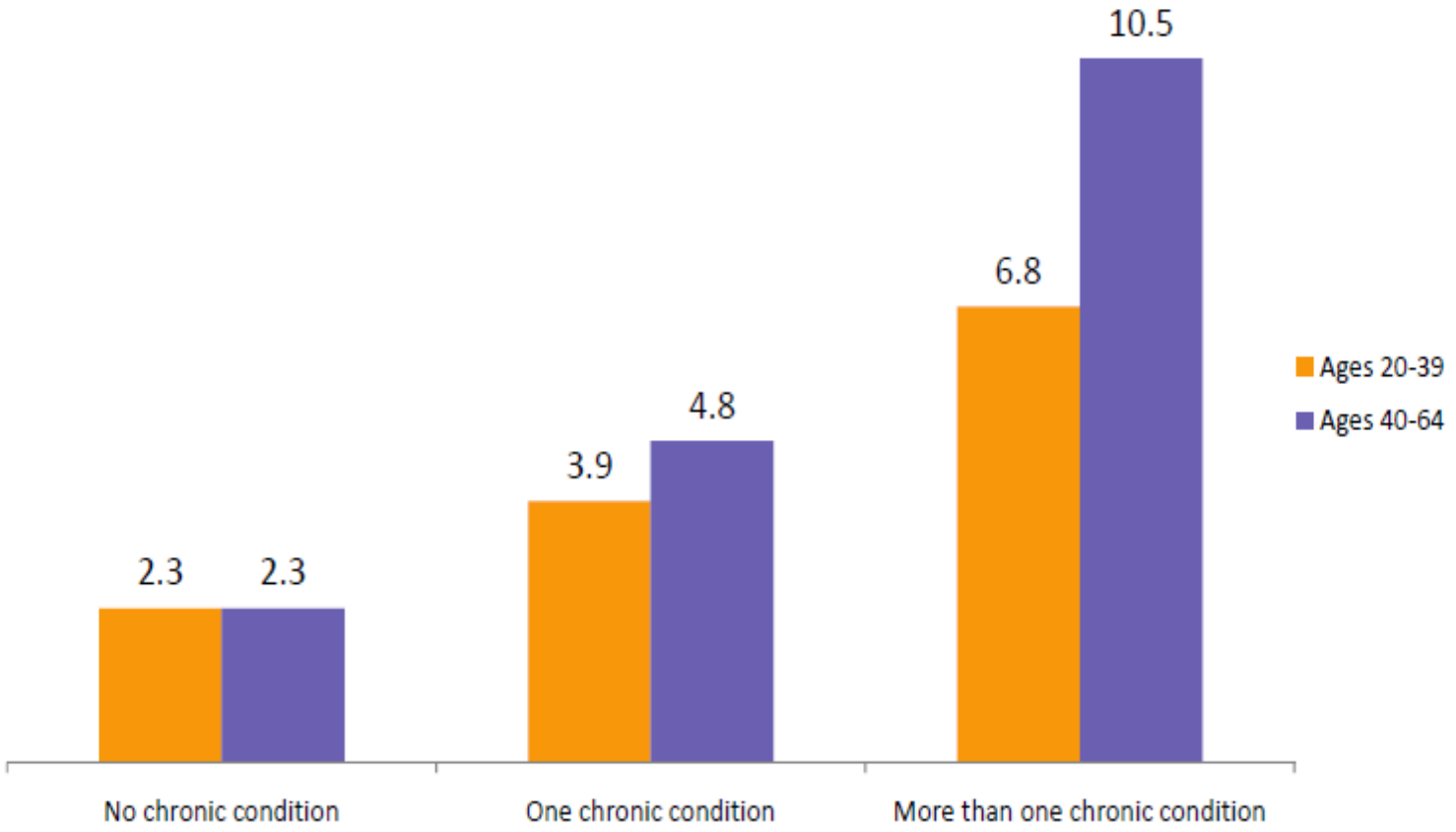
Source: Medical Expenditure Panel Survey, 2006 in Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care.* Robert Wood Johnson Foundation. http://www.rwjf.org/pr/product.jsp?id=56890.

Healthcare Spending Almost Doubles with People Who Have Chronic Disease



Source: Medical Expenditure Panel Survey, 2006 in Anderson, G. (2010). Chronic Care: Making the Case for Ongoing Care. Robert Wood Johnson Foundation http://www.rwjf.org/pr/product.jsp?id=57010.

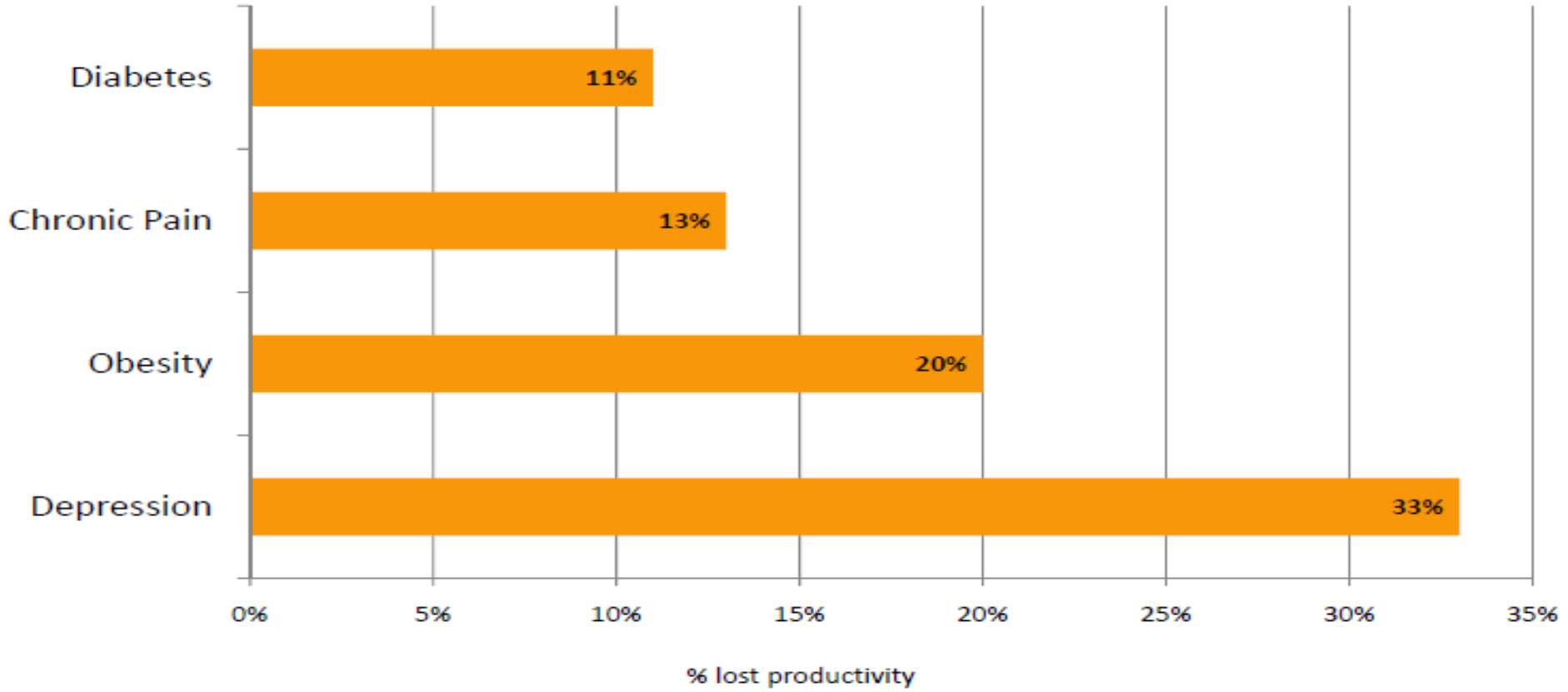
Chronic Conditions and Average Annual Days Lost by Age of Worker



