



Healthy Worksite • Healthy Workforce • Healthy Communities

Worksite Health 101

Program Implementation





National Healthy Worksite Program

Webinar Agenda

- Introduction
 - Toye Williams, MSPH, CDC Contractor (Carter Consulting, Inc.)
- Background and Strategies



- Jessica Davies, BA Panhandle Public Health District
- Strategies and Budgets
 - Bob Hardison, BS Henderson Behavioral Health
 - Kirstie Settas-Jones, MBAMarsh & McLennan Agency | Seitlin



- Summary
 - All
- Q & A





Program Planning and Implementation

Making the Business Case

Relationship between health and performance

Impact of worksite health program

Key components of a comprehensive worksite health program

Leadership and Culture

Driving senior leadership support

Creating a healthy worksite culture

Building infrastructure and capacity

Data Collection

Worksite health assessment process

Types of data to collect

Data for program planning

Planning & Implementation

Determining program goals and objectives

Developing detailed worksite health plans

Putting assessment and planning into practice

Program **Evaluation**

Measuring process and outcomes

Key evaluation metrics

Module 1

Module 2

Module 3

Module 4

Module 5





Learning Objectives

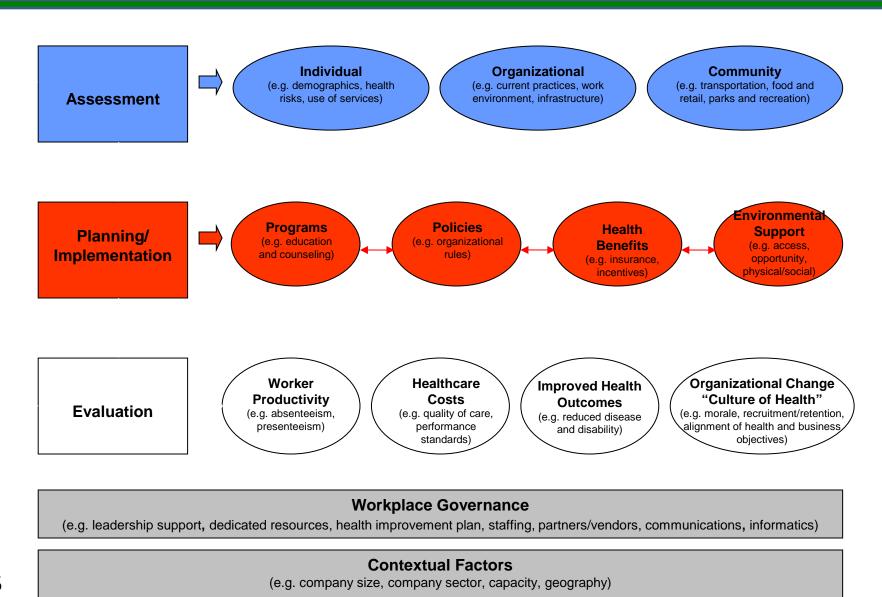
Understand the following:

- Program strategies and interventions
- Types of worksite health interventions
- Intervention Examples





CDC Workplace Health Model



Example Worksite Health Program Planning

Strategic Focus

Year 1 – Employee focus; create a healthy culture and reward participation

Services:

- Healthy Worksite Champion Team
- Organizational Policy Development
- Health Assessment (HA) & Biometric Screening
- Health Campaigns/Challenges
- Onsite Seminars
- Worksite Health Web Portal
- Health Coaching (On site and Telephonic)

Incentives:

- Gateway (1st Quarter) for Premium Differential: completion of HA and Biometric Screening
- 2nd 4th Quarter Incentive: Health Coaching Compliance by Risk Level

Marketing – Communications

- Program Branding and Logo
- Program Roll-out campaign
- Healthy Worksite Committee/Champions
- Monthly Newsletter
- New Hire Packets
- Monthly program talking points

First Year Metrics

- 1) HA/Biometrics participation
- 2) Establish baseline health status measures
- 3) Participation in all programs
- 4) Medical plan renewals
- 5) Participant Satisfaction
- 6) Management satisfaction/experience

Year 2 – Employee and spouse

Add:

- Quarterly company-wide challenges
- Healthy Worksite Champions trained in brief intervention
- Text Messaging Service
- Expand Healthy Worksite Champion Team to include spouses

Add:

- Biometric screening will be mandatory for benefit enrollment
- Preventative Screenings for further Worksite Health Incentives
- HRA / HSA Contribution

Add:

- Targeted communications by medical criteria
- Program / satisfaction survey results
- Healthy Bulletin Boards/Scorecard in central areas

Second Year Metrics

Year 1 metrics plus the following:

- 1) Perception of program effectiveness (employees and management)
- 2) Worksite health event success results (via Committee or Champions)
- 3) Policy compliance / utilization
- 4) Preventive care utilization
- 5) Use of maintenance drugs
- 6) Change in health status

Year 3 – Employee and spouse; reward biometric improvement

Add:

- Client specific year long worksite health challenge
- Mandatory screening for spouses to qualify for benefits

Add:

- Reward Biometric Improvement
- Mandatory screening for spouses to qualify for benefits

Add:

■ Employee and Leadership focus groups

Third Year Metrics

Year 2 metrics plus the following:

- 1) Overall medical costs & lifestyle specific diseases decline
- 2) Change in health status
- Worksite health policies established (healthy food/activities at corporate events, flex work arrangements, work space modifications
- 4) Changes in health care utilization

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
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





Setting Reasonable Expectations

- Creating a healthy worksite culture and changing individual behaviors takes time
- Expectations should be based on several factors:
 - Difficulty (ex: increasing the percentage of people who know their cholesterol numbers is much easier than losing weight or quitting smoking)
 - Financial resources dedicated to the worksite health initiative
 - Policies / environmental changes to support behavior change
 - Benefit plan design and incentive plan
 - Personnel necessary to develop and maintain the program





