NHWP Special Topic Webinar

Worksite Health for Small Employers

September 12, 2013
Webinar Agenda

• Background and introductions
  Toye Williams, MSPH, CDC Contractor (Carter Consulting, Inc.)

• Comprehensive worksite health and small employers
  Andy Spaulding, MS, Viridian Health Management
  Dan Krick, MILR, Lincoln Industries
  Anne Marie Snell, BS, Work Well Investments
  Ginny Hridel, BA, Council of Smaller Enterprises

Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention
**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)

**Assessment**

**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)
Lincoln Industries

Dan Krick, Vice President of People Resources
• Employs 500 people; Based in Lincoln, Nebraska
• Largest finishing company in the United States

Lincoln Industries invests heavily in the selection, development and wellness of their people.
• On the Great Places To Work Top 25 Medium Sized Companies list for five years
• Named as a “Model Employer” by the CDC and U.S. Chamber of Commerce
• Won the Koop Award in 2008
• Member of the HERO ThinkTank
Anne Marie Snell, Wellness Director, Health Initiative, and Chief Operating Officer of WorkWell Investments in St. Lawrence County, NY

- Promotes and supports small employer wellness program development across Northern New York.
- Assisted in creating a micro business wellness program model, which combined the buying power of multiple businesses with <75 employees to implement comprehensive wellness programs.
- New York State (NYS) Worksite Wellness Assessment Project: To determine what steps NYS could take to increase the number of small to medium sized businesses with comprehensive worksite health programs.
The Council of Smaller Enterprises (COSE)

Ginny Hridel, Product Manager, Health Insurance and Wellness Programs

- COSE is a small business support organization in Northeast Ohio

- Offers programs and support to help small businesses control health care costs by better managing chronic diseases, encouraging healthier lifestyles and reducing unnecessary health care utilization.
  - Assists in development and maintenance of worksite health programs
  - Offers educational programs, health screenings and risk assessments, seasonal wellness campaigns, fitness discounts, and more
Small Business Defined

• U.S. Small Business Administration: \( \leq 500 \) employees*

• NHWP:
  o Small \( \leq 100 \) employees
  o Mid-Sized \( \leq 250 \) employees

• Regional and special definitions:
  o Massachusetts Wellness Tax Credit: \( \leq 200 \) employees
  o Maine Community Rating Law: \( \leq 50 \) employees

*U.S. Small Business Administration: Small Business Size Standards.
http://www.sba.gov/content/guide-size-standards
## U.S. Small Business Statistics

### U.S. Private Industry – Establishments and Employment (DOL – 2011)*

<table>
<thead>
<tr>
<th></th>
<th>&lt;5</th>
<th>5 to 9</th>
<th>10-19</th>
<th>20-49</th>
<th>50-99</th>
<th>100-249</th>
<th>250-499</th>
<th>500-999</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employers</strong></td>
<td>5,449,817</td>
<td>1,351,944</td>
<td>913,812</td>
<td>610,325</td>
<td>206,762</td>
<td>116,084</td>
<td>28,599</td>
<td>9,767</td>
</tr>
<tr>
<td>(%)</td>
<td>62.7%</td>
<td>15.6%</td>
<td>10.5%</td>
<td>7.0%</td>
<td>2.4%</td>
<td>1.3%</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Cum. %</strong></td>
<td>78.3%</td>
<td>88.8%</td>
<td><strong>95.8%</strong></td>
<td>98.2%</td>
<td>99.5%</td>
<td><strong>99.8%</strong></td>
<td>99.9%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>7,639,916</th>
<th>8,960,382</th>
<th>12,359,767</th>
<th>18,365,930</th>
<th>14,197,239</th>
<th>17,299,627</th>
<th>9,755,153</th>
<th>6,637,650</th>
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<tbody>
<tr>
<td>(%)</td>
<td>7.2%</td>
<td>8.4%</td>
<td>11.7%</td>
<td>17.3%</td>
<td>13.4%</td>
<td>16.3%</td>
<td>9.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td><strong>Cum. %</strong></td>
<td>15.7%</td>
<td>27.3%</td>
<td><strong>44.6%</strong></td>
<td>58.0%</td>
<td>74.3%</td>
<td><strong>83.5%</strong></td>
<td>89.8%</td>
<td></td>
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</table>

Much of what we know about worksite health comes from large employer experiences.

With the right approach small employers can build comprehensive programs that produce results.

Increasing the number of small employer worksite health programs could have a significant effect on the health and productivity of employees, businesses, and communities.
There are unique worksite health program implications depending on the size of the employer.