ACHP
ALLIANCE OF COMMUNITY HEALTH PLANS

Source: "2009 Almanac of Chronic Disease." *Partnership to Fight Chronic Disease.* www.fightchronicdisease.org Aug, 2009

Productivity Losses and Selected Chronic Conditions



Source: "2009 Almanac of Chronic Disease." *Partnership to Fight Chronic Disease.* www.fightchronicdisease.org Aug, 2009

CAN COMPREHENSIVE WORKPLACE PROGRAMS MAKE A DIFFERENCE REGARDING THE CHRONIC DISEASE BURDEN?

THE GOOD NEWS ABOUT WORKPLACE HEALTH PROMOTION PROGRAMS… EVIDENCE SUGGESTS…

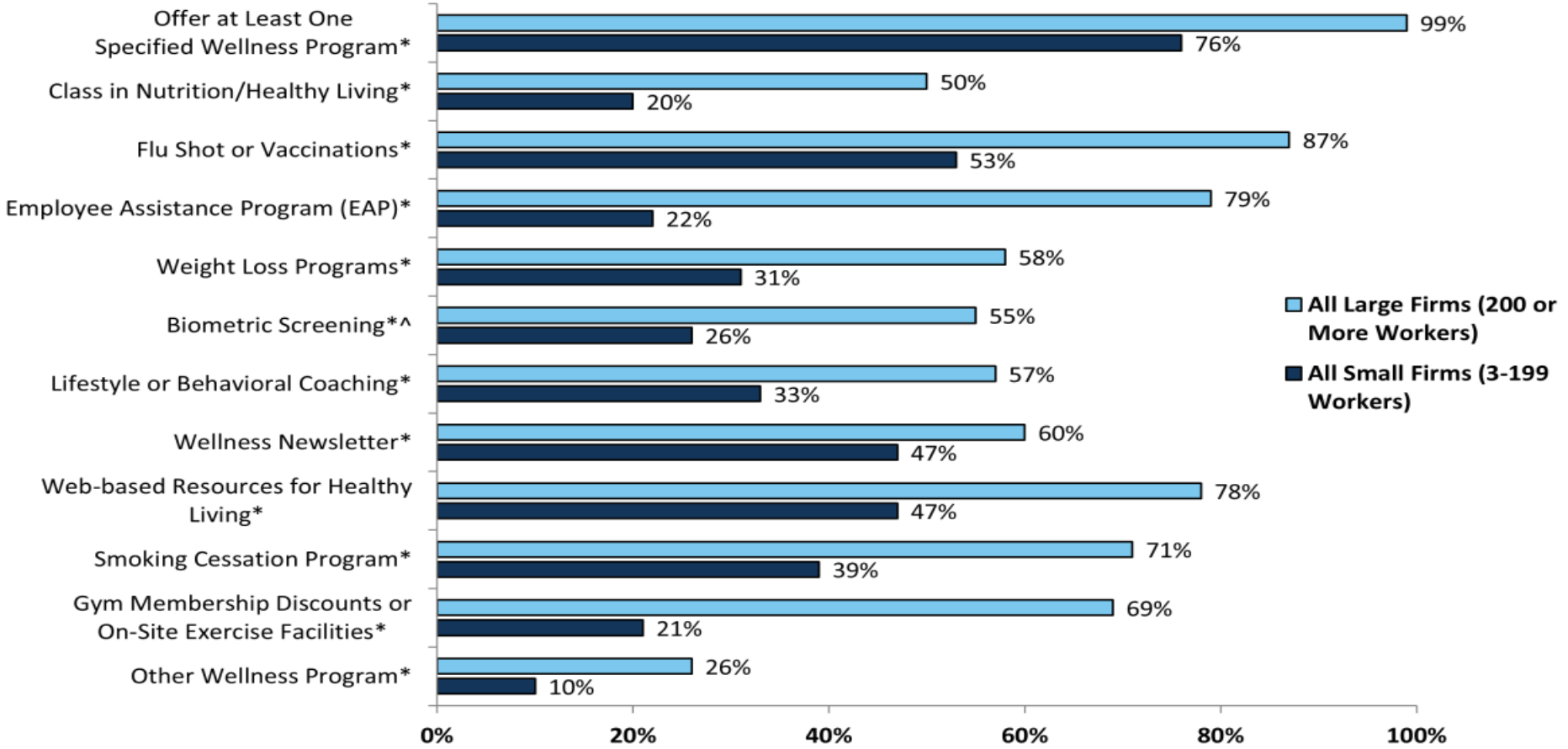
- **Comprehensive WHPs** have demonstrated an ability to improve:
  - Employee health and reduce risk factors for chronic disease
  - Productivity
  - Employee morale
  - Control health care costs
- **"Sufficient evidence"** exists that environmental supports and policies at the workplace promote behavior change
- **Return on Investment (ROI): $3-$4 to $1**

WHAT ARE THE KEY ELEMENTS OF A **COMPREHENSIVE** PROGRAM?

- Health education programs
- Screening with appropriate follow-up and education
- Social and physical environmental supports/policies
- Linkages to safety and other employee benefits
- Administrative/organizational and structural support for wellness (e.g. staffing, resources, strategic planning efforts, wellness committee)

WHAT ARE EMPLOYERS CURRENTLY DOING?

Exhibit 12.3
Among Firms Offering Health Benefits, Percentage Offering a Particular Wellness Program to Their Employees, by Firm Size, 2013