Worksite Health Interventions

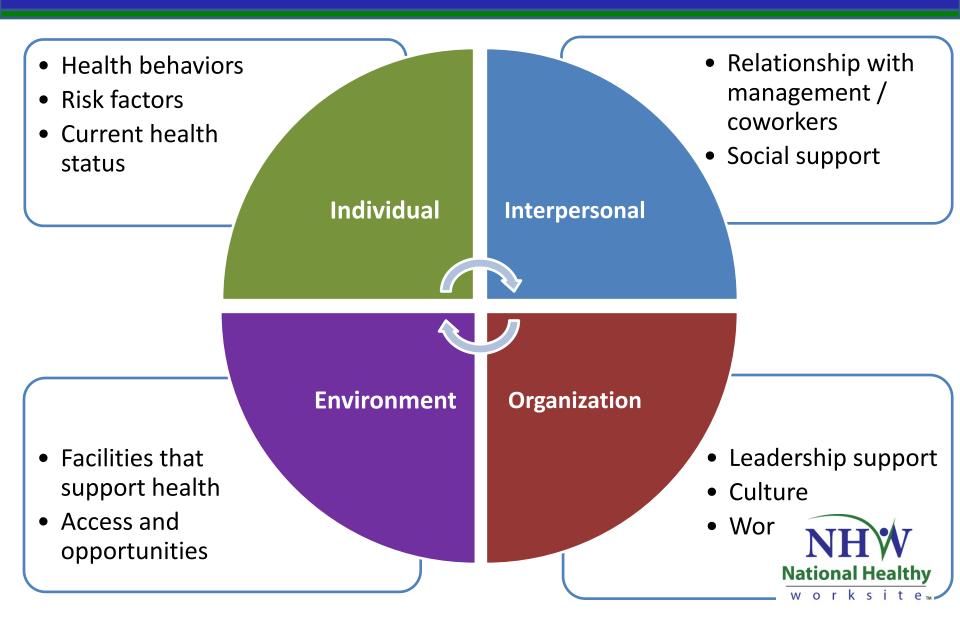
Areas for consideration:

- 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





Program Strategies and Interventions



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





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
 - 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





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





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





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





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 insurance¹
 - Beginning in 2014, employer can offer incentives up to 30% of the cost of coverage²
- 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





Program Interventions

Examples

- Classes or seminars on fitness, nutrition, tobacco cessation or stress management
- Weight management programs that offer counseling, coaching, and education
- Physical activity classes or walking groups/clubs
- Tobacco cessation counseling through a quitline or health plan
- Lifestyle coaching or counseling
- Signage related to health promotion program components
- Information resources such as brochures, videos, posters, pamphlets, newsletters, or other information addressing the risks of physical inactivity, poor nutrition, and tobacco use





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





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





Sample Budget

Sample Worksite Health Budget Template

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	\$0
Health Coaching	Currently planned for Year 2	\$0	\$0
Health Plan Changes	Currently planned for Year 2	\$0	\$0
Health Education Programs	Blood pressure educational workshops	\$250	
	Blood pressure literature and DVD	\$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	\$
	Gym reimbursement	\$820	\$8,820
Total			\$44,395



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

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
- Co-workers





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

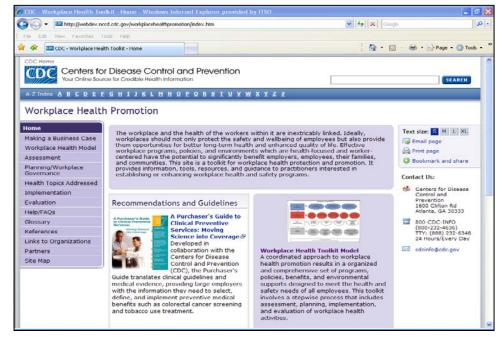




CDC Worksite Health Promotion Resources

www.cdc.gov/WorkplaceHealthPromotion

www.cdc.gov/NationalHealthyWorksite/









Contact Information

Name	Organization	Email
Jessica Davies	Panhandle Public Health District	jdavies@pphd.org
Bob Hardison	Henderson Behavioral Health	bhardison@hendersonbehav ioralhealth.org
Kirstie Settas-Jones	Marsh & McLennan Agency Seitlin	ksettas@mma-fl.com





Upcoming Event

Healthy Worksite Webinar

- Topic: Incentives for Worksite Health Programs
- Date/Time: May 20, 2013 from 1:00-2:30pm
- Speakers:
 - David Anderson, PhD, LP StayWell Health Management
 - Sharon Covert, MS Viridian Health Management
- Registration Link: https://www4.gotomeeting.com/register/369534703

Worksite Health 101 Training

- Topic: Program Evaluation
- Date/Time: July 15, 2013 from 1:00-2:30pm
- Speakers:
 - Laurie Cluff, PhD RTI International
 - James Hershey, PhD RTI International
- Registration Link: https://www4.gotomeeting.com/register/627555247





Continuing Education Credit Redemption

- IACET CEU: The CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102. The CDC is authorized by IACET to offer **0.2** ANSI/IACET CEU's for this program.
- CECH: Sponsored by the Centers for Disease Control and Prevention, a
 designated provider of continuing education contact hours (CECH) in
 health education by the National Commission for Health Education
 Credentialing, Inc. This program is designed for Certified Health Education
 Specialists (CHES) and/or Master Certified Health Education Specialists
 (MCHES) to receive up to 1.5 total Category I continuing education contact
 hours. Maximum advanced level continuing education contact hours
 available are 0. CDC provider number GA0082.
 - Evaluation link: <u>www.cdc.gov/tceonline/</u>



