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# Worksite Wellness, Wyoming Best Practices 2006

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WYSAC Technical Report No. SRC-610

August, 2006

### **Worksite Wellness, Wyoming Best Practices 2006**

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Furgeson, Thomas, Michael Dorssom, Trent Holder. (August 2006) *Worksite Wellness, Wyoming Best Practices 2006* (WYSAC Technical Report No. SRC-610). Laramie: Wyoming Survey & Analysis Center, University of Wyoming.

Short reference: Worksite Wellness, Wyoming Best Practices 2006, 2006.

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### Worksite Wellness, Wyoming Best Practices 2006

### 1. Executive Summary

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

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

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

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

- Where wellness programs exist, 29.2% of the worksites have an individual in charge of program administration and 15.9% of the worksites make use of a formal wellness committee.
- Over half (53.8%) of worksites support employee physical activity during work time (over lunch, during breaks, through use of flex-time, or in other ways).
- Well over a third of all worksites (38.4%) have corporate agreements with gyms or health clubs for employee membership discounts or subsidies.
- Nearly three-quarters (74.6%) of worksites with a wellness program make use of incentives to encourage employee participation.
- Over half (56.3%) of worksites with cafeterias offer healthy food choices to employees either every day or almost every day.
- The most popular rule about tobacco use at Wyoming worksites was "allowed outdoors, but not indoors," for both smoking (64.2% of worksites) and spit tobacco (25.0%); 10.8% of worksites had no rules about smoking, and 45.3% had no rules regarding spit tobacco.
- Worksites with wellness programs draw their programming ideas largely from national sources (e.g. WELCOA), though they also got ideas from the practices of other organizations in their communities.
- Most of the wellness programs studied in this project are in their initial stages of implementation.
- Several worksites that do have a worksite wellness program indicated that while their program is assumed to yield long-term benefits for both employers and employees, there are no plans to verify this assumption through analyses.
- Most participants in wellness programs were enthusiastic about their programs and felt that they had adequate opportunity to provide feedback.
- Many wellness program participants indicated that communication about wellness programming—from wellness administrators to employees—could be improved.
- Most focus group participants had a well-developed knowledge of the purposes for worksite wellness programming.
- Most participants in wellness programs indicated that incentives were powerful factors in initiating and maintaining their participation.

### 2. Organization of this Report

**SECTIONS 1 and 2** include the *Executive Summary*, above, and this section.

**SECTION 3** is this report's introductory section, and consists of a brief review of contiguous states' selected wellness programs or wellness-related undertakings, in order to provide a regional context for the current study; and a literature review of worksite wellness concepts, practices and studies in the United States, in general, in order to establish the framework for assessing the Wyoming-specific survey results vis-à-vis established worksite wellness best practices.

**SECTION 4** presents the methodology of this project, as well as the project timeline.

**SECTION5** contains the key findings from the survey portion of this project, with items graphically displayed and organized, as closely as possible, according to a hierarchy of worksite wellness best practices identified through literature review.

**SECTION 6** presents statistically significant (p < .05) cross-tabulations comparing several background variables from the survey with other survey questions of interest. Statistically significant results are displayed in tables in this section.

**SECTION 7** contains two subsections: a narrative synopsis of information gathered through site visits; and a narrative synopsis of information from focus groups. In addition to survey results, these data inform the elaboration of Wyoming worksite wellness best practices.

**SECTION 8** contains subsections addressing the project limitations, conclusions, and recommendations for future research.

**SECTION 9** is the list of references for this report.

**SECTION 10** contains report appendices. Appendices contain the survey standard report; text responses to open-ended and "other" survey questions; and site visit and focus group notes.

### 3. Introduction

### 3.1. Background: Regional Worksite Programs

Wyoming is surrounded mostly by states comparable in landscape, population density, and economy. While there are certainly important differences—in particular between Wyoming and Colorado—in order to provide a regional context for the current study, we provide some information on wellness programming in the states contiguous to Wyoming: Montana, Nebraska, South Dakota, Utah and Colorado. Idaho is excluded only due to a dearth of information on wellness programming from that state.

#### 3.1.1. Montana

Montana is particularly comparable to Wyoming. It has a similar population size, demography, and economy. For example, both Wyoming's and Montana's 2005 populations were below one million (estimate; State and County QuickFacts, 2006) and over 90% white, with population growth rates under 4% (State and County QuickFacts, 2006). Both states' main agricultural products include hay, sugar beets, cattle, and wheat, and their main industries are mining, lumber, and tourism (50states.com—States and Capitals, 2006). Montana has a number of public-sector worksite wellness

programs, including one at Montana State University in Bozeman, that has been in place since 1984. This program is open to all university employees and their spouses, as well as to university retirees, and offers such benefits as exercise and stress-management classes, mammography screenings, and comprehensive blood profiles (Employee Wellness, 2005).

Employees of the State of Montana have access to the Why Weight program, which provides monetary incentives for participating employees who successfully reduce their Body Mass Index (MT NAPA, 2005). The state also boasts the Montana Council for Worklife Wellness, a coalition designed to promote awareness of worksite wellness programs and their benefits. The council acknowledges companies committed to worksite wellness by presenting awards in three levels: gold, bronze, and silver (Employee Wellness, 2005).

In Montana's private sector, Blue Cross and Blue Shield, in association with the Mayo Clinic, created a worksite wellness program for its employer groups called Well With Blue (McGillen, 2005). The program offers "worksite health promotion tools, resources, and training...to assist these groups in managing their health risk" (MT NAPA, 2005).

### 3.1.2. Nebraska

The Nebraska Medical Center is one of the largest employers in that state, with approximately 4,700 employees. The center's wellness program has operated since 1989. Since a revamp in 2000 because of steadily increasing medical costs, the program has focused on "annual screenings and a strong self-care follow-up strategy" (Absolute Advantage, 2007, p. 27). Between 2001 and 2002, the average healthcare cost for self-care participants was \$172, while the average for non-participants was \$457, a significant annual difference of \$285 per person (Absolute Advantage, 2004).

### 3.1.3. South Dakota

One South Dakota business, Fishback Financial Corporation in Brookings, runs an in-house employee wellness program called Healthy Way. This program provides numerous benefits, including free annual health-risk assessments for employees through a local hospital. These risk assessments are followed up with private consultations regarding assessment results. Additionally, the program offers free flu shots, weight management classes, and reimbursement of fitness and wellness center fees (Healthysd.gov, 2005).

In early 2004, the State of South Dakota implemented a voluntary online wellness program, accessible at HealthySDemployees.gov. This program has roughly 5,000 registered members who can receive financial incentives of up to \$300 annually for attending health screenings and completing health assessments, and for participating in the goal-oriented online program. The state deposits this money into a Health Risk and Wellness Account for the participant (Healthysd.gov, 2005; Stieg & Engelberg, 1991).

At the Healthy South Dakota website (http://www.healthysd.gov/WorkplaceDownloads.html), the state provides informational downloads as well as toolkits for employers interested in wellness programs. Among other available items is a wellness overview toolkit that discusses the concept of wellness and provides ideas for worksite implementation of wellness practices. This toolkit contains numerous supplements and handouts, such as an employee exercise goal page, tips for healthy dining out, a progress calendar, pre- and post-evaluations and a certificate template (Healthysd.gov, 2005).

### 3.1.4. Utah

In Utah, the Utah Council for Worksite Health Promotion is dedicated to worksite wellness promotion. Their website states that this council "provides an annual worksite health promotion conference, a worksite awards program, resources for implementing wellness programs, as well as links to the best worksite wellness web sites" (Utah Council for Worksite Health Promotion, 2006).

The Utah Council for Worksite Health Promotion's website lists numerous Utah-based companies and organizations that provide worksite wellness-related services, programs, and materials. These include FitCo, a company selling physical fitness equipment; The American Cancer Society of Greater Salt Lake, which provides free worksite wellness programs to some Utah areas; and eHealthCompete, a large Utah-based company offering worksite wellness counseling and services. eHealthCompete has a unique approach to wellness by focusing on employees who often choose to not participate in wellness programs (Utah Council for Worksite Health Promotion, 2006).

#### 3.1.5. Colorado

Colorado's Teller County promotes worksite wellness by offering free worksite screenings for blood pressure, heart rate, BMI, and body fat percentage, among other things. Based on screening results, healthcare professionals give worksites program recommendations. These might include items such as the President's Challenge, a daily physical activity program, and the 5-A-Day program, which promotes healthy eating and increased fruit and vegetable intake (Steps to a Healthier Colorado—Teller County, 2006).

While not specific to worksite wellness promotion, Denver Healthy People 2010 "is a community-wide network of partners dedicated to making Denver a healthy place for all" (Denver Healthy People 2010, 2006). Its website has information and links regarding community-based health promotion. Some ideas that the site presents can be easily implemented and adapted to a worksite setting. For example, workplaces can use information contained at the site to promote healthier diets and smoking cessation (Denver Healthy People 2010, 2006).

### 3.2. Literature Review

"Worksite wellness" refers to various initiatives implemented in a workplace environment to produce a healthier workforce. By systematically addressing the issues surrounding employee wellness, an organization can realize long-term benefits to the real health of individual workers and to its own economic health. This study aims to provide the Wyoming Department of Health's Chronic Disease Section with an overview of the wellness programs that currently exist at various worksites throughout Wyoming and with a profile of Wyoming employers' best practices for wellness programming.

Worksite wellness programs have a long history in the United States. Their roots reach back to health promotion programs implemented in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. Emphasizing physical activity to stay healthy may seem trivial, but these early programs laid the groundwork for later, more complete worksite health programs. While worksite health promotion has been around for over a century, it was not until 1941, when the National Employee Services and Recreation Association (NESRA) was formed, that worksite wellness and health programs became a corporate focus. Between the 1950s and the 1970s, PepsiCo, NASA, Rockwell International, Xerox Corporation, and many other companies implemented programs with employee health and improvement in mind (Chenoweth, 1998).

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

Healthy Workforce 2010 (2001), a sourcebook about worksite health promotion and programming for employers of all sizes, is published by the Partnership for Prevention, a membership organization of businesses, nonprofit organizations, and government agencies advancing policies and practices to prevent disease and improve the health of all Americans. Healthy Workforce 2010 presents several sound reasons for investing in health promotion, not the least of which is that it has direct positive impacts on both companies and individual employees (Partnership for Prevention, 2001). While the benefits to employees of healthy living may be obvious, benefits to employers may be less so. Topping the list of such employer benefits are improved productivity and lowered healthcare costs.

### 3.2.1. Improved Productivity

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

### 3.2.1.1. Employee Performance

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

Similarly, a study in the Washoe County School District of Reno, Nevada, showed that participation in one or more of 11 low-intrusion wellness programs had the effect of reducing absenteeism; participants missed an average of three fewer workdays per year (Aldana et al., 2004). Analyses of a work productivity scale and health-risk assessment of employees in a national company in the Northeast U.S. demonstrated that respondents with more risk factors (e.g., poor diet, diabetes, physical inactivity, and high stress) reported greater productivity loss due to both absenteeism and presenteeism (the practice of always being present at the workplace, often working longer hours even when one has nothing to do) (Boles et al., 2004).

In Effects of an Employee Fitness Program on Reduced Absenteeism, Lechner et al. (1997) review the effects of participation in an employee fitness program on reducing absenteeism due to illness in various

worksites. They found that high-level participators (i.e. those who participated with regularity and/or in numbers of programs) showed a significant decline in sick days taken, while those who participated at lower levels showed no change in sick days (Lechner et al., 1997).

Stein et al. (2000) studied the effects of a specific wellness plan and found that employer-sponsored health promotion can improve employee health and morale and reduce medical claims and absenteeism. The plan that they studied, HealthPlus Health Quotient, is an incentive/disincentive approach to health promotion (Stein et al, 2000). What they found was that participation in the program was associated with reduced illness-related absenteeism and improvement in health risk factors (Stein et. al, 2000).

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

### 3.2.1.2. Recruitment, Retention, and Morale

Employers sometimes have trouble ensuring that employees stay with their company, a more concerning issue after lengthy and expensive training. Companies that provide health-related perks often have an upper hand in retention. Retaining employees may also depend on maintaining high morale. Implementing health programs, especially if they are free or low-cost, can help increase employees' morale and work ethic. A survey completed by 3,403 of 5,757 federal employees across the U.S. showed very favorable results and opinions of their worksite wellness programs. Other significant results included high levels of program participation as well as positive attitudes toward their employers and of the programs (Carter et al., 1995). Another large-scale longitudinal study found that positive opinions of social support at work, decreased psychological job demands, and more decision-making capability were associated with a decrease in fatigue, resulting in positive impact on morale and other attitudinal variables (Janssen & Nijhuis, 2004).

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

### 3.2.1.3. Aging Workforce

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

### 3.2.2. Lower Healthcare Costs

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

In The Relationship Between Modifiable Health Risks and Health Care Expenditures, Goetzel et al. (1998) take a look at what they call "modifiable health risk factors" and how they relate to healthcare expenditures. The risk factors they looked at included depression, high stress, high blood pressure and glucose levels, extremes in body weight, former and current tobacco usage, and sedentary lifestyle. What they found was that being at high risk for these factors relates to short-term increases in the number of and magnitude of health expenditures (Goetzel et al., 1998).

Healthier, more active people are less prone to disease and injuries. Most chronic diseases, such as heart disease, cancer, arthritis, and diabetes, are associated with lifestyle choices (Anderson & Kaczmarek, 2004). One study analyzed three years of data from a large medical database of 374,799 employees as well as survey information from multiple published articles to explore the relationship between ten health conditions and the following items: overall employee well-being, absenteeism, short-term disabilities, and productivity losses. Presenteeism fluctuated from 18% to 60% of total costs of each analyzed condition. Annual economic costs associated with employees were found to be highest for hypertension, heart disease, and depression and other mental illnesses (Goetzel et al., 2004).

Costs associated with time away from work are also something to consider for any employer trying to reduce healthcare costs. As Wright et al. (2002) show, there is a strong association between health risk level and time away from work (TAW) costs. They conclude that "if a decrease in TAW costs follows a reduction in health risks, then the potential TAW cost savings could amount to 32% to 36% of total cost incurred, not to mention the potential medical savings shown in the literature" (Wright et al, 2002, p. 1133).