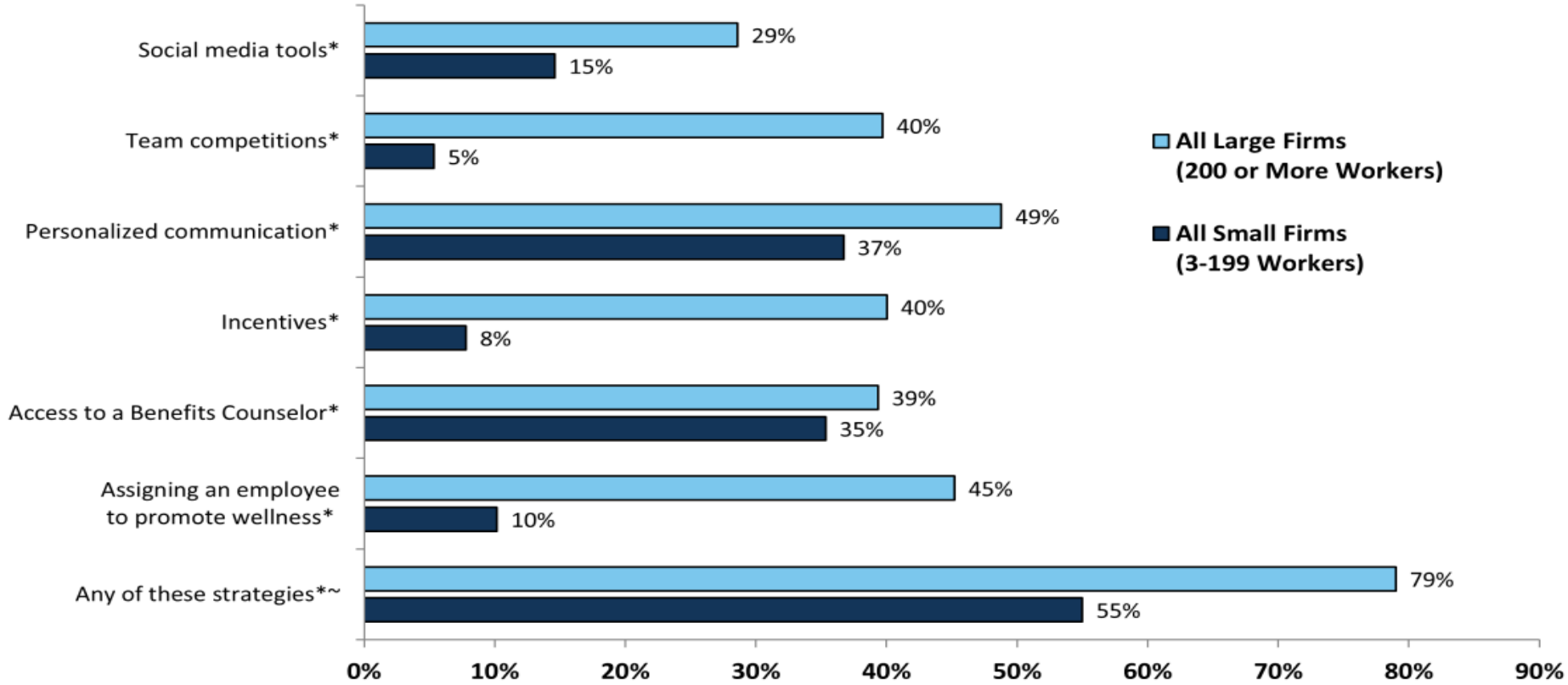
* Estimate is statistically different between All Small Firms and All Large Firms within category (p<.05).

^ Biometric screening is a health examination that measures an employee's risk factors such as cholesterol, blood pressure, stress, and nutrition.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

THE HENRY J. KAISER FAMILY FOUNDATION

Exhibit 12.11
Among Firms Offering Health Benefits and Wellness Programs, Percentage Using the Following Strategies to Promote Wellness Programs, by Firm Size, 2013



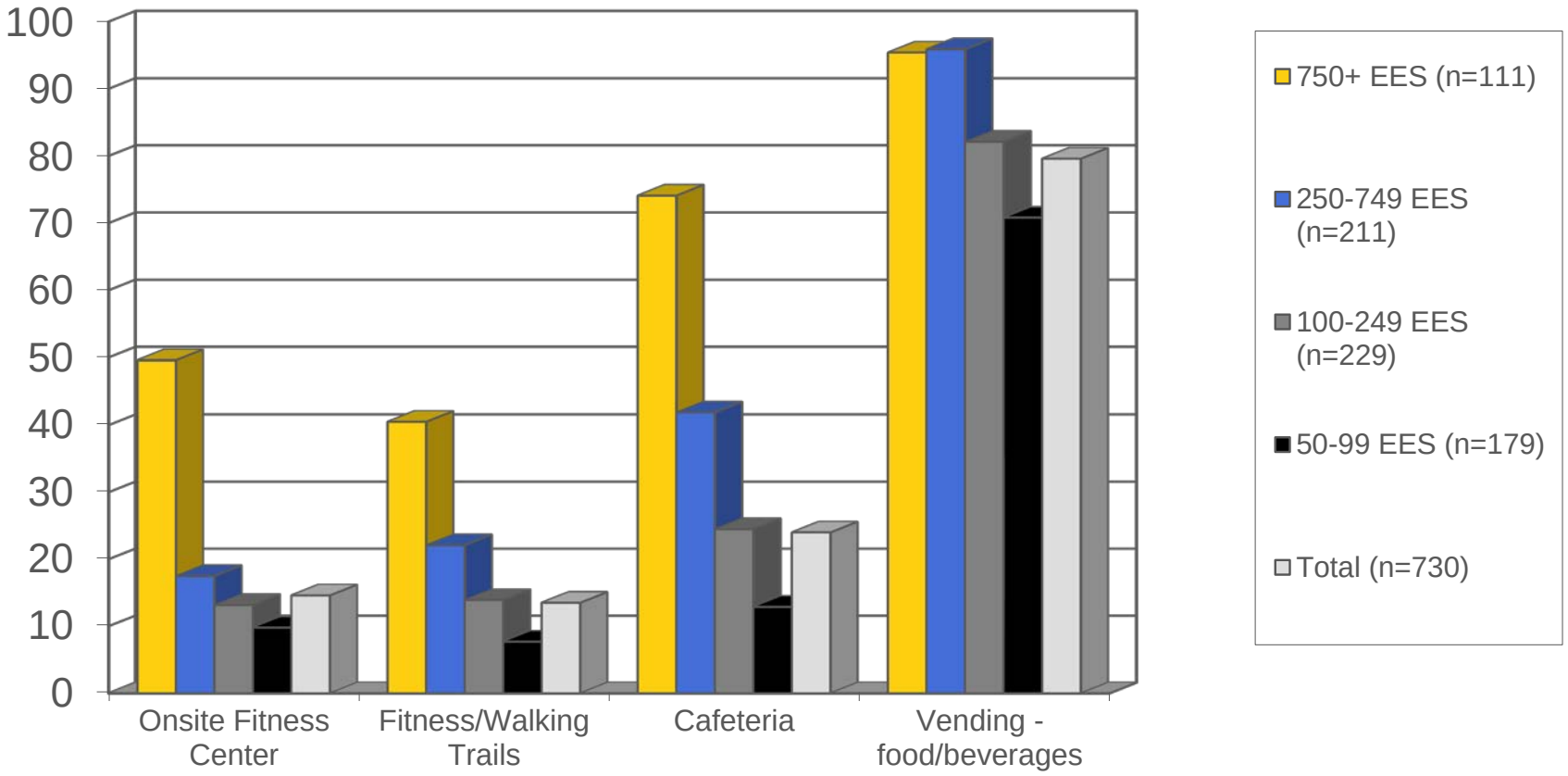
* Estimate is statistically different between All Small Firms and All Large Firms within category (p<.05).