<table>
<thead>
<tr>
<th>Employer Size</th>
<th>Worksite Health Program Characteristics</th>
</tr>
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<tbody>
<tr>
<td>1 - 30</td>
<td>Limited worksite health structure. Champions typically behind programs. Decisions made quickly. Heavy reliance on programs in the community.</td>
</tr>
<tr>
<td>30 - 125</td>
<td>Volunteers leading “activity oriented” programs. Data collection limited. Challenging to impact costs.</td>
</tr>
<tr>
<td>125 - 500</td>
<td>More comprehensive in scope with employer funding and structure in place. Uses data to drive programming. May contract with vendor or consultant. Potential to impact costs.</td>
</tr>
</tbody>
</table>
Leadership and Culture

- Link employee health to business performance
- Link the worksite health program to the business strategy
- High participation in worksite health programs
- Integrate worksite health responsibilities into job descriptions/annual reviews and job performance criteria
- Celebrate personal and organizational success
- Has a process and structure to support employee health
Leadership and Culture

Experiences from the field...

• Lincoln Industries
• Work Well Investments and the Health Initiative
• COSE
Lincoln Industries – Who We Are

- Lincoln, NE
- Founded in 1952
- Manufacturing
- 3 Shifts (24/7)
- 500 People
- 80% Male
- Average Age: 38
- 17 Nationalities
- 35% College Graduates
Wellness

“Wellness and healthy lifestyles are important to our success”

-Lincoln Industries Belief
5 Strategic Pillars of Wellness

1. Leadership
2. Policies
3. Programs
4. Resources
5. Measurement
Hardwiring into the Culture

• Tobacco-free campus
• Pre-shift stretch program
• Performance management system – Wellness objectives tied to overall performance and pay (merit and incentives)
• Individual Wellness objectives for all people
• Mandatory semi-annual checks
• Post-offer functional capacity testing
• Tobacco-free discounts on health insurance
• Health Insurance designed with Wellness
What we know about COSE small businesses

- Most COSE members have 1-9 employees
- “Not enough time, not enough money”
- Lack confidence in helping employees manage their health
- A business owner must be intrinsically motivated
  - Often, motivation comes from the “aha” moment, or an adverse health event
- Coercion doesn’t work
- Keep the healthy people healthy
- Senior leadership - small business owner - support is critical for successful culture change to a healthier workforce
33% of respondents said they aren’t willing to invest in wellness.
43% said they didn’t know how much they’d be willing to invest in wellness.
42% said they personally participate in wellness activities:
- 29% said 4 or more times/week
- 24% said 3 times/week
- 18% said at least once/week
44.5% said they didn’t participate in wellness activities.
The Closet Factory Case Study

- Owner Bob Pietrick
- Personal change through education
  - Physical activity, nutrition, stress management
- Engaged employees
- Public presence in the showroom
The Closet Factory Results

- Over 50% engaged employees
- The refrigerator looks different
- Supportive peer pressure
- Better knowledge = success

“They’re doing things differently now.”
FIT Technologies Case Study

- IT services provider (25 employees)
- Inspired by NBC’s “The Biggest Loser” to start a weight loss program for employees in 2004
- Doesn’t hire smokers
- Physical activity, nutrition & health education
- Grand Prize Winner of Wellness@Work Awards in the “Under 250 employees” category
- “We wouldn’t be able to do it on our own at that price point” ~ Michelle Tomallo, President of FIT on COSE programs
FIT Technologies
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
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?
Types of Worksite Health Data

- Demographic Data
- Organizational Data
  - Organizational Assessment
  - Health Climate Analysis / Health Culture Audit
  - Employee Needs and Interests
- Individual Data
  - Employee Health Assessment and Biometric Screening
- Medical, Disability, and Workers’ Compensation Claims
- Community Data
  - Health data
  - Community resources
Experiences from the field...

- COSE
- Work Well Investments and the Health Initiative
- Lincoln Industries
Free On-Site Health Screenings

• # of Participants Screened
  – 2008: 726 from 39 companies
  – 2009: 819 from 69 companies
  – 2010: 896 from 60 companies
  – 2011: 682 from 65 companies
  – 2012: 929 from 60 companies
## Mini-Grants

<table>
<thead>
<tr>
<th>Year</th>
<th># of Grants</th>
<th>Amount of $ Granted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>30</td>
<td>$25,478</td>
</tr>
<tr>
<td>2009</td>
<td>75</td>
<td>$67,900</td>
</tr>
<tr>
<td>2010</td>
<td>127</td>
<td>$108,442</td>
</tr>
<tr>
<td>2011</td>
<td>230</td>
<td>$146,752</td>
</tr>
<tr>
<td>2012</td>
<td>180</td>
<td>$111,168</td>
</tr>
</tbody>
</table>
# Free Y-Days Visits