Preventive measures, screenings, and health-related education can decrease disability and injury claims and healthcare costs. A study of employees in a comprehensive worksite wellness program in Salt Lake City, Utah, revealed numerous benefits. Participants were categorized as either high risk or low risk and remained in the wellness program for four consecutive years. The study's results revealed a substantial reduction in multiple health-risk factors for both groups, including obesity, high cholesterol, systolic and diastolic blood pressure, and smoking occurrence (Poole et al., 2001).

Ozminkowski et al. (2002) performed a long-term study to assess the impact on employees of a large corporation's wellness program. In Long-Term Impact of Johnson & Johnson's Health & Wellness Program on Health Care Utilization and Expenditures, researchers followed employees for up to 5 years before and 4 years after the implementation of the program and found that programs "designed to better

integrate occupational health, disability, wellness, and medical benefits may have substantial health and economic benefits in later years" (Ozminkowski et al, p 21, 2002).

### 3.2.2.1. Body Mass Index

The use of the Body Mass Index (BMI) is one way for companies to assess employee health, as it can serve as an indicator for many of the variables that lead to the health problems mentioned above. As defined by the Centers for Disease Control and Prevention, the BMI is a number calculated from a person's weight and height. It provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems (Centers for Disease Control and Prevention, 2006). In a 1995 study, Collins and Anderson monitored subjects who had BMIs substantially above average and who were taking anti-hypertensive and/or anti-diabetes medications. Each subject enrolled in one of two twelve-week weight loss programs. Participants showed an average weight loss of 19.8 pounds and a reduction in the need for medication after one year, saving employers an annual average of \$442.80 per subject. A study of General Motors Corporation employees, retirees, and their adult children that also made use of the BMI showed that underweight and overweight people have higher annual medical costs than those whose BMI scores fall within the recommended range. Individuals in the normal weight group had average annual healthcare costs of \$2,225, while the underweight and overweight groups' healthcare cost \$3,184 and \$3,753 annually, respectively (Wang et al., 2003).

Burton et al. (1998) looked into whether there was a correlation between BMI, healthcare costs, and absenteeism, and also attempted to identify optimal BMI. This study concluded that both direct and indirect costs to employers increase as BMI increases (Burton et al., 1998). One recommendation from this study is that by focusing on those who are at the highest risk of complications from obesity, employers may benefit financially by helping their employees obtain and maintain a healthy weight (Burton et al., 1998).

More recently, a 2004 study of General Motors Corporation employees under age 65 measured BMI, self-reported diabetes status, and other health risks (Musich et al., 2004). The results showed substantial increases in annual medical costs for those whose BMI scores were above or below suggested scores. The largest difference was between the normal weight group (whose annual costs were between \$2,655 and \$6,555, depending on their number of other health risks) and the most overweight group (whose costs ranged from \$4,151 to \$8,075 annually). Furthermore, the presence of diabetes was correlated with additional health risks (Musich et al., 2004).

Wang et al. (2004) used the BMI to divide a sample of active employees into three groups: normal weight, overweight, and obese. Analysis of these three groups showed that increased levels of physical activity could dramatically reduce healthcare costs, especially among those with a high BMI: "As a strategy to control escalating health care costs, wellness programs should facilitate engagement in moderate physical activity of at least 1 to 2 times a week among sedentary obese people and help them to maintain this more active lifestyle" (Wang et al., 2004, p. 428-436).

### 3.2.2.2. Disability costs

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

Burton and Conti (2000), in an analysis of a program managing short-term disability in the workforce of a very large banking system, showed that short-term disability (STD) duration can be shortened once an STD management program is set in place. "Effective integration of workers' compensation, Family Medical Leave Act, STD, and LTD programs with occupational health and safety and worksite disease management programs can lead to significant savings to a corporation" (Burton & Conti, 2000, p. 1012).

### 3.2.2.3. Lifestyle choices

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

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

Simply offering education on how to choose a healthy diet may also reduce healthcare costs. A twoyear worksite health-promotion program for 24 Massachusetts worksites aimed to change employee dietary behaviors and encourage smoking cessation. For participating employees, this program resulted in a reduced fat intake and an increase in servings of fruit and vegetables. Some employees also upped their fiber intake (Sorensen et al., 1998).

Ozminkowski et al. (2000) studied the effects of the Citibank, NA, Health Management Program on employee health risks over time. Citibank's program specifically addressed lifestyle choices and encouraged employees to make better personal choices about physical activity, eating habits, and disease control and prevention. Researchers found that declines in risk factors were in fact associated with participation in the program: "The Citibank Health Management Program was associated with significant reductions in health risk" (Ozminkowski et al., 2000, p. 502).

### 3.2.2.4. Screenings and smaller changes

Worksite wellness is not only about healthier living though proper food choices and exercise. Employers should also consider initiatives such as health fairs, screenings, and other small-scale changes to the workplace. An evaluation of the Coors Brewing Company's Coorscreen mammography screening program found that, over an eight-year period, the program was beneficial for Coors and its employees, employee spouses, and retirees. During the evaluation period, Coorscreen made fortythree early detections and four late detections of breast cancer. Analyses show that the company saved a total of \$2,441,190 by implementing the screenings (Greenwood & Henritze, 1996). On a more modest scale, simple changes in worksite health promotion have been tested and found to be effective. For example, a study conducted at the Centers for Disease Control and Prevention's office in Atlanta, Georgia, found that motivational signs and music in the main stairwell increased stair use by 8.9% (Kerr et al., 2004).

The American Heart Association has a program designed to increase risk factor awareness for cardiovascular disease (CVD). This program, called *Heart at Work*, was shown by Pegus et al. (2002) to be effective: "Our findings indicate that implementation of the American Heart Association's Heart at Work program, a low-intensity CVD risk factor intervention, was associated with statistically significant improvements in employee CVD risk awareness and self-efficacy" (Pegus et al., 2002, p. 232).

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

### 3.3. Best Practices

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

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

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

- 1. Building top management support.
- 2. Integrating program with organizational/business goals.
- 3. Sound communication process.
- 4. Uses of stages of change concept.
- 5. Creating supportive cultures.
- 6. Incentive recruitment procedures.
- 7. Personal contact or word of mouth.
- 8. Targeted personal invitations.

- 9. Targeted personal communication.
- 10. Announcements made during meetings.
- 11. Sense of program ownership.
- 12. Use of self-efficacy concept.
- 13. Use of health website, Internet and Intranet strategies.
- 14. Use of program database or informational structure.

The order in which these items appear indicates how integral to a successful worksite wellness program the participating panelists think the items to be (Chapman, 2004, p.1). Several of the items in this list can be conflated somewhat for heuristic purposes and, in fact, it was necessary to do so when constructing the survey questionnaire for this study. For example, the first two items (building top management support and integrating program with organizational/business goals) may be generally conceptualized as institutionalizing wellness practices and integrating wellness programming into the worksite—more simply put: the worksite has and (obviously) supports a wellness program.

For the purposes of displaying some of the data gathered through this study—particularly from the mail survey—it is helpful to collapse these specific best practices into more general categories. We suggest shortening the list into the following general, inclusive categories:

- Institutionalizing wellness programming (items 1 & 2)
- Communicating, supporting and recruiting (for) wellness and wellness programming (items
- Promoting wellness and wellness programming (items 7-10)
- Promoting self-motivation through wellness programming (items 11 & 12)
- Using technological strategies to promote wellness (13 & 14)

In addition to asking important questions to generate a basic knowledge about the state of worksite wellness programming in Wyoming, the survey questionnaire addresses several of these issues. Survey results displayed in Section 5 (see Organization of this Report, below) are arranged on the basis of the above, modified list of best practices for worksite wellness programs; those items not specifically addressed by the survey are addressed through the project components of follow-up site visits and focus groups. Synopses of these data-collection visits are also presented below.

### 4. Methods

### 4.1. Timeline

In spring 2006, the Chronic Disease Section (CDS) of the Wyoming Department of Health's Preventive Health and Safety Division (PHSD) contracted the Wyoming Survey & Analysis Center (WYSAC) to conduct a study identifying Wyoming businesses' best practices for worksite wellness programs. A mail survey was an integral part of this study. The survey design called for a threemailing sequence followed by reminder phone calls to non-respondents. WYSAC and CDS developed the questionnaire through collaboration, and WYSAC sent the survey to all Wyoming businesses on a comprehensive list provided by the CDS.

During the first week of January 2006, prior to deployment of the survey, WYSAC sent all Wyoming businesses on the list a pre-notice letter drafted by the CDS telling them to expect the questionnaire and to encourage survey participation. On January 31, WYSAC mailed questionnaires and cover

letters to these 873 businesses. Those that had not returned a completed questionnaire by February 16 were sent postcards to remind them to complete and return the survey.

Reminder phone calls to non-responding businesses began on March 7, and the deadline for receipt of outstanding questionnaires was April 12. As a result of this extensive phone reminder effort, WYSAC sent 97 questionnaires via fax, and 36 were completed questionnaires were returned as faxes. By April 12, WYSAC had collected 385 completed surveys. From 873 original surveys sent, 24 were invalidated for the following reasons: four were identified as duplicates; thirteen were bad addresses; and seven were sent to businesses no longer operating. This brought the total for valid potential contacts to 849, of which 385 completed and returned the survey, which translates into a 45% response rate.

WYSAC conducted onsite visits and focus groups with selected and willing respondents who were identified through survey results to have implemented policies and procedures to evaluate the effectiveness of their worksite wellness program. These onsite visits included eight site visits conducted during the month of May, and three focus groups conducted in early June.

### 5. Key Findings

Survey results are graphically represented in this section and organized according to the general categories for best practices outlined in Section 3.3, above. In addition to specific best practices questions, the survey was intended to gather general information about worksites and worksite wellness programming (e.g. demographic information, presence or absence of wellness programs, etc.). These general data are presented first, followed by subsections for *Institutional Support/Organizational Integration* questions; *Communication, Support, & Recruitment* questions; and a subsection *Other & Tobacco* questions that includes survey items that do not fall into the above categories (supplemental questions, for example) and that address worksite tobacco issues.

### 5.1. General Questions

This section graphically displays general information about the businesses that responded to the survey, including workplace demographics, characteristics of the particular worksite and basic information on worksite wellness programs. The original survey question number is presented in parentheses.

### 1. (Q2) Is there a worksite wellness program at this workplace?

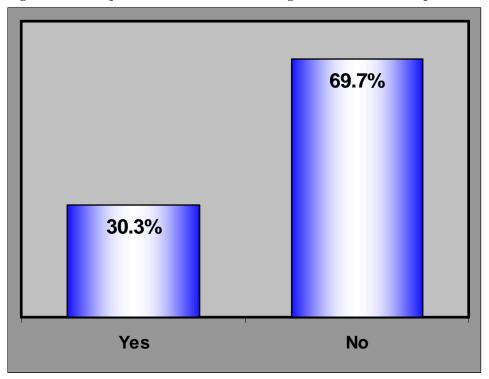
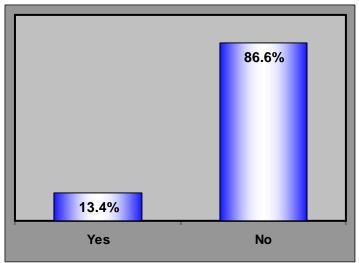


Figure 5.1.1: Workplaces and their status on having a worksite wellness in place.

The majority (69.7%) of responding workplaces indicated that they have *no* worksite wellness program in place, while 30.3% stated that they do have some sort of worksite wellness program available to employees.

### 2. (Q3) If there is not currently a worksite wellness program at this workplace, is there a plan to initiate such a program?

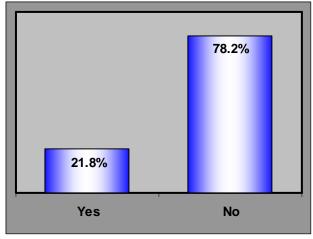
Figure 5.1.2: Frequency of plans to initiate a wellness program where none currently exists.



While the majority (86.6%) of worksites without a wellness program in place did not have plans to implement a program in the future, 13.4% of stated that there was a plan to do so.

### 3. (Q32) Does this workplace have policies or procedures in place to evaluate the effectiveness of its worksite wellness program?

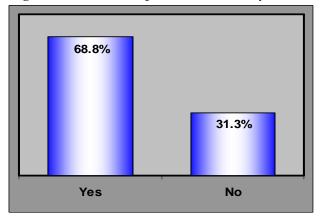
Figure 5.1.3: Policies or procedures in place to evaluate wellness program effectiveness.



Only just over one fifth (21.8%) of worksites with a wellness program have policies or procedures in place to evaluate the effectiveness of the program.

# 4. (Q32a) If YES to above, are there policies or procedures to act upon such evaluation(s) to modify the wellness program at this workplace?

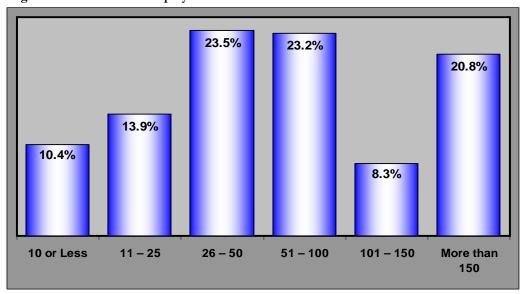
Figure 5.1.4: Policies or procedures to modify the wellness program based upon effectiveness evaluations.



Of those worksites that do have policies or procedures in place to evaluate the effectiveness of worksite wellness programming, a sizeable majority (68.8%) of these worksites stated that they also have policies or procedures in place to act upon such evaluations in order to modify their wellness program.

### 5. (Q33) How many employees are employed at this workplace? (Estimate if unknown)

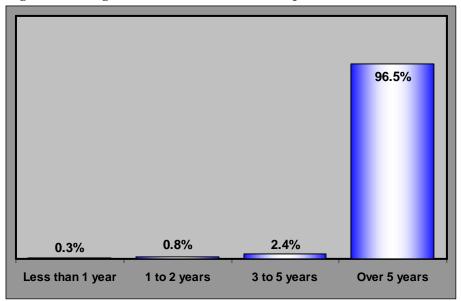
Figure 5.1.5: Number of employees at worksites.



Nearly one quarter (24.3%) of the worksites that responded to the survey have 25 or fewer employees; roughly half are worksites with 26 to 100 employees (26-50 employees at 23.5%; 51 to 100 employees at 23.2%). Worksites with 101 or more employees account for the remainder (29.1%) of the worksites that responded to the survey.