~ Includes firms that use any of the strategies indicated in this exhibit.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

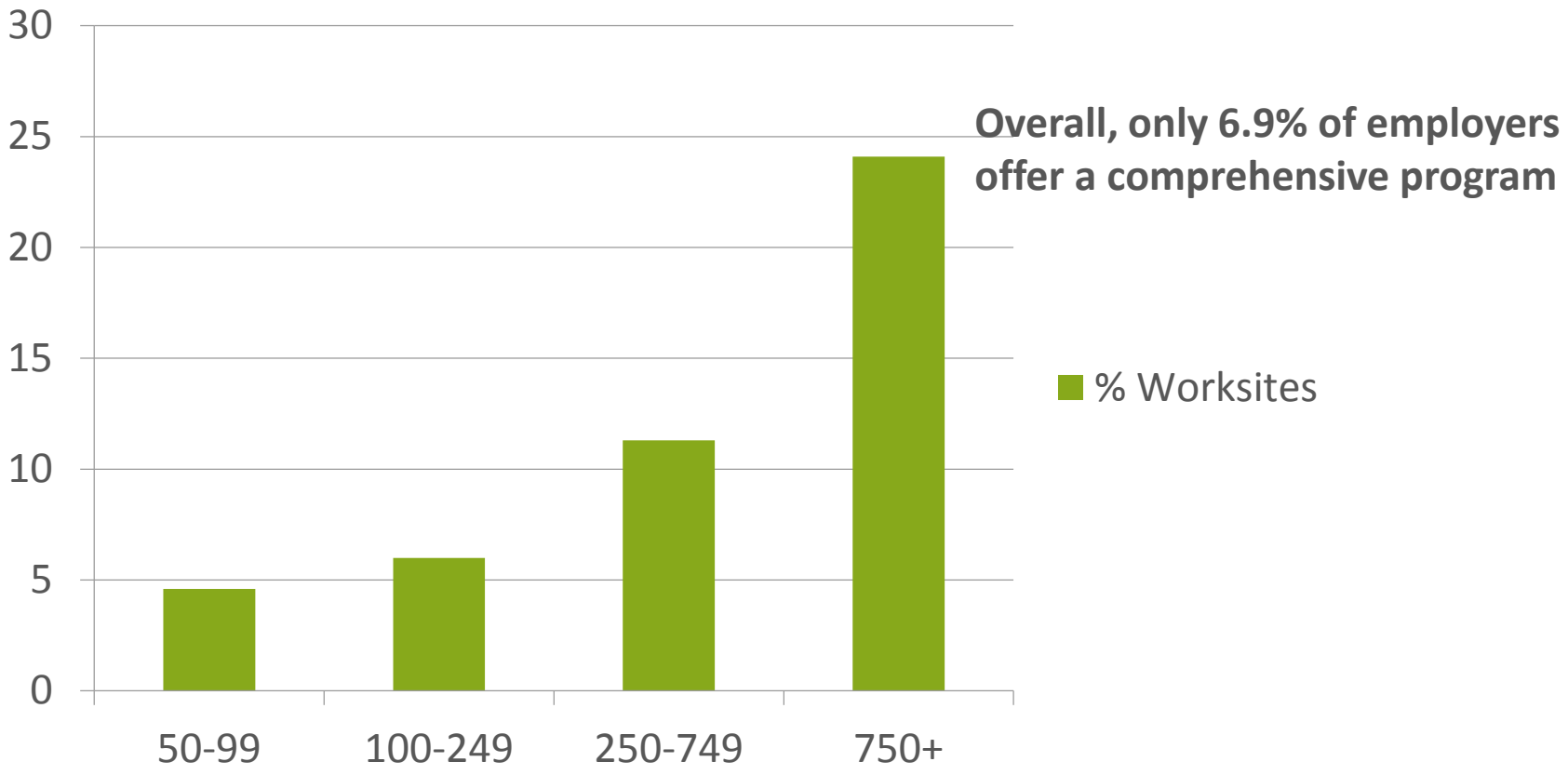
THE HENRY J. KAISER FAMILY FOUNDATION

Select Environmental Programs by Worksite Size



Linnan, Bowling et al, 2008, AJPH

PERCENT OF EMPLOYERS WHO OFFER **COMPREHENSIVE PROGRAMS** BY WORKSITE SIZE



Overall, only 6.9% of employers offer a comprehensive program

Linnan, Bowling et al, AJPH, 2008

WHAT ARE THE CHALLENGES FOR ENGAGING EMPLOYEES AND EMPLOYERS?

EMPLOYEE PARTICIPATION: CHALLENGING TO ASSESS AND IMPROVE

- Review articles
  - Glasgow (1993); and Bull & Glasgow (2003)
    - Participation rates among eligible employees were reported in 87.5% of studies but data on characteristics of participants versus nonparticipants were reported in fewer than 10% of studies
    - Almost none reported on representativeness of employees, work site settings studied, and longer term results.
- How is “participation” defined?
  - Initial contact vs. new joiner vs. completer?
- Who participates? Who does not?
  - Mixed results – healthy, women, older?
  - Who has access or ability to participate?

CHALLENGES FOR EMPLOYERS & EMPLOYEES

WHAT EMPLOYERS TELL US…

- Lack of knowledge about what to offer
- Lack of staff to help
- Cost
- “Leave it up to the workers”
- Lack of interest among employees
- Competing work demands

WHAT EMPLOYEES TELL US….

- Lack of time to participate
- Privacy concerns
- Mistrust of health care
- Fear of job loss
- Lack of awareness about benefits or health
- Difficult manager/supervisor-employee relations
- Lack of access to programs (e.g. shift, temporary/contingent)
- Competing work (or work-family) demands

Differences in Perceived Barriers Between Frontline Employees, Supervisors & Top Managers

Frontline Staff	Direct Supervisors	Upper Management
Receive limited communication about available UNC resources Rely on supervisors to communicate programs, but there is no accountability. "Some managers will decide what their employees can attend for them" Language barriers lead to differences in treatment by management	Difficult to communicate all messages when many frontline staff have limited computer skills and poor access to email, but all communication is through email.	Language barriers and lack of staff email access present a challenge to communicating with staff about offerings "If we hear of something that's being offered on campus, we spread the news...We put the ownership on them to come to us and say that is something I want to do...but we make sure they know the option is there."

“SPRAY AND PRAY” INTERVENTIONS!!

- Group classes
- Self-help educational materials
- Phone coaching
- Campaigns/contests
- Technology – ehealth (web-based) or mhealth (mobile) interventions** (growth!)
- Peer support
- Environmental programs
- Incentives

RE-AIM INTERVENTIONS

- **Reach:** the greatest number of employees, including those at high risk, and, those who are representative of the larger workforce
- **Effective:** have the best impact on the intended outcomes, minimize negative or unintended negative outcomes, at the lowest cost
- **Adoption:** are able to be take up by the greatest number of employers because they are feasible to offer; and, among a representative sample of employers
- **Implementation:** can be delivered with fidelity every time, by staff with modest training, and with minimal resources
- **Maintenance:** programs that will “stick” over time

STRATEGIES FOR ENGAGING EMPLOYEES IN THEIR HEALTH…

A **COMPREHENSIVE** PROGRAM ESTABLISHES SOME VALUES, NORMS & EXPECTATIONS ABOUT HEALTH…..