<table>
<thead>
<tr>
<th>Year</th>
<th># of Visits</th>
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</thead>
<tbody>
<tr>
<td>2008</td>
<td>323</td>
</tr>
<tr>
<td>2009</td>
<td>819</td>
</tr>
<tr>
<td>2010</td>
<td>5,192</td>
</tr>
<tr>
<td>2011</td>
<td>11,222</td>
</tr>
<tr>
<td>2012</td>
<td>15,574</td>
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</tbody>
</table>
WellnessTracks

• Launched April 2010
  – Ten 12-week courses (3x/year)
  – Over 450 participants so far
  – Average age 51

• Created WellnessTracks Masters class
  January 2013
  – 26 Masters graduates
March 2010 ~ March 2012

Over 70 pounds lost
Lincoln Industries’ Data Collection

• Annual Biometrics – Individual and Spouse
• Comprehensive Health Review
• Annual Well-Being Survey
  – Physical, Social, Financial, Emotional, Occupational
• Other
Tobacco Use Among Lincoln Industries People

Source: Lincoln Industries Annual Well-Being Data
Lincoln Industries Workers’ Compensation Experience Modification Factor (MOD) Rates

Source: Lincoln Industries Workers’ Comp Data
Lincoln Industries OSHA Injury & Illness Rate

Lincoln Industries Health Care Costs

- Lincoln Industries Cost per Person
- Norm Cost per Person (Region)

Year:
- 2005: $7,015
- 2006: $7,257
- 2007: $7,394
- 2008: $8,481
- 2009: $9,378
- 2010: $9,967
- 2011: $11,176
- 2012: $11,664
- 2013 YTD: $4,900
• Identifies key areas of needs and interest based on data assessment results
• Includes programs, policies, environmental supports, and health benefit design
• Identifies resources and infrastructure needed for implementation
• Supports evaluation of programs and outcomes
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
## Health Improvement Planning Process

<table>
<thead>
<tr>
<th>OBJECTIVE (What?)</th>
<th>DATE (When?)</th>
<th>PROGRAM (What?)</th>
<th>PROCESS (How?)</th>
<th>RESPONSIBLE PARTY</th>
<th>EVALUATION (Who? What? By When?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>70% or more of our employees will complete the Health Assessment (HA) by 1/5/13.</td>
<td>By 1/5/13</td>
<td>Conduct free Health Assessment for all employees</td>
<td>Outside vendor to distribute and collect HA at employee meetings between shifts</td>
<td>Tom Smith ABC Consulting</td>
<td># of participants</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Satisfaction survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Aggregate data</td>
</tr>
<tr>
<td>At least 90% of employees with at least one cardiac risk factor will increase their knowledge of preventing cardiovascular disease by 2/2/13.</td>
<td>By 2/2/13</td>
<td>Healthy Heart campaign during Heart Month</td>
<td>Healthy cooking demonstration and health education activity for all shifts on meal break</td>
<td>Jane Doe to identify American Heart Association resource to come onsite</td>
<td>Pre &amp; Post knowledge survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Satisfaction Survey</td>
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NHWP – Worksite Health 101 Training Manual
### Types of Worksite Health Interventions

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

• Work Well Investments and the Health Initiative
• COSE
• Lincoln Industries
Small Business Wellness Approach

• Know Your Numbers
  – Health Screenings or annual physical

• Education & Awareness
  – Health education sessions, healthy food at the worksite, community

• Get Active
  – Just do something, pedometers, Y-Days, walking clubs, stand-up meetings
<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Spaulding</td>
<td><a href="mailto:aspaulding@viridianhealth.com">aspaulding@viridianhealth.com</a></td>
</tr>
<tr>
<td>Dan Krick</td>
<td><a href="mailto:dan.krick@lincolnindustries.com">dan.krick@lincolnindustries.com</a></td>
</tr>
<tr>
<td>Anne Marie Snell</td>
<td><a href="mailto:anne@gethealthyslc.org">anne@gethealthyslc.org</a></td>
</tr>
<tr>
<td>Ginny Hridel</td>
<td><a href="mailto:GHridel@cose.org">GHridel@cose.org</a></td>
</tr>
</tbody>
</table>
• **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: [www.cdc.gov/tceonline/](http://www.cdc.gov/tceonline/)