### 6. (Q34) How long has this workplace been in operation?

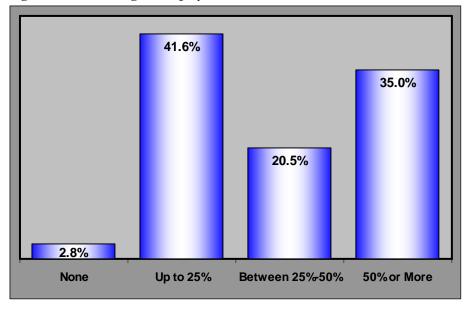
Figure 5.1.6: Length of time worksite has been in operation.



The overwhelming majority of the worksites (96.5%) have been in operation for over 5 years.

### 7a. (Q35) About how many of the employees are women? (One component of survey question Q35)

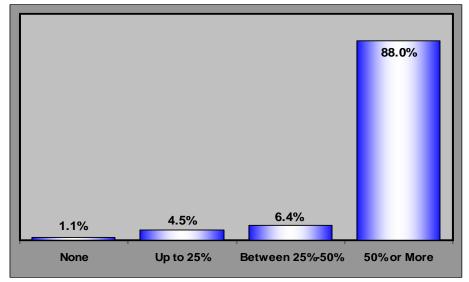
Figure 5.1.7: Percentage of employees that are women.



Worksites where at least half of the employees were women accounted for exactly 35.0% of responding worksites. A fifth (20.5%) of the worksites had between a quarter and a half female employees, while 41.6% worksites had under a quarter. Only 2.8% of worksites stated that they employed no women.

# 7b. (Q35) About how many of the employees are full-time (35+ hours per week)? (One component of survey question Q35)

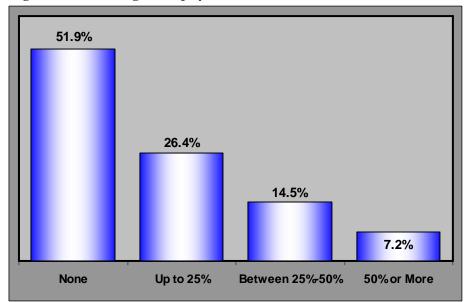
Figure 5.1.8: Percentage of employees that are full-time (35 or more hours per week).



The great majority (88.0%) of worksites stated that half or more of their workforce was made up of full-time employees. Very few worksites (12.0%) had under 50% full-time employees.

# 7c. (Q35) About how many of the employees are on 2<sup>nd</sup> or 3<sup>rd</sup> Shift? (One component of survey question Q35)

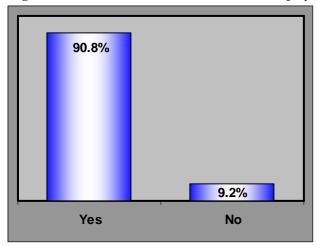
Figure 5.1.9: Percentage of employees that are on second or third shift.



While the majority (51.9%) of worksites had no second- or third-shift workers, over a quarter (26.4%) stated that they had up to 25% of their employees on these shifts, 14.5% of the worksites had between a quarter to a half of their employees on second- or third-shift, and 7.2% of the worksites employed more than 50% workers on these shifts.

### 8. (Q36) Does this workplace provide health insurance coverage to the employees?

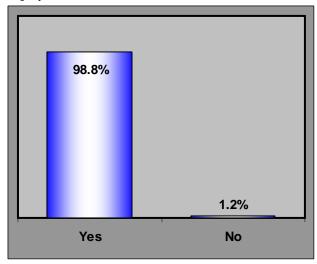
Figure 5.1.10: Provision of health insurance to employees.



The overwhelming majority of worksites (90.8%) provide health insurance coverage to their employees.

### 9. (36a) If this workplace offers health insurance to employees, does this workplace offer health insurance coverage to the families of the employees?

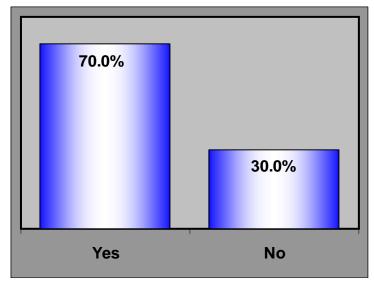
Figure 5.1.11: Of those worksites that provide of health insurance to employees, insurance is also available to employee families.



Of those that do offer health insurance coverage, the great majority (98.8%) also extend that coverage to the families of employees.

# 10. (Q36) If this workplace offers health insurance to employees, does the health insurance include wellness screenings (health screenings or HRAs)?

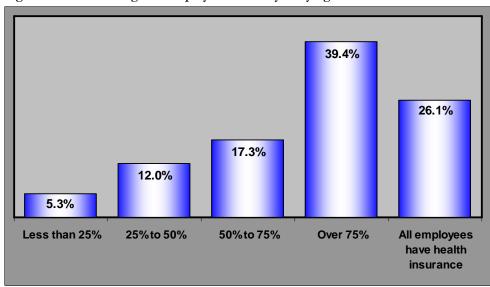
Figure 5.1.12: Of worksites that offer employee health insurance, the insurance includes health screenings or HRA's.



A majority (70.0%) of the health insurance offered to employees also includes wellness screenings (health screenings or HRA's), though a full 30.0% of employee health insurance does not.

11. (Q37) To the best of your knowledge what percentage of the employees at this work place currently have health insurance coverage? (Through your company or otherwise)

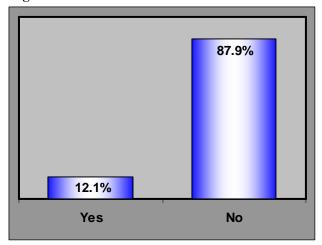
Figure 5.1.13: Percentages of employees currently carrying health insurance.



Over a quarter (26.1%) of worksites responded that all employees have health insurance, and 39.4% stated that, while not all of their employees were insured, over three-quarters were. Those worksites with half to three-quarters employee coverage totaled 17.3%; the remaining 17.3% of worksites had fewer than 50% health insurance coverage for their employees.

### 12. (Q38) Does this workplace have ONSITE medical service?

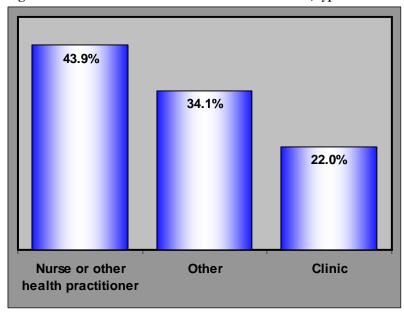
Figure 5.1.14: Worksite has onsite medical service.



Only a very low percentage (12.1%) of worksites offered onsite medical service.

### 13. (Q38a) If ONSITE medical service, what onsite medical services are available?

Figure 5.1.15: Of worksites with onsite medical service, type of services available.



Of those worksites that did offer onsite medical service, 43.9% offered nurse or other health practitioner service, and 22% had an onsite clinic. For complete text listings of other onsite medical services, see Appendix A.1.11.

### 14. (Q39) Which ONE of the following is CLOSEST to the sector of the economy this workplace is in?

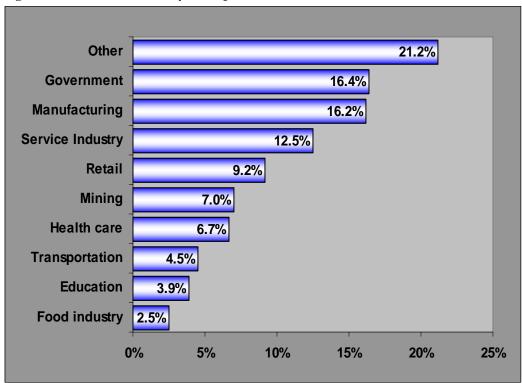


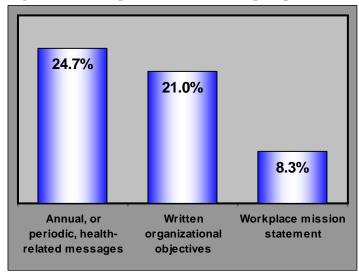
Figure 5.1.16: Sector of economy for respondent worksites.

Of the economic sectors offered as choices in the survey, nearly equal percentages of responding worksites chose Government (16.4%) and Manufacturing (16.2%). The only other specific category that exceeded 10% was Service Industry (12.5%). The greatest percentage (21.2%) of worksites described themselves as *other* in response to this question, and complete text listings for these responses are in Appendix A.1.12.

### 5.2. Institutional Support/Organizational Integration Questions

# 1. (Q1) Does this workplace have any of the following in place to facilitate the promotion of worksite wellness? (Mark all that apply.)

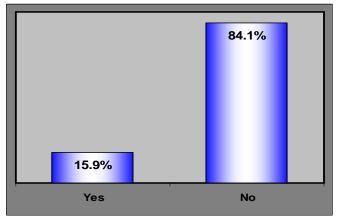
Figure 5.2.1: Workplace administrative steps to promote worksite wellness.



Nearly a quarter (24.7%) of the worksites had annual or periodic health-related messages for employees intended to facilitate the promotion of worksite wellness. Slightly fewer (21%) worksites used written organizational objectives for the same purpose, and only 8.3% responded that they had a workplace mission statement specifically addressing worksite wellness. This question was *check all that apply*, meaning that some worksites may have one or another of these administrative steps, all three, or some other combination of the response choices. They may be considered singly, as well (i.e. 75.3% of responding worksites do <u>not</u> have annual or periodic health-related messages).

### 2. (Q4) Does this workplace have a wellness committee?

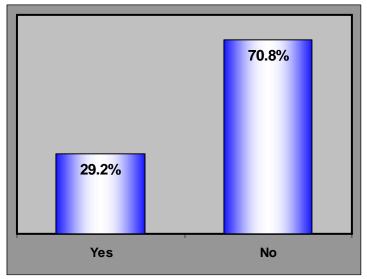
Figure 5.2.2: Frequency of worksites wellness program committees.



Most of the worksites (84.1%) that responded to the survey indicated that they do not have a committee in place specifically for overseeing a wellness program, while only around 16% stated that they do have a wellness committee.

# 3. (Q5) Does this workplace have a person responsible for providing, supervising or coordinating health promotion or wellness program delivery?

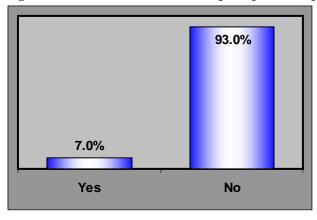
Figure 5.2.3: Frequency of worksites with person responsible for administering health promotion/wellness program.



Over a quarter (29.2%) of the worksites in the survey indicated that they have a person responsible for administering health promotion or wellness program delivery.

# 4. (Q15) Does this workplace have a written policy to support exercise or physical activity of employees during work time?

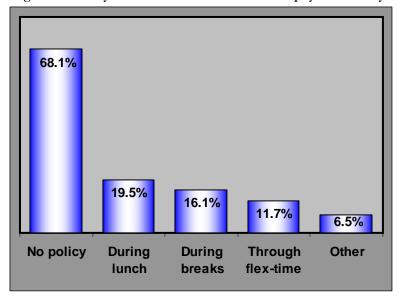
Figure 5.2.4: Presence of written workplace policies supporting employee exercise/physical activity



A very small percentage (7.0%) of worksites have in place a written policy to support exercise or physical activity of employees during work time.

# 5. (Q16) Does this workplace support exercise or physical activity of employees during work time in any of the following ways?

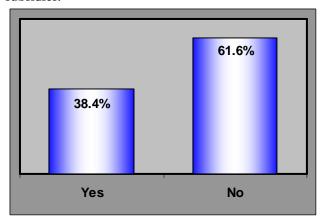
Figure 5.2.5: Ways in which work time exercise or physical activity of employees is supported.



The majority of worksites (68.1%) do not support exercise or physical activity of employees during work time, while the remaining percentage do so during lunch (19.5%), during breaks (16.1%), and through flex-time (11.7%). For complete text listings of *other* responses to this question, see Appendix A.1.8.

# 6. (Q18) Does this workplace have a corporate agreement with health clubs or gyms to offer discounted or subsidized memberships to the employees?

Figure 5.2.6: Frequency of worksite agreements with health clubs or gyms for membership discounts or subsidies.



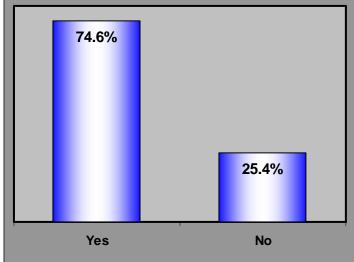
While the majority (61.6%) of worksites do not have a corporate agreement with health clubs or gyms to offer discounted or subsidized memberships to employees, well over a third (38.4%) do have these agreements in place.

### 5.3. Communication, Support & Recruitment Questions

Graphs in this section illustrate ways in which worksites communicate their wellness programming, as well as the methods by which they promote and support their programs. Health screening and HRA questions are included in this section in that these offerings, either through worksites or through worksite health insurance, are a way that employers support and encourage self-motivation on the part of employees to be proactive about their own health. Several questions in this section (e.g. 2., below) do not lend themselves to graphical representation and are not displayed; please see the referenced appendix for responses to these survey questions.

### 1. (Q2a) If there is a worksite wellness program, are there incentives for the workers associated with it?





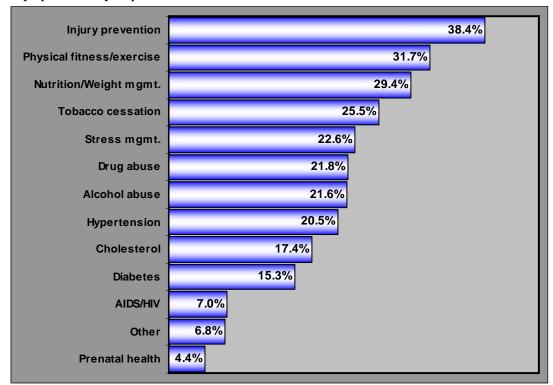
Among worksites with wellness programs in place, almost three quarters (74.6%) of them offer incentives for their workers to participate in their programs.

### 2. (Q2b) If there are incentives, what are they?

➤ Please see Appendix A.1.1. for responses to this question.

# 3. (Q6). During the past 12 months did this workplace offer employee health messages about any of the following issues using PAMPHLETS, BROCHURES, POSTERS, or VIDEO?