- Health education programs
- Screening with appropriate follow-up and education
- Social and physical environmental supports/policies
- Linkages to safety and other employee benefits
- Administrative/organizational and structural support for wellness (e.g. staffing, resources, strategic planning efforts, wellness committee)

EVIDENCE-BASED WORKPLACE INTERVENTION STRATEGIES

TABLE 4: Selected Worksite-Specific Findings: Task Force on Community Preventive Services	
Intervention	**Findings**
Assessing employee health risks	•Evidence is ***sufficient*** to offer an Assessment of Health Risks with Feedback plus Health Education in order to change employees health based on *strong evidence* of effectiveness in improving one or more health behaviors or conditions in populations of workers •Evidence is *insufficient* to recommend use of only an Assessment of Health Risks with Feedback
Decreasing employee tobacco use	•Evidence is ***sufficient*** to recommend incentives and competitions when combined with additional interventions are effective in decreasing tobacco use •Evidence is *insufficient* to determine whether or not worksite-based incentives and competitions alone work to reduce tobacco use among workers •Evidence is ***sufficient*** in recommending smoke-free policies to reduce tobacco use among workers
Reducing body weight and BMI	•Evidence is ***sufficient*** that worksite health promotion programs aimed at improving nutrition, physical activity, or both, are effective in reducing body weight and BMI.

CDC Home

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

SEARCH

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

State, Tribal, Local, and Territorial Public Health Gateway

HRA + Feedback + Health Education

STLT Gateway

- Get Connected
- About CDC and the Public Health System
- Science and Research
- Accreditation and Performance
- Professional Development
- Products and Resources for STLTs

Recommend Tweet Share

Community Guide

The Guide to Community Preventive Services is produced by the Task Force on Community Preventive Services and is a credible resource for evidence-based recommendations about what works to protect and improve health.

The Community Guide recommendations are based on a scientific systematic review process and answers some of the critical questions around public health interventions (e.g. what works for a particular population, what are the costs, etc.)

Strong Evidence of Effectiveness

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Office for State, Tribal, Local and Territorial Support
Mailstop: E-70
4770 Buford Highway, NE
Atlanta, GA 30341

CAROLINA HEALTH ASSESSMENT & RESOURCE TOOL

How CHART Works*

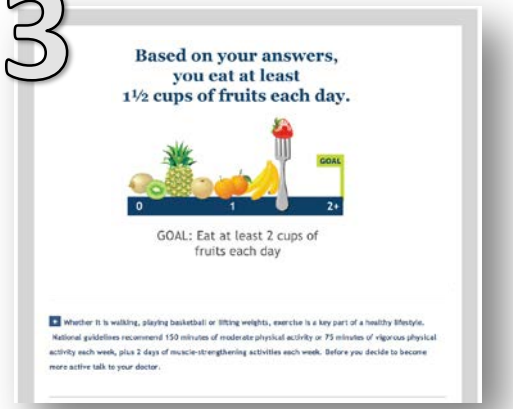
1

Researchers set up study on CHART platform

2

Participants complete surveys

3

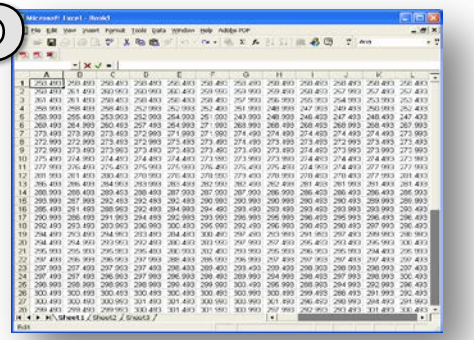


Participants view Personalized Reports

4

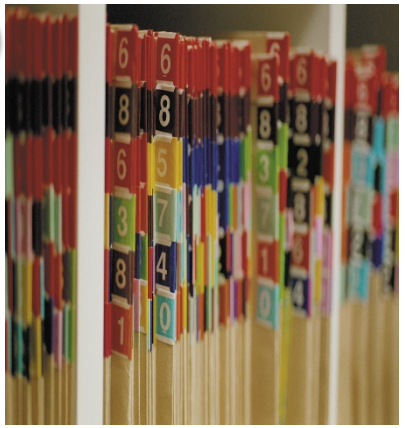
Reports are enhanced with interventions

5



Researchers receive data for analysis

6



Link to medical records???

My Health Behaviors to Discuss with My Doctor

This report was created using the patient's responses to CHART, the Carolina Health Assessment and Resource Tool. CHART health assessments are comprised of items from a variety of validated sources, such as the CDC's Behavioral Risk Factor Surveillance System (BRFSS) and others. For more information, visit chart.unc.edu or contact chart@unc.edu.

Patient's Name:

Date Completed: 03/10/14

MODULE	MY BEHAVIOR	RECOMMENDED BEHAVIOR	READY TO CHANGE
YOUR EATING HABITS	I eat at least 1.5 cups of fruits and 2.0 cups of vegetables each day.	Eat at least 2 cups of fruits and 3 cups of vegetables each day.	Medium
YOUR PHYSICAL ACTIVITY	I get 90.0 minutes of physical activity each week.	Get at least 150 minutes of physical activity each week.	High
YOUR ALCOHOL USE	On days I drink alcohol, I have 2 drinks.	Drink no more than 1 alcoholic drink each day.	Low
YOUR TOBACCO USE	I smoke cigarettes Every day. I smoke cigars, cigarillos, or filtered cigars Some days. I use smokeless tobacco products Some days.	Be tobacco free.	High
YOUR SLEEP HABITS	I get 7 hours of sleep in a 24-hour period.	✓ Congratulations! You get 7-9 hours of sleep in a 24-hour period.	N/A
YOUR EMOTIONAL HEALTH	I've been feeling a distress level 6 of 10 in the past week.	Minimize distress in your life.	Medium
YOUR DRIVING HABITS	I talk and text or email on a cell phone while driving.	Never use a cell phone (talk/text/email) while driving.	High
YOUR HEALTH & HEALTH CARE	In general, my health is very good.	✓ Congratulations! You say, in general, your health is very good.	N/A
YOUR WEIGHT	My BMI is 21.0, which is in the normal range.	✓ Congratulations! Your weight is in the healthy range (BMI 18.5-24.9).	N/A

Specific health concerns or issues that I would like more information about: Tobacco use

- Who We Are
- Learn About Peer Support
- Promote Peer Support
- Get Connected
- Take Action
- Tools & Training
- News & Events

Peers for Progress is a program of the American Academy of Family Physicians Foundation and supported by the Eli Lilly and Company Foundation.

Peers for Progress

A Program of the American Academy of Family Physicians Foundation

A Learning Community of Peer Support

Peers for Progress is building a Global Network of Peer Support Organizations, and invites you to join in this global endeavor.

>JOIN THE GLOBAL NETWORK

peersforprogress.org

IDEA EXCHANGE

A summer of Peer Support in Thailand
Note: This is the first in a two part series by two University of North Carolina Masters of Public Health students...