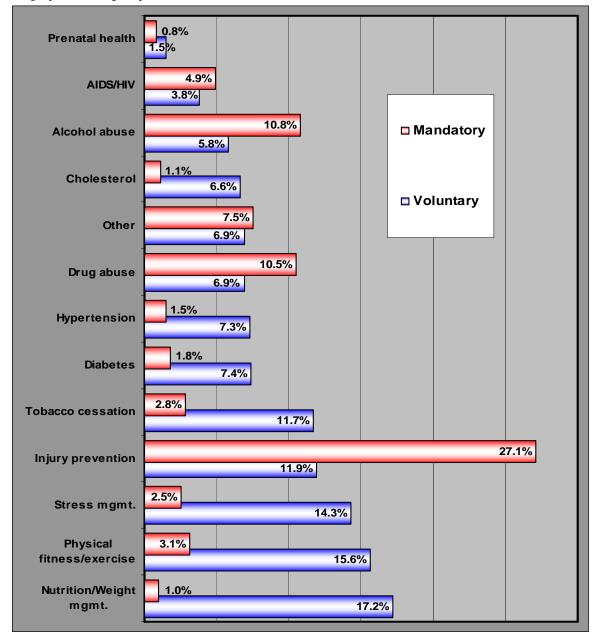
Figure 5.3.2: Health topics addressed through pamphlets, brochures, posters or videos offered by worksites to employees in the past year.



Injury Prevention tops the list (38.4%) of topics most commonly addressed in pamphlets, brochures, posters, or videos provided to employees by worksites that offer health messages. Also high on the list are the topics of Physical Fitness/Exercise, Nutrition/Weight Management, and Tobacco Cessation. Very few offer messages dealing with AIDS/HIV or Prenatal Health. For complete text listings of *other* responses to this question, see Appendix A.1.2.

# 4. (Q7). During the past 12 months did this workplace offer employee CLASSES, WORKSHOPS or LECTURES on any of the following health related topics?

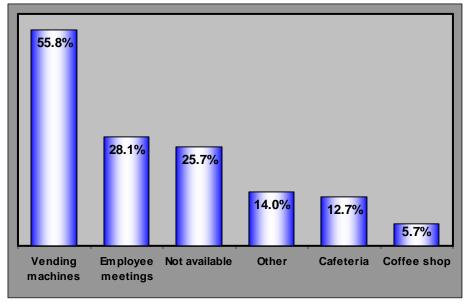
Figure 5.3.3: Health topics addressed through classes, workshops or lectures offered by worksites to employees in the past year.



At 27.1%, Injury Prevention is the most popular topic for *mandatory* classes, workshops or lectures offered by worksites with regard to health promotion. Other topics of note for mandatory classes, workshops or lectures are Alcohol Abuse (10.8%) and Drug Abuse (10.5%). Topping the list with regard to *voluntary* sessions are Nutrition/Weight Management at 17.2%, followed by Physical Fitness/Exercise (15.6%). Other voluntary offerings that topped 10% were Stress Management (14.3%), Injury Prevention (11.9%), and Tobacco Cessation (11.7%). See A.1.3. for *other* responses to this question.

### 5. (Q8) Not including the food employees bring to work, food at this workplace is available from...

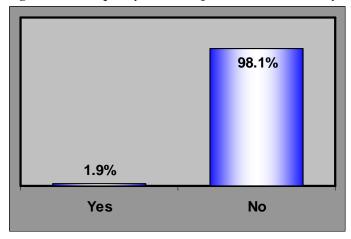
Figure 5.3.4: Worksite sources from which food is available to employees.



Over a quarter (25.7%) of worksites did not offer food to employees at all, and only just over 18% had either a cafeteria (12.7%) or a coffee shop (5.7%) offering food. The most popular food source, with over half (55.8%) of worksites mentioning this source, was through vending machines. Over a quarter (28.1%) made food available during employee meetings. For complete text listings of other workplace food sources, see Appendix A.1.4.

# 6. (Q9) Does this workplace have a written policy to make healthy food options available to the employees?

Figure 5.3.5: Frequency of written policies to make healthy food available to employees.



The overwhelming majority (98.1%) of worksites have no written policy to make healthy food options available to the employees.

### 7. (Q10) Healthy food options are available [from]...

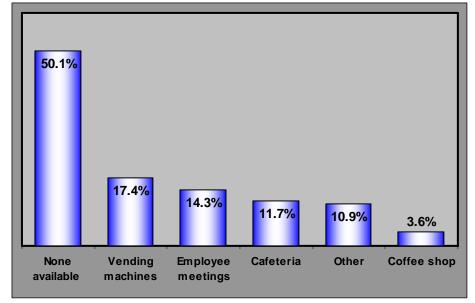


Figure 5.3.6: Worksite sources from which healthy food options are available to employees.

Half of the worksites who responded offer no healthy food options to employees. Of those that do, 17.4% offer healthy food options through vending machines, followed closely by employee meetings (14.3%) and through a cafeteria (11.7%). For complete text listings of *other* answers to this question, see Appendix A.1.5.

8. (Q11) Which of the following healthy food choices are available to the employees at this workplace? See Appendix A for responses to this question, and Appendix A.1.6. for 'other' responses to this question.

### 9. (Q12) Are there any other practices at this workplace to promote healthy food choices for employees?

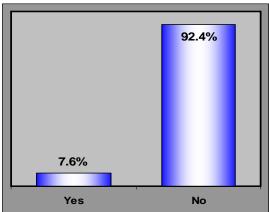


Figure 5.3.7: Frequency of other practices to promote healthy food choices for employees.

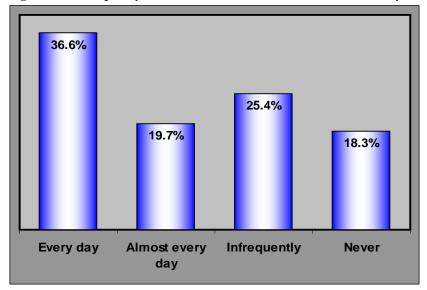
Very few (7.6%) worksites have some other type of practice to encourage healthy food choices by employees.

### 10. (Q13) If yes, please describe:

See Appendix A.1.7. for descriptions of these other practices.

### 11. (Q14) How often does the cafeteria at this workplace feature a healthy entrée choice for employees, such as a low-fat or low-carbohydrate choice?

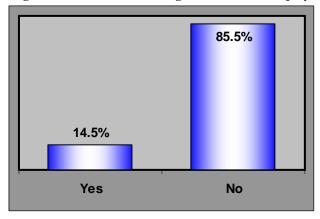
Figure 5.3.8: Frequency with which worksite cafeterias feature healthy entrée choice for employees.



For those worksites that offered food through a cafeteria, over a third (36.6%) offered healthy choices every day, with another 19.7% offering healthy choices almost every day. Under half (43.7%) offer healthy choices infrequently or never.

### 12. (Q15) Do the employees at this workplace have a designated area for recreating or walking?

Figure 5.3.9: Presence of designated areas for employee recreating or walking.



Only a small percentage (14.5%) of worksites offers their employees designated areas for recreating or walking.

### 13. (Q19) Is there an ONSITE exercise or fitness facility available to the employees at this workplace?

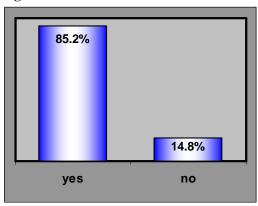
85.6% 14.4% Yes No

Figure 5.3.10: Presence of worksite fitness facilities for employees.

Only a small percentage (14.4%) of worksites offers onsite exercise or fitness facility available to employees.

### 14. (Q19a) If YES, is it free of charge to EMPLOYEES?

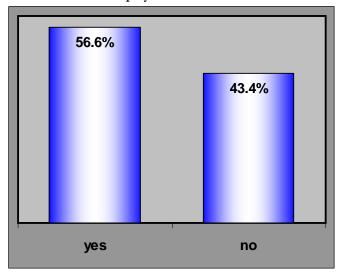
Figure 5.3.11: Of worksites that do offer an onsite fitness facility to employees, frequency that it is free.



Of the 14.4% of worksites that offer onsite exercise or fitness facilities, the great majority (85.2%) offer them free of charge to their employees.

### 15. (Q19b) And is it available to the FAMILIES of the employees?

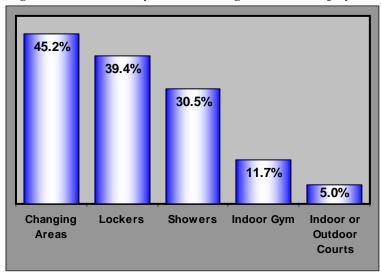
Figure 5.3.12: Of worksites that do offer free onsite fitness facilities to employees, availability of them to the families of employees.



Again, of the 14.4% of worksites that offer onsite exercise or fitness facilities, only a slight majority (56.6%) extend use of them to employees' families.

# 16. (Q20) Please indicate if the following facilities are available to employees at this workplace.

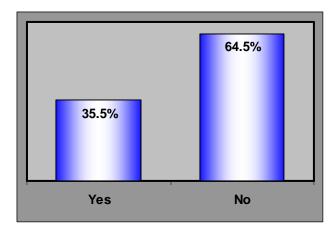
Figure 5.3.13: Availability of the following facilities to employees.



The most common wellness related facilities available to employees were changing areas (45.2%) followed by lockers (39.4%) and showers (30.5%). Very few offer an indoor gym (11.7%) or indoor or outdoor courts (5%).

### 17. (Q21) Does this workplace promote or encourage the use of stairs?

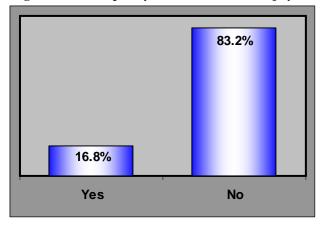
Figure 5.3.14: Worksite promotes or encourages the use of stairs.



Most worksites (64.5%) indicate that they do not encourage the use of stairs, while 35.5% do so.

18. (Q22) During the past 12 months did this workplace offer physical activity-oriented programs (yoga, walking club, stretching or aerobics) to the employees?

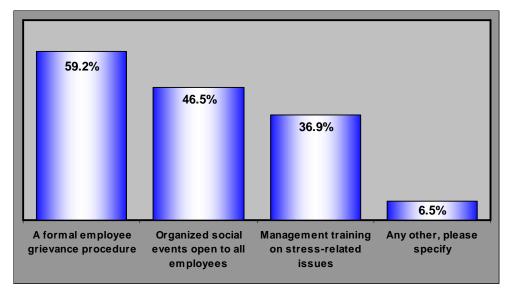
Figure 5.3.15: Frequency that worksite offered physical activity programs within the past year.



Only a small percentage (16.8%) of worksites offered some kind of physical activity-oriented programs to employees within the past 12 months.

19. (Q27) Does this workplace offer any of the following programs or practices to the employees?

Figure 5.3.16: Programs available to employees at worksite.



A majority (59.2%) of worksites have a formal employee grievance procedure in place, while slightly under half (46.5%) have organized social events open to all employees. Fewer, but still over a third (36.9%) of surveyed worksites offer management training on stress-related issues. Other programs and practices are detailed in Appendix A.1.9.

## 20. (Q28) Does this workplace offer any of the following employee assistance programs? (Mark all that apply.)

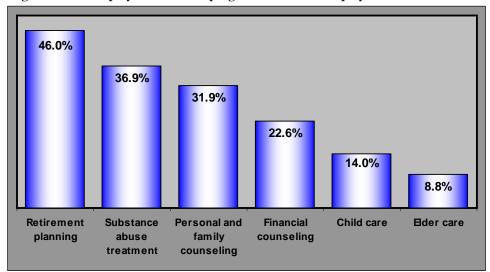
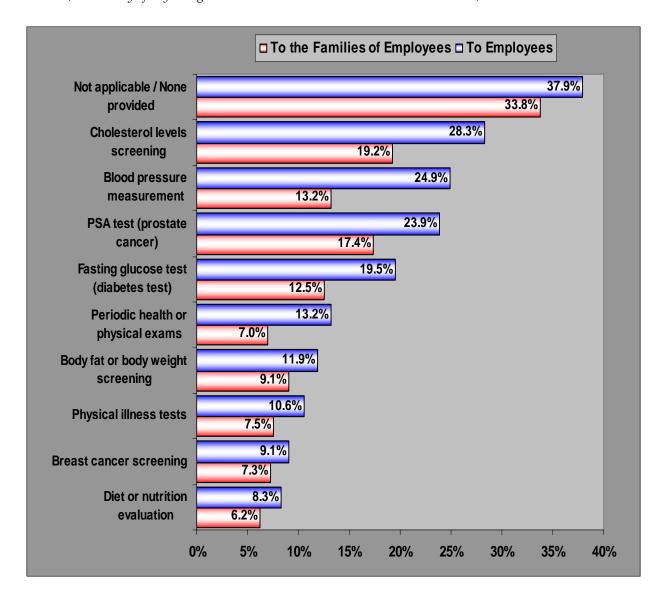


Figure 5.3.17: Employee assistance programs offered to employees.

With regard to employee assistance programs, the most commonly offered among surveyed worksites is retirement planning (46%), followed by substance abuse treatment (36.9%), personal and family counseling (31.9%). Financial counseling was offered by under a quarter (22.6%) of worksites, and lower percentages of worksites offered child care (14%) or elder care (8.8%).

# 21 (Q29) During the past 12 months, did this workplace offer any of the following health screenings?

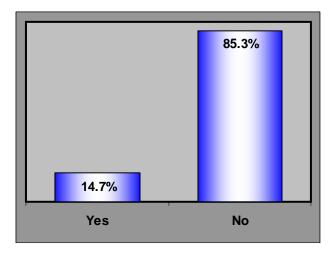
Figure 5.3.18: Health screenings offered to employees within the past year.



During the past 12 months, well over a third of surveyed worksites (37.9%) offered NO health screenings to employees. Of screenings that were offered, the most common for both employees and families of employees was for cholesterol level (28.3% and 19.2%, respectively), followed closely by blood pressure measurement (24.9%, 13.2%), and PSA (prostate cancer) testing (23.9%, 17.4%). Other types of screenings offered to employees and families of employees were the fasting glucose test for diabetes (19.5%, 12.5%); periodic health or physical exams (13.2%, 7%); body fat or body weight screening (11.9%,9.1%); physical illness tests (10.6%, 7.5%); breast cancer screening (9.1%, 7.3%); and diet or nutrition evaluation (8.3%, 6.2%). For complete text listings of other screenings, see Appendix A.1.10.

## 22 (Q30) During the past 12 months did this workplace provide employee health risk assessments (HRA, a general assessment of health)?

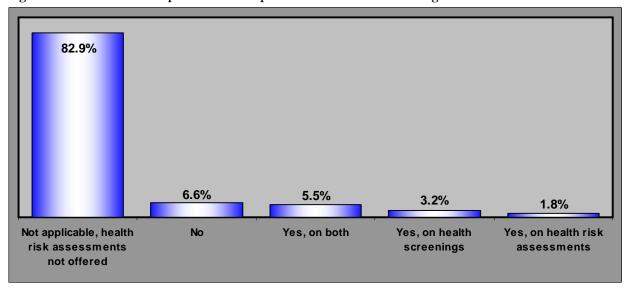
Figure 5.3.19: Offerings of HRA's within the past year.



A low percentage (14.7%) of worksites offered health risk assessments (HRA, a general assessment of health) to employees within the past 12 months.

## 23. (Q31) Does this workplace have procedures for following up on health risk assessments or health screenings offered to the employees?

Figure 5.3.20: Procedures in place to follow up on HRA's or health screenings.



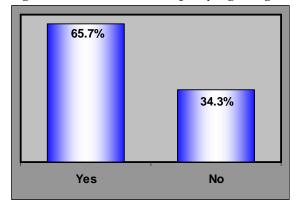
Very small percentages of worksites have procedures for following up on health risk assessments (1.8%) or on health screenings (3.2%) offered to employees. Most (82.9%) worksites offer no health assessments at all.

### 5.4. Tobacco & Other Questions

Several tobacco questions were included in the questionnaire to assess worksite tobacco policies and employee tobacco access. The deleterious health effects of tobacco have obvious relevance to employee health, health care and insurance costs.

### 1. (Q23) Does this workplace have a written policy about smoking or spit tobacco use at work?

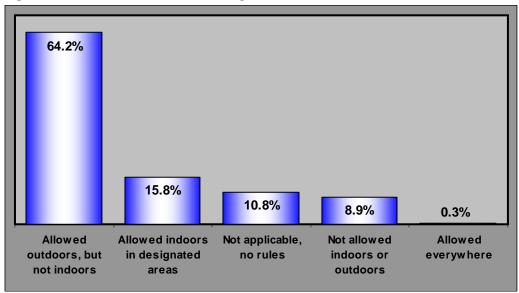
Figure 5.4.1: Written worksite policy regarding tobacco use.



Most worksites (65.7%) stated that they have a written policy about smoking or spit tobacco use at work, while over a third (34.3%) do not.

#### 2. (Q24a) Which statement best describes the rules about smoking at this workplace?

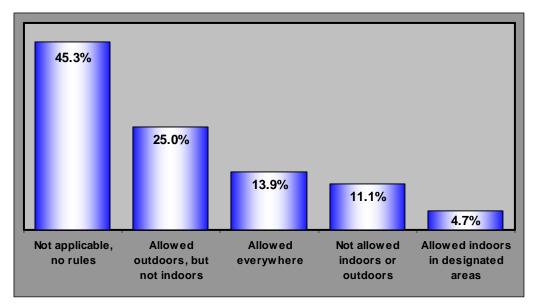
Figure 5.4.2: Worksite rules about smoking.



Most (64.2%) worksites restrict smoking to outdoors, followed by 15.8% that allow indoor smoking in designated areas. Almost 9% do not allow smoking indoors or outdoors, and a very small percentage (0.3%) allow smoking everywhere.

## 3. (Q24b) Which statement best describes the rules about spit tobacco use at this workplace?

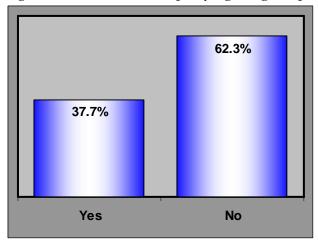
Figure 5.4.3: Worksite rules about the use of spit tobacco.



With regard to spit tobacco use, a quarter of worksites (25%) allow only outdoor use, while 4.7% allow its use indoors in designated areas. Almost 14% allow the use of spit tobacco everywhere while 11.1% do not allow its use indoors or outdoors.

## 4. (Q25) Does this workplace have a written policy about disciplinary measures (warnings, fines) for any tobacco use policy violations?

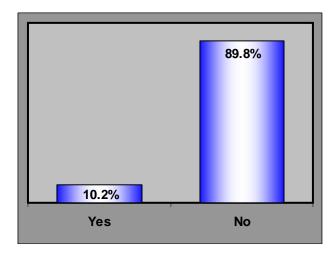
Figure 5.4.4: Worksite written policy regarding disciplinary measures for tobacco use rule violations.



Over a third (37.7%) of worksites have written policies about disciplinary measures (warnings, fines) for any tobacco use policy violations. As with tobacco policies in general, however, some of these worksites rely on the tobacco policies in force within their particular municipalities (i.e. while a city worksite may not have a unique policy regarding worksite tobacco use and penalties, the worksite is nonetheless covered by a municipal policy).

#### 5. (Q26) Can employees purchase tobacco products at this worksite?

Figure 5.4.5: Tobacco available for sale at worksite.



Only a small percentage (10.2%) of worksites has tobacco products available for sale.

6. (Q40) Does this workplace have any worksite wellness programs or procedures that were not addressed? If so, please describe: For complete text listings of 'other' programs or procedures, see Appendix A.1.13.

7. (Q41) Do you have any comments you would like to make about employee health or worksite wellness? For complete text listings, see Appendix A.1.14.

#### 6. Cross-tabulations

This section presents statistically significant (p < .05) cross-tabulations comparing several survey questions with other questions from the survey; those that returned statistically significant results are shown in the tables below. The survey questions run against others were: Question 2 (presence or absence of a worksite wellness program); Question 33 (number of employees at the worksite); and Question 39 (closest sector of the economy for the responding worksite).

The appropriate tests for statistical significance of the differences were performed. Where both variables in a cross-tabulation are rank-ordered or dichotomous, the chi-square test for linear trend was performed. In these cases the overall Pearson chi-square test was also considered. In the cases where one or both of the variables in a cross tabulation were neither rank ordered, nor dichotomous, only the overall Pearson chi-square test was used. Test results are indicated in the tables below by displaying the results in the following fonts:

- **Regular font** = both tests were appropriate and both returned statistically significant differences.
- **Regular bold** = both tests were appropriate, but only the test for linear trend proved to be significant.
- = both tests were appropriate but only the overall Pearson chi-square test **Bold italic** proved to be significant.
- **Regular italic** = only the overall Pearson chi-square test was appropriate and proved to be significant

Table 6.1a: Significant cross-tabulations for presence/absence of worksite wellness program.

Table 0.1a. digililleant cross-tabulations for presence, absence		q2. Is ther wellness	re a worksite program at orkplace?
		Yes	No
q15. Does this workplace have a written policy to support exercise	Yes	18.4%	1.5%
or physical activity of employees during work time?	No	81.6%	98.5%
q17. Do the employees at this workplace have a designated area	Yes	26.5%	9.5%
for recreating or walking?	No	73.5%	90.5%
q18. Does this workplace have a corporate agreement with health	Yes	56.6%	29.9%
clubs or gyms to offer discounted or subsidized memberships to the employees?	No	43.4%	70.1%
and the decree of ONOITE according to Change for With a collection of the	Yes	27.4%	9.1%
q19. Is there an ONSITE exercise or fitness facility available to the employees at this workplace?	No	72.6%	90.9%
q22. During the past 12 months did this workplace offer physical activity-oriented programs (yoga, walking club, stretching or	Yes	33.3%	9.5%
aerobics) to the employees?	No	66.7%	90.5%
q23. Does this workplace have a written policy about smoking or	Yes	77.2%	60.0%
spit tobacco use at work?	No	22.8%	40.0%
q30. During the past 12 months did this workplace provide	Yes	32.1%	6.1%
employee health risk assessments (HRA, a general assessment of health)?	No	67.9%	93.9%
q36. Does this workplace provide health insurance coverage to the	Yes	98.2%	87.5%
employees?	No	1.8%	12.5%
	Yes	58.8%	26.7%
q29a-q29j. Does this workplace offer health screenings?	No	41.2%	73.3%

The presence or absence of a worksite wellness program (survey question 2) was cross-tabulated with several other relevant survey responses, and the following statistically significant results were returned:

Worksites that have a wellness program were more likely to have the following than those worksites without a wellness program:

- A written policy supporting employee exercise and physical activity during work time.
- A designated area for employee recreating or walking.
- A corporate agreement with health clubs or gyms for discounted or subsidized memberships for employees.
- Onsite exercise or fitness facilities for employees.

- Activity-oriented programs for employees during the past year.
- A written policy regarding smoking or spit tobacco use at work—though even worksites without wellness programs have a rate of 60% for this item.
- Heath Risk Assessments available to employees within the past year.
- Availability of health insurance to employees—though even worksites without wellness programs had a high percentage (87.5%) of health insurance availability.
- Health screenings of any kind for employees.

Table 6.1b: Cross-tabulation for presence/absence of worksite wellness program and HRA follow-up.

	q2. Is there a worksite wellness program at this workplace?			
q31. Workplace has procedures to follow up on employee HRA's or health screenings.	Yes	No		
Yes, on health risk assessments	2.7%	1.5%		
Yes, on health screenings	4.5%	2.3%		
Yes, on both	13.5%	1.5%		
No	12.6%	3.8%		
Not applicable, health risk assessments not offered	66.7%	90.9%		
Total	100%	100%		

HRA's and health screenings were not offered for majorities of worksites with (66.7%) or without (90.9%) wellness programs. However, those worksite that did offer these services were more likely to also have a follow-up procedures if they had a wellness program in place.

Table 6.1c: Cross-tabulation for presence/absence of worksite wellness program and percentages of health-insured employees.

	q2. Is there a worksite wellness program at this workplace?			
q37. Percentage of employees that currently have health insurance coverage (through worksite or otherwise).	Yes	No		
Less than 25%	.9%	7.3%		
25 to 50%	7.2%	14.2%		
50 to 75%	14.4%	18.8%		
Over 75%	48.6%	35.4%		
All have health insurance	28.8%	24.2%		
Total	100%	100%		

The percentage of worksites in which 100% of employees have health insurance varies little between those that do and those that do not have a wellness program. However, the percentage of worksites in which *half or less* of employees have insurance is greater in those worksites without a wellness program (21.5%) than in those worksites with a wellness program (8.1%).

Table 6.2a: Significant cross-tabulations for number of employees at worksite.

<u> </u>		Number of Employees					
		<11	11 - 25	26 - 50	51 - 100	101-150	>150
q2. Worksite wellness program at	Yes	7.7%	28.8%	28.4%	28.7%	30.0%	48.6%
this workplace.	No	92.3%	71.2%	71.6%	71.3%	70.0%	51.4%
q3. If not currently a worksite	Yes	5.9%	11.8%	3.3%	16.9%	19.0%	30.6%
wellness program, plan to initiate							
such a program.	No	94.1%	88.2%	96.7%	83.1%	81.0%	69.4%
q4. Workplace has a wellness	Yes	2.6%	13.5%	10.2%	10.3%	23.3%	34.2%
committee.	No	97.4%	86.5%	89.8%	89.7%	76.7%	65.8%
q5. Workplace has person							
responsible for providing, supervising or coordinating health	Yes	5.3%	26.5%	20.7%	27.6%	40.0%	50.7%
promotion or wellness program delivery.	No	94.7%	73.5%	79.3%	72.4%	60.0%	49.3%
q15. Workplace has written policy	Yes	.0%	5.8%	3.4%	10.3%	3.3%	11.8%
supporting employee exercise or physical activity during work time.	No	100.0%	94.2%	96.6%	89.7%	96.7%	88.2%
	Yes	10.3%	7.7%	8.1%	11.5%	3.3%	36.5%
q17. Employees have designated area for recreating or walking.	No	89.7%	92.3%	91.9%	88.5%	96.7%	63.5%
		00.1.70	02.070	011070	00.070	00.1 70	00.070
q18. Workplace has corporate agreement with health clubs or	Yes	12.8%	28.0%	31.0%	36.8%	50.0%	64.9%
gyms to offer employee discounts or subsidized memberships.	No	87.2%	72.0%	69.0%	63.2%	50.0%	35.1%
q19. ONSITE exercise or fitness	Yes	7.7%	3.8%	10.2%	10.3%	10.0%	36.0%
facility for employees.	No	92.3%	96.2%	89.8%	89.7%	90.0%	64.0%
-00 la							
q22. In past 12 months, workplace offered physical activity-oriented programs (yoga, walking club,	Yes	2.6%	9.6%	11.4%	15.1%	10.0%	36.8%
stretching or aerobics) to employees.	No	97.4%	90.4%	88.6%	84.9%	90.0%	63.2%
		10 =0:		<b>=</b> 0.00:		22.22/	
q23. Written workplace policy about smoking or spit tobacco use.	Yes	48.7%	60.8%	52.3%	69.8%	80.0%	82.4%
about smoking or spit tobacco use.	No	51.3%	39.2%	47.7%	30.2%	20.0%	17.6%

Table 6.2b: Significant cross-tabulations for number of employees at worksite.