>READ MORE

Peer Supporter Training Resources Series
Training Peers to Deliver a Church-Based

HEADLINES & FEATURES

Updated Peers for Progress Publications List
This is a continually updating list of recent Peers for Progress publications and presentations. This current version...

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PfP Guide to Program Developmen
Management

SCIENTIFIC EVIDENCE

Community Health Workers Assisting with Childhood Asthma
Peretz and colleagues reported the results of a New York based Asthma program to address asthma in the community. As...

>READ MORE

FEEDBACK | E-NEWSLETTER | CONTACT PEERS FOR PROGRESS

SITEMAP

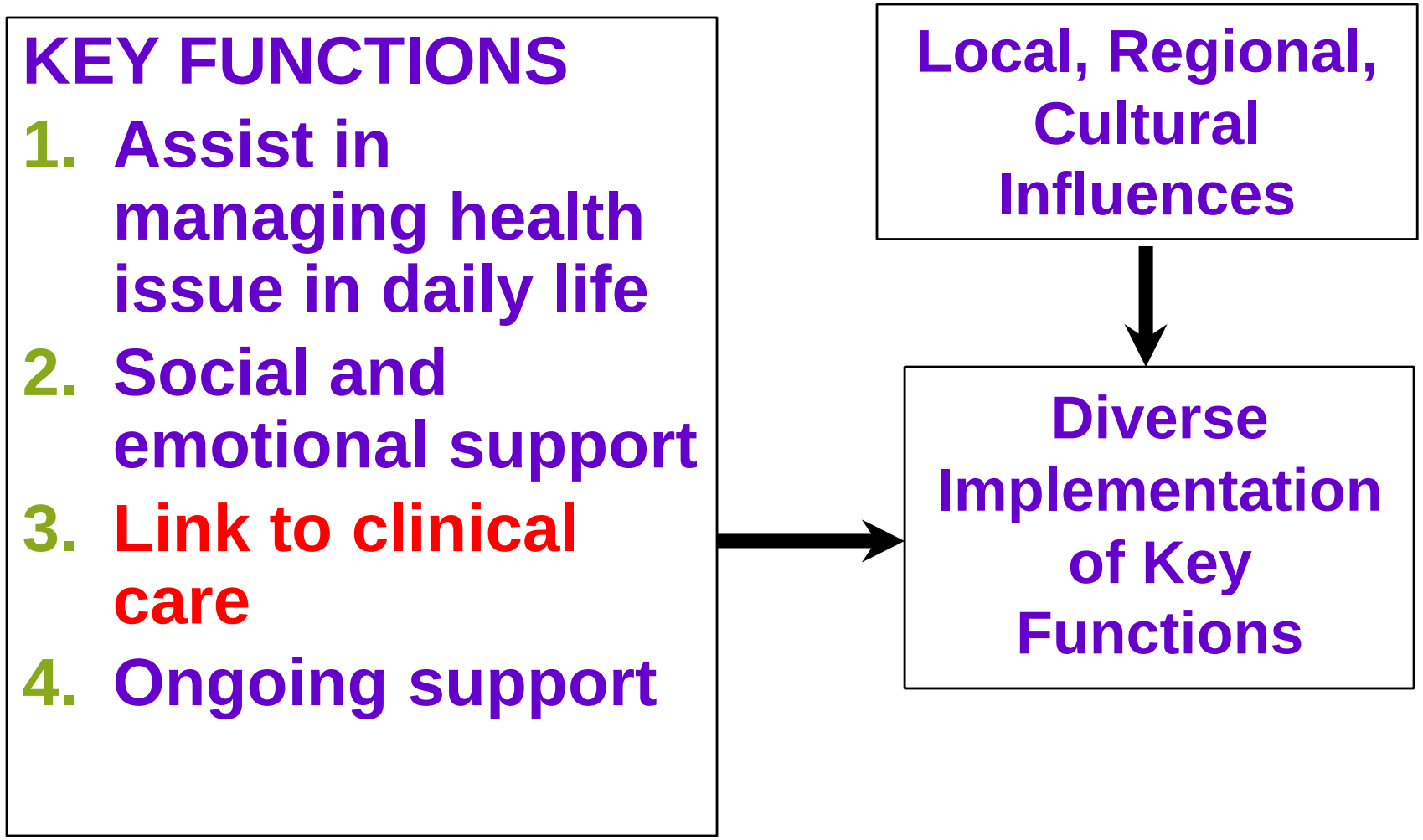
WHAT IS PEER SUPPORT?

- “Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful…

- … this connection, or affiliation, is a deep holistic understanding based on mutual experience…..”
  - Mead and colleagues, 2001

“Standardization by function, not content”

Hawe *et al*. *British Medical Journal* 328:1561-1563, 2004.
Aro *et al*. *Eur J Public Health* 18:548-549, 2008



WHY PEER SUPPORT AT WORK?

- Healthier employees experience improved productivity, morale, satisfaction and the potential for an improved financial “bottom line”
- Can reach large numbers of adults with health information and services
- Existing “community” of employees with established relationships and shared work experience
- Some type of support (positive and negative) is already a part of most work cultures
- Informal work routines, formal work schedules and technology may provide increased access/opportunities

WHO PROVIDES PEER SUPPORT AND FOR WHAT HEALTH CONDITIONS?

- Wellness Committee members or other “health champions”