		Number of Employees					
		0 - 10	11 - 25	26 - 50	51 - 100	101-150	>150
q26. Employees can purchase tobacco products at this	Yes	2.6%	.0%	14.8%	17.2%	6.7%	10.5%
worksite?	No	97.4%	100.0%	85.2%	82.8%	93.3%	89.5%
q30. During the past 12 months workplace provided employee	Yes	2.6%	9.8%	11.4%	10.3%	20.0%	27.6%
HRA's.	No	97.4%	90.2%	88.6%	89.7%	80.0%	72.4%
q36. Workplace provides health insurance coverage to the	Yes	56.4%	92.3%	92.0%	95.4%	93.3%	100.0%
employees.	No	43.6%	7.7%	8.0%	4.6%	6.7%	.0%
	r	ı	T		1	T	1
q38. Workplace have ONSITE	Yes	5.1%	1.9%	8.0%	4.6%	6.7%	40.0%
medical service.	No	94.9%	98.1%	92.0%	95.4%	93.3%	60.0%
q29a-q29j. Workplace offer any	Yes	12.8%	25.0%	35.2%	32.2%	33.3%	65.8%
health screenings.	No	87.2%	75.0%	64.8%	67.8%	66.7%	34.2%

The number of employees at respondent worksites was cross-tabulated against several other relevant variables with the following results:

In general, as the number of worksite employees increases, so does the likelihood that the workplace:

- Has a wellness program.
- Has a plan to initiate a wellness program if none currently exists.
- Has a wellness committee in place, and has a person responsible for administration of the wellness program (of those sites that have a wellness program).
- Has a written policy for work time exercise or physical activity (percentages for such a policy at all worksites is quite low, however, with the maximum at 11.8% for worksites with more than 150 employees).
- Has a corporate agreement with health clubs or gyms to offer employee discounts or subsidized memberships.
- Has onsite employee exercise or fitness facility or facilities.
- Offered physical activity-oriented programs to employees within the past year.
- Has a written workplace policy regarding tobacco use, whether smoking- or spit tobacco.
- Provided HRA's to employees within the past year.
- Provides health insurance coverage to employees.
- Offers health screening to their employees.

There is little discernable patterning, though statistically significant variation, between worksites based on number of employees for whether or not employees have access to designated recreating

or walking areas. Generally, all worksites have rather low percentages for such amenities, though among worksites that do offer them, the highest percentage (36.5%) is at worksites with over 150 employees. Also lacking a discernable pattern is whether or not tobacco products can be purchased at the worksite; the great majority of all worksites do not offer tobacco for sale but, among those that do, workplaces with 51-100 employees do so at the highest percentage (17.2%). No workplaces with fewer than 150 employees exceeded 8% in offering onsite medical services, while fully 40% of those with 150 or more employees had some medical services available.

Table 6.2c: Significant cross-tabulations for number of employees at worksite and frequency of follow-up

procedures for employee HRA's and health screenings.

q31. Workplace has procedures for	Number of Employees									
following up on employee HRA's or health screenings.	0 - 10	11 - 25	26 - 50	51 - 100	101 - 150	>150				
Yes, on health risk assessments	.0%	1.9%	2.3%	2.3%	3.3%	1.3%				
Yes, on health screenings	.0%	1.9%	1.1%	3.4%	.0%	9.3%				
Yes, on both	2.6%	.0%	9.2%	3.4%	3.3%	9.3%				
No	.0%	7.7%	2.3%	4.6%	13.3%	10.7%				
Not applicable, health risk assessments not offered	97.4%	88.5%	85.1%	86.2%	80.0%	69.3%				
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				

Table 6.3a: Significant cross-tabulations for CLOSEST economic sector of worksite.

8		q39. CLOSEST economic sector for workplace.									
		Mfg.	Mining	Trans.	Retail	Svc.	Health care	Food	Govt.	Educ.	Other
q2. Worksite wellness program at	Yes	20.7%	36.4%	37.5%	18.8%	17.8%	33.3%	11.1%	37.3%	78.6%	33.3%
workplace.	No	79.3%	63.6%	62.5%	81.3%	82.2%	66.7%	88.9%	62.7%	21.4%	66.7%
		1	1	1	T	T	T.				
q4. Workplace has a wellness	Yes	3.4%	16.7%	6.3%	15.6%	6.7%	25.0%	11.1%	35.6%	50.0%	10.7%
committee.	No	96.6%	83.3%	93.8%	84.4%	93.3%	75.0%	88.9%	64.4%	50.0%	89.3%
q5. Workplace has person responsible	Yes	17.9%	33.3%	12.5%	25.8%	18.6%	37.5%	11.1%	40.7%	64.3%	31.1%
for providing, supervising or coordinating health promotion or wellness program delivery.	No	82.1%	66.7%	87.5%	74.2%	81.4%	62.5%	88.9%	59.3%	35.7%	68.9%
q9. Workplace has written policy to	Yes	.0%	.0%	.0%	3.1%	4.5%	.0%	.0%	.0%	23.1%	1.4%
make healthy food options available to the employees.	No	100.0%	100.0%	100.0%	96.9%	95.5%	100.0%	100.0%	100.0%	76.9%	98.6%
. ,	•	•	•	•			•				
q17. Employees have a designated	Yes	13.8%	9.1%	.0%	3.1%	15.6%	25.0%	12.5%	20.3%	53.8%	10.7%
area for recreating or walking.	No	86.2%	90.9%	100.0%	96.9%	84.4%	75.0%	87.5%	79.7%	46.2%	89.3%
		1	1	1	1	1	1				
q18. Workplace has a corporate	Yes	29.3%	43.5%	40.0%	31.3%	31.1%	69.6%	11.1%	55.2%	57.1%	31.1%
agreement with health clubs or gyms to offer employee discounts or subsidized memberships.	No	70.7%	56.5%	60.0%	68.8%	68.9%	30.4%	88.9%	44.8%	42.9%	68.9%

The economic sector into which each worksite falls was cross-tabulated with several other variables, with the following results:

- By far, worksites within the education sector had the highest percentage (78.6%) of active worksite wellness programs, with the food production sector having the lowest (11.1%). Also rather low were manufacturing (20.7%) and the retail (18.8%) and service (17.8%) sectors. The majority of economic sectors fell between 30% and 40% for having a wellness program, including mining, transportation, health care, government and 'other.'
- The highest percentages of wellness committees AND having a single person responsible for wellness program administration were within the same sectors; in descending order: education, government, and health care.
- Worksites within the education sector had the highest percentage of availability of designated walking or recreating areas, at 53.8%, followed by the sectors of health care (25.0%) and government (20.3%).
- Corporate agreements between worksites and health clubs or gyms was rather high across all economic sectors (over 29% in all sectors except the food industry, which was 11.1%), and three sectors—health care, education and government—exceeded 50%.

Table 6.3b: Significant cross-tabulations for CLOSEST economic sector of worksite.

Table 6.50. Significant cross-tabulations			q39. CLOSEST economic sector for workplace.									
			Mfg.	Mining	Trans.	Retail	Svc.	Health care	Food	Govt.	Educ.	Other
q19. ONSITE exercise or fitness faci	lity	Yes	6.9%	8.3%	.0%	.0%	22.2%	29.2%	.0%	25.4%	76.9%	6.7%
available to the employees.		No	93.1%	91.7%	100.0%	100.0%	77.8%	70.8%	100.0%	74.6%	23.1%	93.3%
<u> </u>		ı		T		T	T					
q22. During the past 12 months, offer physical activity-oriented programs		Yes	8.6%	16.7%	12.5%	16.1%	9.1%	25.0%	.0%	22.0%	64.3%	12.0%
walking club, stretching or aerobics employees.		No	91.4%	83.3%	87.5%	83.9%	90.9%	75.0%	100.0%	78.0%	35.7%	88.0%
q26. Employees can purchase tobac products at this worksite.	co	Yes	3.4%	8.3%	6.3%	34.4%	17.8%	8.3%	44.4%	3.4%	.0%	6.7%
products at this worksite.		No	96.6%	91.7%	93.8%	65.6%	82.2%	91.7%	55.6%	96.6%	100.0%	93.3%
q30. During the past 12 months, wor	rknlaco	Yes	12.3%	37.5%	.0%	6.3%	11.1%	16.7%	.0%	16.9%	28.6%	10.7%
provided employee HRA's.	кріасе	No	87.7%	62.5%	100.0%	93.8%	88.9%	83.3%	100.0%	83.1%	71.4%	89.3%
			011170	02.070	100.070	00.070	00.070	00.070	100.070	00.770	7 77 70	00.070
q29a-q29j. Workplace offers any hea	alth	Yes	27.6%	41.7%	12.5%	18.8%	13.3%	79.2%	11.1%	54.2%	85.7%	37.3%
screenings.		No	72.4%	58.3%	87.5%	81.3%	86.7%	20.8%	88.9%	45.8%	14.3%	62.7%
	<25%	, D	5.2%	.0%	.0%	12.5%	13.3%	8.3%	22.2%	1.8%	.0%	2.7%
q37. Percentage of employees that	25 to 5	0%	10.3%	18.2%	6.3%	31.3%	20.0%	16.7%	11.1%	.0%	.0%	9.3%
currently have health insurance coverage (through company or	50 to 7	5%	13.8%	9.1%	25.0%	12.5%	13.3%	20.8%	22.2%	17.5%	21.4%	17.3%
otherwise)	75%-99	9%	48.3%	27.3%	37.5%	37.5%	31.1%	37.5%	44.4%	43.9%	78.6%	34.7%
	100%		22.4%	45.5%	31.3%	6.3%	22.2%	16.7%	.0%	36.8%	.0%	36.0%
q38. ONSITE medical service.		Yes	6.9%	20.8%	.0%	.0%	6.7%	70.8%	.0%	5.1%	57.1%	6.7%
400. 0.1011 2 modical col 11001		No	93.1%	79.2%	100.0%	100.0%	93.3%	29.2%	100.0%	94.9%	42.9%	93.3%

- The economic sector of education had, by far and not surprisingly, the highest percentage (76.9%) of onsite fitness facilities, followed by health care (29.2%) and government (25.4%); the sectors of transportation, retail and food industry all had a zero percentage of onsite exercise facilities.
- Within the past year, the sectors of education, health care and government, in that order, were the three top sectors for providing physical activity-oriented programs to their employees.
- Mot surprisingly, the food industry and retail sectors were most likely to have tobacco available to their employees for purchase. All other sectors with the exception of the service sector (17.8%) were below 10%.
- The mining sector led all others in offering HRA's (37.5%), followed by education (28.6%), government (16.9%) and health care (16.7%).
- Less than half of the worksites in most economic sectors offered employee health screenings of any kind, with the exceptions of education (85.7%), health care (79.2%) and government (54.2%).
- The economic sector with the highest percentage of *all* employees having health insurance was mining, at 45.5%, followed by government (36.8%) and the category 'other' (36.0%; see Appendix A.1.12). Neither sector of food industry or education had any worksite where 100% of their employees were insured. All economic sectors were higher than 50% for at least half of their employees having health insurance.
- Leaving out the sector of health care, the sectors with the highest percentages of worksites with onsite medical services were education (57.1%) and mining (20.8%); all other sectors were under 10%.

### 7. Site Visit & Focus Group Synopses

### 7.1. Site Visits Synopsis

Results from the Worksite Wellness questionnaire were used to generate a list of respondent worksites that merited further data collection through in-person site visits. The primary criteria for selection for potential site visits included affirmative responses to the following three survey questions: (Q2) Is there a worksite wellness program at this workplace?; (Q32) Does this workplace have policies or procedures in place to evaluate the effectiveness of its worksite wellness program?; and the final, unnumbered survey question asking if the respondent site would be willing to host a site visit to facilitate further research. Of 14 respondent businesses that met these criteria, eight agreed to follow-up meetings and were visited: two city school districts (one large- and one medium-sized Wyoming city); a state government branch (Cheyenne); a local outlet of a national retailer (Cheyenne); a city government (a major Wyoming city); a municipal fire department (a major Wyoming city); a private employer (Cody); and a department store (Rock Springs).

Below is a synopsis of the site visit responses in relation to worksite wellness best practices as described in section 3.3, above, of this report. The questions and summaries presented mostly those that exhibited some notable relationship to best practices, though more information is included.

#### From where do you get your information for worksite wellness protocol/ideas?

Some businesses draw ideas for their wellness practices from organizations or institutions set in place specifically to assist businesses in building and sustaining wellness programs. Many such organizations, like the Wellness Councils of America (WELCOA), formulate plans based on their formulas for proper programming and client characteristics.

Wellness-oriented resources and/or organizations mentioned during site visits range from internal support websites (local outlet of national retailer) to more well-known institutions such as WELCOA (city school district). Other organizations include *Be Well Wyoming*, the Mayo Clinic, and the Occupational Safety & Health Administration's (OSHA) Safety and Health Achievement Recognition Program (SHARP).

## What are your policies and procedures for evaluating the effectiveness of your WW program?

Many of the businesses visited during site visits revealed no policies or procedures for evaluating the effectiveness of their worksite wellness program, despite having affirmatively answered a survey question specifically asking if they had such procedures. Exceptions include annual surveys given to employees to assess the program effectiveness, as well as some basic database maintenance of information gathered during mandatory medical examinations. Most sophisticated are policies and procedures that make use of health management contractors, such as Summex Health Management used by at least one worksite that was visited; this employer stated that the contractor provides summative health data for the employer and individualized health-related data and services for employees.

#### Does [your] insurer provide incentives for WW procedures/protocols?

Relating to the best practice #6 (Section 3) of this report, this question asks whether the worksite insurer offers incentives for setting in place worksite wellness procedures and protocols. Only a small number of businesses used an outside insurer, and all indicated during the site visit that there were no *known* incentives offered by the insurer.

### 7.2. Focus Group Synopsis

WYSAC selected three sites for focus group visits: a city school district, a private employer, and the government offices of a large Wyoming city. These focus groups were conducted at some of the worksites where site visits took place. We chose the three sites based on the willingness of the employers to allow a focus group and on the perceived likelihood that we would convene a good cross-section of employees. All focus groups were organized by the particular worksite, and each contained at least a few employees who were not current wellness program participants.

The focus group responses were both varied and informative. Below is a synopsis of the focus group responses in relation to worksite wellness best practices as described in section 3.3, above, of this report. The questions and summaries presented reflect only those that exhibited some notable relationship to best practices.

Q2 and Q3. (Q2) What would you say are the main purposes of worksite wellness programs—not specifically your workplace, but in general? (Q3) What would you describe as being the main purpose or purposes of your workplace worksite wellness program?

The second and third questions asked of our focus group participants were used to gauge general knowledge of worksite wellness. The responses relate to best practices in an important, if generic, way: If, for instance, a program has been integrated into the organizational/business goals (#2 best practice), one would expect some general knowledge of worksite wellness throughout the organization. This applies also to most of the best practices listed in section 3.3 of this report.

As might be expected, responses from focus group participants reflected some general knowledge of worksite wellness. For instance, all three focus groups mentioned "improved employee productivity" as a purpose of worksite wellness, both in general and specific to their site. Another commonality among the focus groups was a belief that worksite wellness programs help create health awareness among employees.

While not addressing best practices directly, responses to the first two questions of the focus groups are such that we can infer some basic knowledge of worksite wellness, as well as some level of best practices implementation. How well these practices work within the workplace setting is not directly answered in responses to Q2 or Q3, though other questions asked during the focus groups may offer more insight.

Q4 and Q5. (Q4) What do you like about and think works well in your wellness program? (Q5) Do you have any suggestions for improving the wellness program at this workplace?

Responses to these questions also strike at the core of best practices, or the lack thereof, in the workplaces of our focus group participants. Employees of the private employer, for instance, had

much to say regarding a number of best practices. Regarding "incentive recruitment procedures" (#6 Best Practice), there was both positive and negative feedback. Simply having an incentive program shows that this particular best practice has been implemented. Focus group participants praised the system while offering suggestions on how to improve it.

Employees of the private employer also offered insight into the first listed best practice: "building top management support." One respondent indicated that while the wellness program was terrific in theory, there was not always support from management. More specifically, one incentive of the program allows employees to leave 30 minutes early, three times a week, for exercise purposes. In one participant's experience, he/she was informed by management that the boss could not afford the absence.

By studying the responses to Q4 and Q5, insight is gained into which best practices are being used, and how well they are being implemented. As can be seen looking into the private employer specifically, while some best practices are in use (e.g. incentive recruitment procedures), others are not, or need improvement (e.g. building top management support).

Q10 and Q11. (Q10) Do you feel that you receive adequate and timely information about your workplace wellness program? (Q11) Do you have any suggestions for how wellness program information might be better communicated?

One of the most important best practices for worksites to consider when implementing a worksite wellness program is third on the list: sound communication process(es). Questions 10 and 11 addressed this issue of communication directly.

There was no shortage of responses about communication from our various focus group participants. At this private employer, most responses were quite positive. Most communication was done through email, and most participants felt it was sufficient. There were, however, complaints that some staff did not have equal access to email and the suggestion was made that alternative means of communicating wellness program information be used in addition to email.

Participants in other groups were not as enthusiastic about how well their programs were being communicated. The city government employees, for example, suggested that information be disseminated through additional channels: morning meetings, bulletin boards, and other methods besides email. City school district participants also indicated problems associated with email communication.

While most participants in all of the focus groups believed that everyone has and, more importantly, uses email, this turned out to be an erroneous assumption: some among the non-teacher staff at a city school district stated that email was either not used or generally unavailable to them or to people within their units, either because their jobs did not involve access to a terminal or because they had little time for it.

Also, some people stated that messages regarding wellness activities were entrusted to "point people" (i.e., unit supervisors or managers) who often chose not to forward or otherwise disseminate the information. So, not only did we see problems arising from the communication process (#3 best practice), but we notice issues with building top management support (#1 best practice) and creating supportive cultures (#5 best practice).

## Q12. Do you feel that you have appropriate opportunities for input regarding the wellness program here? How might you improve it [input opportunity]?

Question 12 addressed the issue of whether or not employees feel some degree of "program ownership" (#11 best practice). Responses were varied, but most participants indicated that there is need for improvement. The city school district participants seemed to feel the most empowered, but yet expressed that they generally were not listened to very well.

A similar attitude seemed to exist for the city government participants. Most felt that input would be received enthusiastically if given to the right authorities within the program, but very few participants knew exactly who to contact when asked who those individuals might be. Overall, however, channels did seem to exist for input regarding wellness programming.

More problematic was the private employer, where participants felt that ownership of the program was held, for the most part, by a single individual within the organization. Sentiment was that it would be helpful to have several—or at least some—people informed about all detailed information regarding the wellness program instead of having all information contained in the person of the wellness coordinator.

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### 8. Wyoming Best Practices

On the issue of how Wyoming worksites are doing regarding general worksite wellness best practices, it is fair to say from the mail survey data (see Section 5, *Key Findings* subsection 5.1, *General Questions*) that *any* Wyoming worksite wellness practices exist only sparingly; *best* practices, therefore, are decidedly sparse as well. Nonetheless, it is possible through the combined information from the various components of this project—mail survey results, site visits and focus groups—to generate a profile of the best practices in use by the Wyoming worksites that actually do engage in wellness programming.

For each element in the list of 14 *general* best practices below (also, see Section 3), evidence for Wyoming worksites' adherence to these practices will be addressed. The few percentages presented are from survey responses, and therefore represent a sample of Wyoming worksites; additionally, as this is a list of best practices as they are employed by Wyoming worksites, it is not a listing of recommendations for Wyoming worksites, but a description of what is being done in conformance with established best practices. These practices, in turn, are known to promote the beneficial outcomes that wellness programming is intended to provide (see Section 3). The term "worksite wellness" is abbreviated as "WW."

- **1.** Building top management support: This item is a prerequisite for the implementation of any WW programming, and management support can be assumed to exist at all Wyoming worksites that have a WW program. Levels of management support can be inferred to some degree from the following best practice. For those Wyoming worksites without a WW program, this first best practice can be illustrated by one survey response:
  - 13.4% of worksites without a wellness program have plans to initiate a WW program.
- **2.** Integrating program with organizational/business goals: There is clear evidence from the separate components of this study that many Wyoming worksites have integrated and institutionalized their wellness programming.
  - Many worksites promote WW through health-related messages, written organizational objectives or through workplace mission statements.
  - All worksites with a WW program offer health-related media and classes to their employees.
  - Some worksites have incorporated limited paid leave time or flexible scheduling to accommodate exercise or other wellness activities during work hours.
  - Around 16% of worksites have a wellness committee and over a quarter have a person responsible for administration of their wellness program.

- Over a third of worksites have corporate agreements with gyms or health clubs for discounted or subsidized memberships.
- 3. Sound communication process: In order for a worksite wellness program to develop properly and run smoothly there must be adequate communication of the program by the worksite, and feedback opportunities by program participants (employees).
  - Internal email and intranet is used by several worksites to communicate wellness programming; email is often used to communicate specific WW programs/classes.
  - Some worksites have individuals designated as wellness program contacts within separate workplace units.
  - Feedback on wellness programming is solicited from participants through periodic questionnaires.
  - Feedback is solicited through periodic meetings, such as wellness-themed luncheons.
- 4. Uses of stages of change concept: This health psychology concept suggests that individuals do not necessarily progress in a linear fashion as they work through a program of change, but may repeat stages as they progress to effecting a stable lifestyle modification.
  - Most worksites explicitly discourage penalization for failure to meet wellness goals, and reward effort and participation.
  - One worksite is implementing its entire wellness program in conformance with this concept, and participants are only asked to make an attempt at one basic modification in behavior at a time.
- 5. Creating supportive cultures: This includes such things as developing and sustaining camaraderie in program participants, as well as creating a climate in which such things as healthy lifestyle choices are socially normalized.
  - Several worksites use wellness program components that encourage socialization during break- or lunchtimes (e.g., Poker Walks; health-themed talks during business hours).
  - Some worksites use challenge program components to foster friendly, healthoriented competition (e.g., weight loss or number-of-steps-per-day competitions).
  - Social walking or otherwise exercising is encouraged at some worksites over meal or other work time breaks.
- **6.** *Incentive recruitment procedures:* One practice consistently found throughout worksites with wellness programs is the use of incentive procedures for both recruitment and retention. Evidence from all components of this study suggests that the use of incentives is rather consistent in frequency, but quite varied in type.

- Nearly 75% of worksites have incentives associated with employee participation in wellness programming.
- Incentives ranged in value from free health insurance for a year (through a lottery of participants) to free stress-relief squeeze toys. Free or subsidized massages, paid vacation time, and organizational recognition are other types of incentives used.
- General health benefits were considered by many employees to be valid incentives for their participation in worksite wellness programs.
- 7. Personal contact or word of mouth: An important component to recruiting and retention in a worksite wellness program is the use of personal contact and/or word of mouth communication.
  - Program participation is often encouraged by those who are already enrolled. This employee-to-employee communication is encouraged by many Wyoming businesses.
  - One large worksite employs a third party health management firm to follow up with employees with a personal phone calls from certified health practitioners.
- 8. Targeted personal invitations: Data collected for this study do not specifically address whether or not this best practice was employed by Wyoming businesses, and worksite visits revealed no activity of this kind on the part of Wyoming worksites.
- 9. Targeted personal communication: This is closely related to targeted personal invitations, and again emphasizes the importance of personal communication with employees rather than bulk delivery of information.
  - [Also cited in 7, above] One large worksite employs a third party health management firm to follow up with employees with a personal phone call.
  - Some worksite wellness coordinators consult individually with program participants to assess their progress toward achieving wellness goals.
- 10. Announcements made during meetings: Public administrative acknowledgement of wellnessoriented issues at the worksite increases awareness of and encourages participation in worksite wellness programming.
  - Some worksites make announcements regarding wellness programming a component of regularly scheduled staff meetings; these announcements include updates on wellness programming, upcoming classes or talks, etc.
  - Wellness-related accomplishments of specific employees or groups of employees are announced at designated wellness-oriented meetings at some worksites.
  - One large Wyoming business allots time during weekly meetings for the worksite wellness representative to make announcements.

- Those worksites with committees in place for overseeing a wellness program (15.9%) as well as those with a person responsible for providing, supervising or coordinating wellness program delivery (29.2%) typically schedule meetings specifically for disseminating wellness program information.
- 11. Sense of program ownership: This describes the attitude that employees have toward their employer-offered wellness programming. In general, if the employee feels personally invested, there is a higher likelihood of becoming and remaining involved in worksite wellness programming.
  - Several worksites encourage employee feedback on existing wellness programming and solicit their ideas for changes in offerings or new offerings.
  - Employees at some worksites expressed that they were able to apply information from wellness programming (such as nutrition information) to other areas of their lives.
- **12.** *Use of self-efficacy concept*: Applied to the issue of worksite wellness, this is the process by which participants in wellness programming become self-reliant in their health and wellness decision-making.
  - Focus groups, in particular, indicated that health screenings and HRA results, whether offered by the worksite or through their insurer or health management contractor, were very effective in motivating wellness program participants in making positive health-related choices.
  - Most worksites that have incentive-based programming rely on and encourage honor-based progress tracking.
- 13. Use of health website, Internet and Intranet strategies:
  - Worksite insurers and health management contractors make health- and wellnessrelated websites available to employees of participating worksites.
  - Some worksites encourage the use of web-based health screenings offered by their insurer or by contracted health management firms.
  - Many worksites circulate newsletter-style emails containing program updates, wellness program offerings, and wellness-related information using intranet and internet.
- 14. Use of program database or informational structure.
  - Some worksites that compiled wellness- or health-related data either in spreadsheet or database formats also made these processed data available to individuals.

#### 9. Discussion

#### 9.1. Limitations

The scope of this project was very large and ambitious. In an attempt to collect data on worksite wellness in the state of Wyoming, a census was attempted: *every business in the state*\* was sent a survey, and much effort was made to ensure as high a response rate as possible. While we feel that the final response rate of around 45% is excellent, the implications of the absence from the study of data from over half of Wyoming's businesses are obvious. It is important to bear in mind that while this study presents data arguably generally representative of Wyoming businesses at large, it is nonetheless a sampling and not a census of worksite wellness issues among Wyoming businesses.

One limitation of note is that while attempts were made to gather data from Wyoming businesses' evaluative procedures for their worksite wellness programming, such data proved elusive. Specifically, it was found through follow-up, site, and focus group visits that, despite affirmatively answering the survey question (see Appendix A, Question 32) about having evaluative procedures, the businesses either actually had none or had not yet implemented them in such a way that data have been produced. It was learned through site visits that certain other Wyoming businesses with wellness programs do have evaluative procedures for tracking their effectiveness, and have been collecting longitudinal data for some time. It is unfortunate, however, that at least two of these businesses that were identified either did not choose to respond to this project's survey or did not consent to follow-up visits for further data collection. In any case, despite attempts to target through follow-up those Wyoming businesses with the most active, established and documented wellness programs, this study was not able to secure longitudinal data demonstrating long-term wellness programming effects.

#### 9.2. Conclusions

It is apparent, though perhaps not surprising, that this project has shown that Wyoming businesses employ worksite wellness programming only limitedly. It is limited in terms of general presence (from the survey sample we see that under a third—30.3%, to be exact—of worksites have any sort of wellness programming), as well as in program depth and breadth (e.g., among worksites with wellness programs of any kind, only just over a fifth of them, 21.8%, have any kind of evaluation mechanism to assess their program's effectiveness). Also, in terms of adherence to established best practices, Wyoming worksites have substantial room for improvement, as is illustrated by results from the mail survey, site visits and focus groups. Also apparent from the various components of this project, however, is that there is fertile interest in worksite wellness programming. From site visits and focus groups we saw a high degree of enthusiasm among both employees and employers for wellness programming; from all components of the project we saw a willingness on the part of employers to be creative and experimental with their incentives, recruitment strategies, and with program offerings; and particularly from focus groups we saw a great deal of receptivity to worksite wellness programming by employees. All of these observations indicate that now is an excellent time to be assessing worksite wellness and possibly developing promotional strategies in Wyoming.

<sup>\*</sup> From a database provided to WYSAC by Chronic Disease Section, Wyoming Department of Health.

#### 9.3. Recommendations for Future Research

We believe that the information collected through the components of this comprehensive, state-wide project—the survey, site visits and focus groups—provide a rich basis for practical action. These project components have illustrated several valuable items, among which are: what Wyoming businesses are and are not doing regarding worksite wellness programming; for employees, what works and what could be improved upon in terms of such things as program offerings and incentives; and emphases and justifications for wellness programming on the part of employers.

Based on the limitations of the current study as described above—in particular the lack of information on long-term, demonstrable gains from wellness programming—it is advised that future research target Wyoming businesses that, 1) have an established wellness program of several years' duration and, 2) have and are willing to share systematically collected data on the impacts of their wellness programming, both in terms of business benefits and employee health. This research would provide a finer-grained view of what works well and what may not work so well specifically within Wyoming. Such detailed and targeted research would augment this study, which provides a broad and comprehensive profile of current Wyoming worksite wellness programming, important for developing wellness recommendations and policies by the Chronic Disease Section of the WDH.

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### 10. Appendices

### Appendix A. Standard Report

This appendix contains the basic report of the survey results. It presents the raw frequency counts and percentage distributions of responses to all items on the questionnaire with the original wording and in the order respondents received them. Missing values such as *Don't know* and *No response* are excluded from the percentage calculations. Appendix A.1 contains the full text responses to all open-ended questions, including all *other* responses to survey questions.