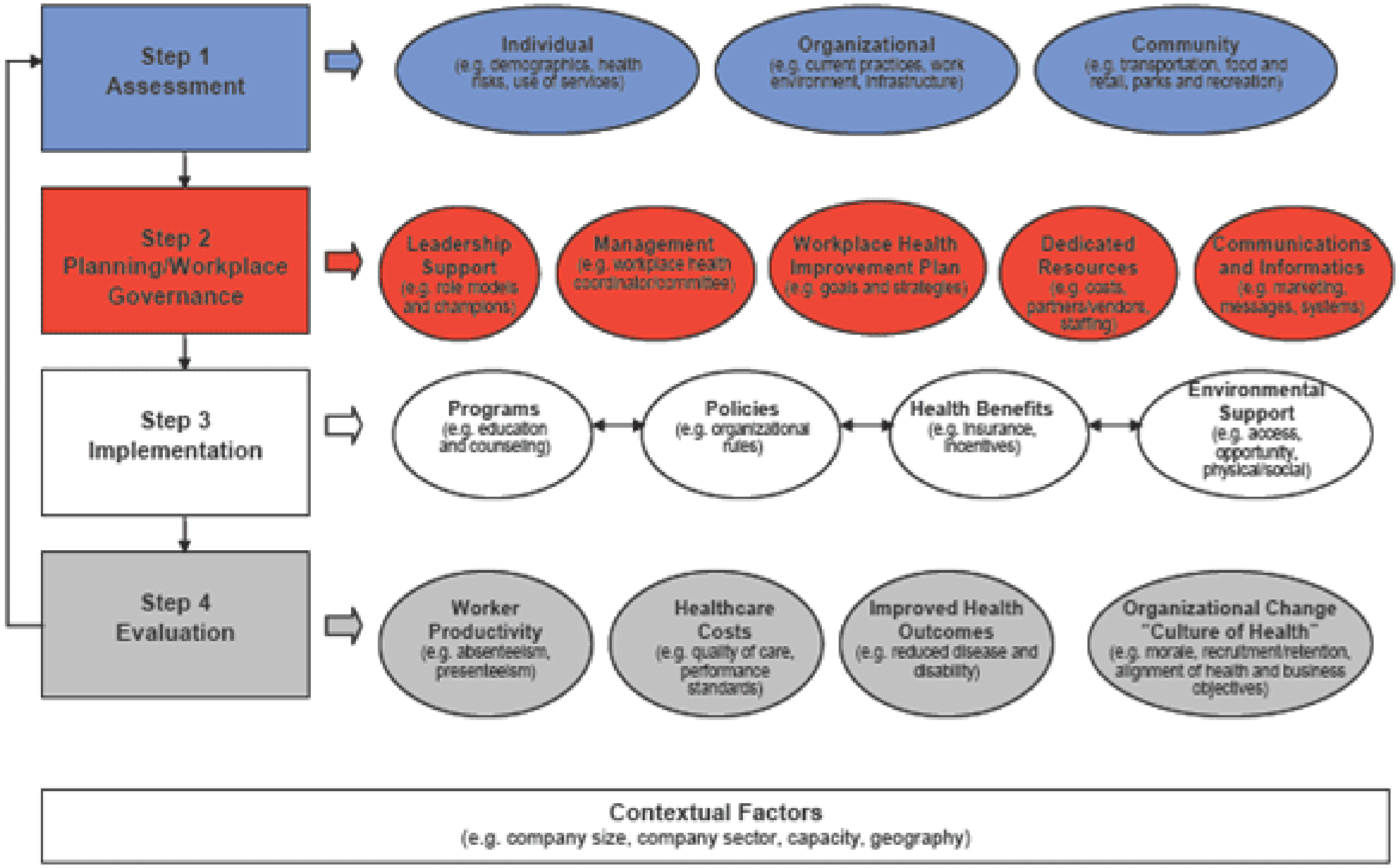
- Co-workers who have experienced a particular health issue or condition
  - People who have had (or are living with) a particular disease (e.g. diabetes, cancer)
  - People who have experienced and/or have overcome a particular risk factor (e.g. ex-smokers, wt. loss)

- Other potential health topics: Asthma, Migraines, Nutrition behaviors, Weight loss, Cancer screening, HIV/AIDS, Smoking cessation, Back injury care

EVIDENCE-BASED PEER SUPPORT INTERVENTIONS AT THE WORKPLACE

- **Buller et al, 1999**
  - Selected from “cliques”/informal networks of employees using social network analysis
  - Peer-led worksite nutrition education (5-A-Day)
  - Lower SES, multicultural labor & trades from 10 public employers in Arizona (n=2091)
  - Peer educators received 16 hrs training/provided assistance to co-workers for 2 hrs/week
  - **Results:** Ix vs. control increased F&V intake by .77/nearly one serving of F&V ($p<.0001$); maintained effect of .41 ($p=.034$) at 6 mo-follow-up
- **Odeen et al, 2013**
  - Peer advisors trained to serve as role models and disseminate info to female employees re: breast and cervical cancer screening
  - RCT over 16 months in 26 worksites
  - Peers offered small groups, one – one outreach and helped plan 2 campaigns
  - **Results**: Ix participants cervical cancer screening rate OR=1.28 (1.01,1.62) over control participants

Workplace Health Model



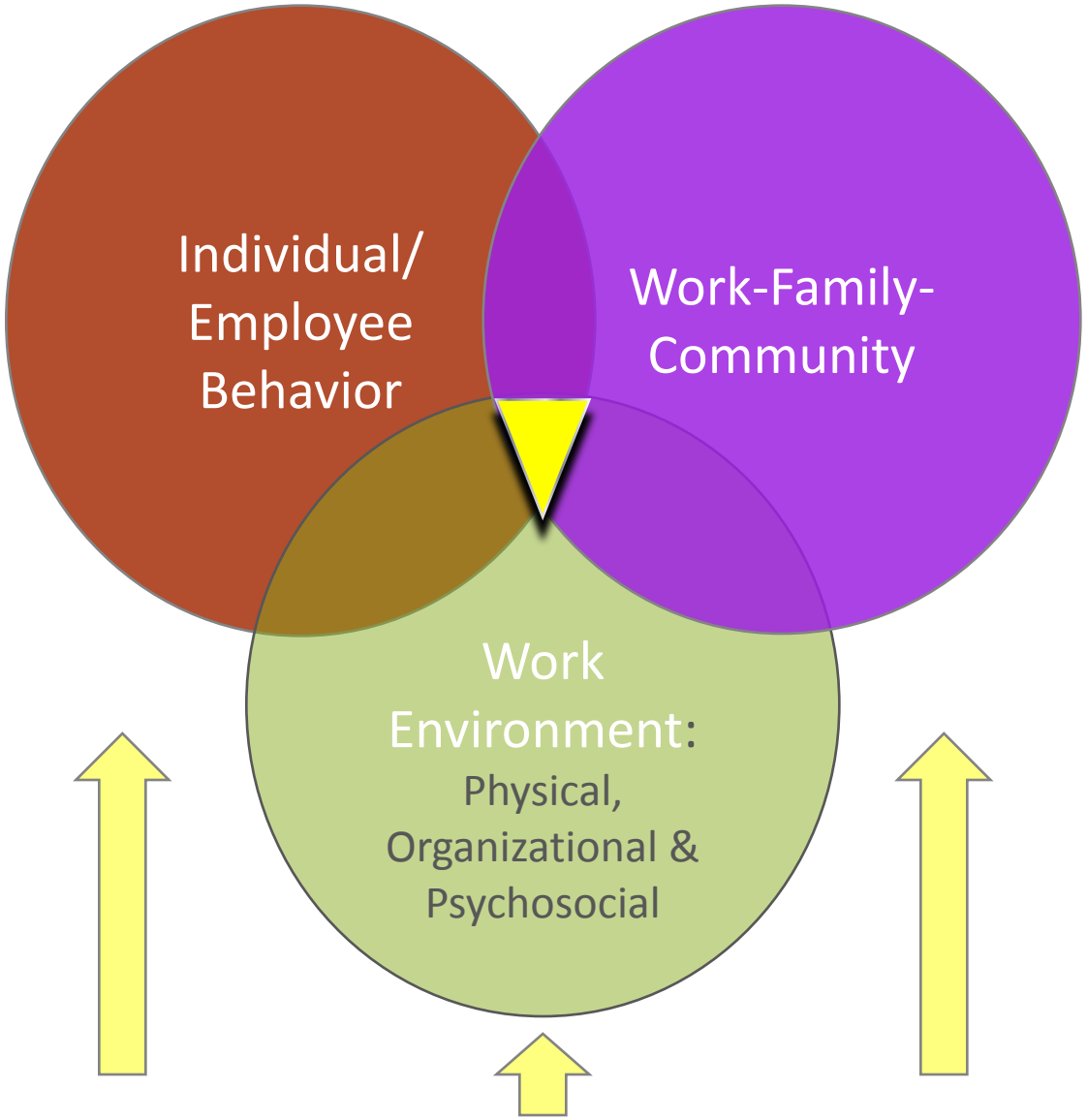
Who Is Most Likely To Have a Comprehensive Worksite Health Promotion Program?

- Controlling for all factors (e.g. model adjusted for worksite size, staff, experience, industry type) we learned that:
  - Worksites with 750+ employees were 4.4 times as likely to have a comprehensive program ($p=.06$)
  - Worksites with a **dedicated staff person** were 10.3 times more likely to have a comprehensive program ($p<.05$)
  - Finance/agriculture/mining industry sectors were significantly less likely to have a comprehensive worksite health promotion program ($p<.05$)

Linnan, Bowling et al, 2008 AJPH

EVIDENCE OF EFFECTIVENESS RE: INTEGRATED APPROACHES / TOTAL WORKER HEALTH

- **“Integrated” approaches address both health protection and health promotion…in a NIOSH-supported “Total Worker Health” effort**
- **Sorenson (2002)**: RCT: Double the smoking quit rate among blue collar smokers who received the integrated intervention (walk-through plus WHP intervention vs. WHP intervention alone); and, improved participation rates as well
- **Pronk (2013):** Synthesis of the literature on effectiveness and cost outcomes associated with integrated health protection and promotion programs
  - Sufficient evidence of effectiveness for integrated programs on health outcomes
  - Impact on productivity-related outcomes is promising, but inconclusive
  - Insufficient evidence of saving on health care expenditures
  - Case Employers: Dow Chemical, 3M, USAA, Johnson & Johnson



"Integrated" health and safety programs are consistent with **"Total Worker Health"**

Social, Political, Economic, Legal Influences

Benefits of Employee Wellness Committees

- Help tailor HPPs programs to employees and to worksites (Baker et al, 1994; Grawitch et al., 2009)
- Increase participation in health promotion programs (Hunt et al., 2000; Linnan et al, 2001)
- Worksites with a wellness committee and coordinator were more likely to have environmental supports/policies for health (Brissette, 2008) and to have a comprehensive HPP (Linnan, 2008)
- Employee involvement in program development can enhance program benefits (Grawitch et al, 2007)
- EWCs increase the likelihood of wellness program sustainability (Sorenson et al. 2004)

NC Office of State Personnel Worksite Wellness Un-Funded Mandate (Feb 2008)

- Each agency head shall designate a Wellness Leader at the management level
- Each agency shall establish an Employee Wellness Committee (EWC)
- EWCs should elect a wellness chair or co-chairs to conduct meetings and lead activities
- Each agency and its' EWC shall offer health programming to promote employee wellness

Participatory Intervention for Workplace Improvements on Mental Health and Job Performance Among Blue-Collar Workers: A Cluster RCT

Tsutsumi et al. JOEM. (2009). 51(5):554-563.

Objective: To explore the effect of participatory intervention for workplace improvement on mental health and job performance.

Methods: Eleven assembly lines were randomly allocated to six intervention and five control lines (47 and 50 workers, respectively). The primary outcome was defined as the improvement in General Health Questionnaire (GHQ) and WHO Health and Work Performance Questionnaire (HWPQ).

Results: GHQ scores significantly deteriorated in the control lines, whereas the score remained at the same level in the intervention lines. HWPQ scores increased in the intervention lines, but decreased in the control lines, yielding a significant intervention effect (P = 0.048).

Conclusion: Employee participatory intervention for workplace improvement is effective against deterioration in mental health and for improving job performance

About Incentives…

Exhibit 12.5

Among Firms Offering Health and Wellness Benefits, Percentage of Firms That Offer Specific Incentives to Employees Who Participate in Wellness Programs, by Firm Size and Region, 2013

	Workers Pay Smaller Percentage of the Premium	Workers Have Smaller Deductible	Receive Higher HRA or HSA Contributions‡	Receive Gift Cards, Travel, Merchandise, or Cash	Any Financial Incentive to Participate in Wellness Program ~
FIRM SIZE					
3-24 Workers	2%	<1%	0%*	4%*	5%*
25-199 Workers	4	2	2	16*	19*
200-999 Workers	10*	2*	5*	24*	32*
1,000-4,999 Workers	22*	5*	19*	34*	53*
5,000 or More Workers	27*	6*	26*	39*	64*
All Small Firms (3-199 Workers)	**3%***	**1%***	**1%***	**7%***	**8%***
All Large Firms (200 or More Workers)	**12%***	**3%***	**8%***	**26%***	**36%***
REGION					
Northeast	2%	<1%*	1%	10%	11%
Midwest	8	1	2	15	19*
South	1	1	1	3*	4*
West	2	<1	<1	4	6
ALL FIRMS	**3%**	**1%**	**1%**	**8%**	**10%**

* Estimate is statistically different within type of incentive from estimate for all other firms not in the indicated size or region (p<.05).

~ Any financial incentive indicates firms that offer employees who participate in wellness programs one of the following incentives: smaller premium contributions, smaller deductibles, higher HRA or HSA contributions, or gift cards, travel, merchandise, or cash.

‡ Only firms that offer an HDHP/HRA or HSA-qualified HDHP were asked if participating employees receive higher HRA/HSA contributions as an incentive to participate in wellness programs.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

DO INCENTIVES WORK FOR ENGAGING EMPLOYEES?

- A growing number of employers have integrated incentives into programming
  - Not only cash, but material goods, time off, rewards/recognition, discounts or increased plan coverage
  - Both carrot and stick approaches are in play – though employees tend to resent the stick approaches
  - Health-contingent programs are of 2 types:
    - 1) activity-only (participate to get reward) or
    - 2) outcomes-based (attain or maintain a health outcome to obtain a reward).
    - Both types: Maximum reward that can be given in 2014 is = to 30% of cost of health coverage for employee + dependents… tobacco is 50%
  - **Evidence suggests that incentives increase participation and initial enrollment; may improve retention over time; but, little observed effects on desired behavior change outcomes**

COMMUNITY CONNECTIONS

- Employer- community connections can increase engagement by…
  - Increasing the number/type of program options
  - Improving accessibility and convenience
  - Decreasing some barriers re: mistrust and/or privacy concerns and/or competing work demands
  - Family-focused options

- **Examples**: community gardens;
  discounts at local YMCA or other gyms;
  referrals to local groups or classes on weight loss;
  self-help quitline smoking cessation services

SUMMARY

- Engaging with employees about health is a multi-layered endeavor and must overcome some serious challenges in order to be effective
- Understanding contextual influences at work is necessary, but not sufficient, to fully engage with employees AND employers around health issues
  - Work environment (culture of wellness, work conditions, safety, support, clinics onsite)
  - Linkages with health care (e.g. clinics, new technology, EMRs, peers)
  - Home (outreach, coaching)
  - Community (referrals and connections)
- Promising intervention strategies to engage employees in health exist within a comprehensive wellness approach
  - HRAs linked to health care providers, peer support, integrated approaches, incentives?
  - Build trust by involving employees in creating/implementing these efforts
  - Cultivate a “culture of wellness” at work, home and community

Contact Information…

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