# Worksite Wellness, Wyoming Employer Best Practices 2006

Respondents = 385

1. Does this workplace have any of the following in place to facilitate the promotion of worksite wellness? (Mark all that apply.)

	Frequency	Valid Percent
Annual or periodic health-related messages	95	24.7
Written organizational objectives	81	21.0
Workplace mission statement	32	8.3

#### 2. Is there a worksite wellness program at this workplace?

		Frequency	Valid Percent
	Yes	116	30.3
	No	267	69.7
	Total valid	383	100.0
	No answer	2	
T	otal	385	

## 2a. If there is a worksite wellness program, are there incentives for the workers associated with it?

		Frequency	Valid Percent
	Yes	85	74.6
	No	29	25.4
	Total valid	114	100.0
	Not applicable	267	
	No answer	2	
	System missing	2	
	Total missing	271	
T	otal	385	

#### 2b. If there are incentives, what are they?

For complete text listings of incentives, see Appendix A.1.1.

3. If there is not currently a worksite wellness program at this workplace, is there a plan to initiate such a program?

	-	Frequency	Valid Percent
	Yes	34	13.4
	No	219	86.6
	Total valid	253	100.0
	Not applicable	118	
	No answer	14	
	Total missing	132	
Т	otal	385	

4. Does this workplace have a wellness committee?

		Frequency	Valid Percent
	Yes	61	15.9
	No	322	84.1
	Total valid	383	100.0
	No answer	2	
T	otal	385	

5. Does this workplace have a person responsible for providing, supervising, or coordinating health promotion or wellness program delivery?

	Frequency	Valid Percent
Yes	110	29.2
No	267	70.8
Total valid	377	100.0
No answer	8	
Total	385	

6. During the past 12 months, did this workplace offer employee health messages about any of the following issues using pamphlets, brochures, posters, or videos? (Mark all that apply.)

	Frequency	Valid Percent
Nutrition and/or weight management	113	29.4
Physical fitness and/or exercise	122	31.7
High blood pressure (hypertension)	79	20.5
High cholesterol	67	17.4
Diabetes	59	15.3
Tobacco use cessation	98	25.5
Injury prevention (e.g., proper lifting/bending technique)	148	38.4
Stress management	87	22.6
Prenatal health	17	4.4
Alcohol abuse	83	21.6
Drug abuse	84	21.8
AIDS education/HIV prevention	27	7.0
Any other (please specify)	26	6.8

For complete text listings of "other" responses to this question, see Appendix A.1.2.

7. During the past 12 months, did this workplace offer employee classes, workshops, or lectures on any of the following health-related topics? (Mark one response for each topic.)

·	No		Yes, Voluntary		Yes, Mandatory		No Answer	Total
	N	%	N	%	N	%	N	N
Nutrition and/or weight management	243	81.8	51	17.2	3	1.0	88	385
Physical fitness and/or exercise	235	81.3	45	15.6	9	3.1	96	385
High blood pressure (hypertension)	251	91.3	20	7.3	4	1.5	110	385
High cholesterol	251	92.3	18	6.6	3	1.1	113	385
Diabetes	247	90.8	20	7.4	5	1.8	113	385
Tobacco use cessation	240	85.4	33	11.7	8	2.8	104	385
Injury prevention (e.g., proper lifting technique)	180	61.0	35	11.9	80	27.1	90	385
Stress management	233	83.2	40	14.3	7	2.5	105	385
Prenatal health	254	97.7	4	1.5	2	0.8	125	385
Alcohol abuse	232	83.5	16	5.8	30	10.8	107	385
Drug abuse	227	82.5	19	6.9	29	10.5	110	385
AIDS education/HIV prevention	243	91.4	10	3.8	13	4.9	119	385
Any other (please specify)	149	85.6	12	6.9	13	7.5	211	385

For complete text listings of "other" responses to this question, see Appendix A.1.3.

8. Not including the food employees bring to work, food at this workplace is available

from... (Mark all that apply.)

	Frequency	Valid Percent
A cafeteria	49	12.7
Vending machines	215	55.8
A coffee shop	22	5.7
Employee meetings	108	28.1
Not applicable; not available	99	25.7
Any other (please specify)	54	14.0

> For complete text listings of "other" workplace food sources, see Appendix A.1.4.

# 9. Does this workplace have a written policy to make healthy food options available to the employees?

		Frequency	Valid Percent
	Yes	7	1.9
	No	364	98.1
	Total valid	371	100.0
	No answer	14	
Total		385	

10. Healthy food options are available... (Mark all that apply.)

	11 /	
	Frequency	Valid Percent
In vending machines	67	17.4
At the cafeteria	45	11.7
In the coffee shop	14	3.6
During employee meetings	55	14.3
Not applicable, no healthy food options available	193	50.1
Any other (please specify)	42	10.9

For complete text listings of "other" answers to this question, see Appendix A.1.5.

11. Which of the following healthy food choices are available to the employees at this workplace? (Mark all that apply for each food category.)

Food	Vending Machines Cafeteria		Other		Not Available			
	N	%	N	%	N	%	N	%
Skim milk/Skim chocolate milk	10	2.6	39	10.1	28	7.3	199	51.7
Water/Flavored Water	117	30.4	38	9.9	154	40.0	72	18.7
100% fruit juice	96	24.9	37	9.6	50	13.0	143	37.1
Low-fat items (pretzels, granola bars, etc.)	125	32.5	28	7.3	43	11.2	123	31.9
Fresh fruit	7	1.8	44	11.4	48	12.5	186	48.3
Any other (please specify)	8	2.1	7	1.8	19	4.9	103	26.8

For complete text listings of "other" healthy food options, see Appendix A.1.6.

# 12. Are there any other practices at this workplace to promote healthy food choices for employees?

		Frequency	Valid Percent
	Yes	28	7.6
	No	342	92.4
	Total valid	370	100.0
	No answer	15	
Total		385	

#### 13. If yes, please describe.

For complete text listings of other practices, see Appendix A.1.7.

# 14. How often does the cafeteria at this workplace feature a healthy entrée choice for employees, such as a low-fat or low-carbohydrate choice?

	Frequency	Valid Percent
Every day	26	36.6
Almost every day	14	19.7
Infrequently	18	25.4
Never	13	18.3
Total valid	71	100.0
Not applicable	298	
No answer	16	
Total missing	314	
Total	385	

15. Does this workplace have a written policy to support exercise or physical activity of employees during work time?

		Frequency	Valid Percent
	Yes	27	7.0
	No	356	93.0
	Total valid	383	100.0
	No answer	2	
Total		385	

16. Does this workplace support exercise or physical activity of employees during work time in any of the following ways? (Mark all that apply.)

		Frequency	Valid Percent
Through flexible we	ork schedules	45	11.7
During breaks		62	16.1
During lunch		75	19.5
Not applicable, no	policy in place	262	68.1
Other times (please	e specify)	25	6.5

For complete text listings of "other" responses to this question, see Appendix A.1.8.

#### 17. Do the employees at this workplace have a designated area for recreating or walking?

		Frequency	Valid Percent	
	Yes	55	14.5	
	No	324	85.5	
	Total valid	379	100.0	
	No answer	6		
Total		385		

18. Does this workplace have a corporate agreement with health clubs or gyms to offer discounted or subsidized memberships to the employees?

		Frequency	Valid Percent	
	Yes	145	38.4	
	No	233	61.6	
	Total valid	378	100.0	
	No answer	7		
Total		385		

19. Is there an onsite exercise or fitness facility available to the employees at this workplace?

		Frequency	Valid Percent	
	Yes	55	14.4	
	No	327	85.6	
	Total valid	382	100.0	
	No answer	3		
Total		385		

19a. If yes, is it free of charge to employees?

	<u>, , , , , , , , , , , , , , , , , , , </u>		1 /
		Frequency	Valid Percent
	Yes	46	85.2
	No	8	14.8
	Total valid	54	100.0
	Not applicable	327	
	No answer	1	
	System missing	3	
	Total missing	331	
Total		385	

### 19b. And is it available to the families of the employees?

		Frequency	Valid Percent
	Yes	30	56.6
	No	23	43.4
	Total valid	53	100.0
	Not applicable	327	
	No answer	2	
	System missing	3	
	Total missing	332	
Total		385	

20. Please indicate if the following facilities are available to employees at this workplace.

Facility	Yes		No		No Answer	Total
	N	%	N	%	N	N
Showers	109	30.5	248	69.5	28	385
Changing areas	163	45.2	198	54.8	24	385
Lockers	139	39.4	214	60.6	32	385
Indoor gym	41	11.7	309	88.3	35	385
Indoor or outdoor courts	17	5.0	326	95.0	42	385

#### 21. Does this workplace promote or encourage the use of stairs?

		Frequency	Valid Percent
	Yes	134	35.5
	No	243	64.5
	Total valid	377	100.0
	No answer	8	
Total		385	

## 22. During the past 12 months, did this workplace offer physical-activity-oriented programs (yoga, walking club, stretching, or aerobics) to the employees?

		Frequency	Valid Percent
Yes		64	16.8
No		318	83.2
Total va	id	382	100.0
No answ	/er	3	
Total		385	

#### 23. Does this workplace have a written policy about smoking or spit tobacco use at work?

		Frequency	Valid Percent
	Yes	249	65.7
	No	130	34.3
	Total valid	379	100.0
	No answer	6	
Total		385	

### 24a. Which statement best describes the rules about smoking at this workplace?

	Frequency	Valid Percent
Allowed everywhere	1	.3
Allowed indoors in designated areas	60	15.8
Allowed outdoors, but not indoors	244	64.2
Not allowed indoors or outdoors	34	8.9
Not applicable; no rules	41	10.8
Total valid	380	100.0
No answer	5	
Total	385	

## 24b. Which statement best describes the rules about spit tobacco use at this workplace?

	Frequency	Valid Percent
Not applicable; no rules	172	45.3
Allowed everywhere	53	13.9
Allowed indoors in designated areas	18	4.7
Allowed outdoors, but not indoors	95	25.0
Not allowed indoors or outdoors	42	11.1
Total valid	380	100.0
No answer	5	
Total	385	

# 25. Does this workplace have a written policy about disciplinary measures (warnings, fines) for any tobacco-use policy violations?

		Frequency	Valid Percent
	Yes	142	37.7
	No	235	62.3
	Total valid	377	100.0
	No answer	8	
Total		385	

### 26. Can employees purchase tobacco products at this worksite?

		Frequency	Valid Percent
	Yes	39	10.2
	No	344	89.8
	Total Valid	383	100.0
	No answer	2	
Total		385	

# 27. Does this workplace offer any of the following programs or practices to the employees? (Mark all that apply.)

	Frequency	Valid Percent
A formal employee grievance procedure	228	59.2
Management training on stress-related issues	142	36.9
Organized social events open to all employees	179	46.5
Any other (please specify)	25	6.5

For complete text listings of other programs or practices, see Appendix A.1.9.

28. Does this workplace offer any of the following employee assistance programs? (Mark all that apply.)

	Frequency	Valid Percent
Financial counseling	87	22.6
Substance abuse treatment	142	36.9
Elder care	34	8.8
Child care	54	14.0
Retirement planning	177	46.0
Personal and family counseling	123	31.9

29. During the past 12 months, did this workplace offer any of the following health screenings? (Mark all that apply.)

	To Employees		To the Families of Employees	
	N	%	N	%
Blood pressure measurement	96	24.9	51	13.2
Cholesterol levels screening	109	28.3	74	19.2
Physical illness tests	41	10.6	29	7.5
Body fat or body weight screening	46	11.9	35	9.1
Periodic health or physical exams	51	13.2	27	7.0
Diet or nutrition evaluation	32	8.3	24	6.2
Fasting glucose test (diabetes test)	75	19.5	48	12.5
Breast cancer screening	35	9.1	28	7.3
PSA test (prostate cancer)	92	23.9	67	17.4
Not applicable/None provided	146	37.9	130	33.8
Other (please describe)				

For complete text listings of "other" screenings, see Appendix A.1.10.

## 30. During the past 12 months, did this workplace provide employee health risk assessments (HRA, a general assessment of health)?

		Frequency	Valid Percent
	Yes	56	14.7
	No	324	85.3
	Total valid	380	100.0
	No answer	5	
Total		385	

31. Does this workplace have procedures for following up on health-risk assessments or health screenings offered to the employees?

	Frequency	Valid Percent
Yes, on health risk assessments	7	1.8
Yes, on health screenings	12	3.2
Yes, on both	21	5.5
No	25	6.6
Not applicable; health risk assessments not offered	315	82.9
Total valid	380	100.0
No answer	5	
Total	385	

32. Does this workplace have policies or procedures in place to evaluate the effectiveness of its worksite wellness program?

	Frequency	Valid Percent
Yes	31	21.8
No	111	78.2
Total valid	142	100.0
Not applicable; no wellness program in place	225	
No answer	18	
Total missing	243	
Total	385	

32a. If yes, are there policies or procedures to act upon such evaluation(s) to modify the wellness program at this workplace?

	Frequency	Valid Percent
Yes	22	68.8
No	10	31.3
Total valid	32	100.0
Not applicable; no evaluations in place	286	
No answer	51	
System missing	16	
Total missing	353	
Total	385	

# 33. How many employees are employed at this workplace?

(Estimate if exact number is unknown.)

Number of Employees	Frequency	Valid Percent
10 or less	39	10.4
11–25	52	13.9
26–50	88	23.5
51–100	87	23.2
101–150	31	8.3
More than 150	78	20.8
Total valid	375	100.0
System missing	10	
Total	385	

### 34. How long has this workplace been in operation?

		Frequency	Valid Percent
	Less than 1 year	1	.3
	1–2 years	3	.8
	3 –5 years	9	2.4
	Over 5 years	360	96.5
	Total valid	373	100.0
	No answer	12	
T	otal	385	

35. About how many of the employees are...

	N	one	Up to	o 25%		n 25% 50%	50%	or more	Don't know	No answer	Total
	N	%	Ν	%	Ν	%	Ν	%	Ν	N	Ν
Women	10	2.8	146	41.6	72	20.5	123	35.0	13	21	385
Full-time (35+ hours per week)	4	1.1	16	4.5	23	6.4	316	88.0	6	20	385
Workers on 2nd or 3rd Shift	165	51.9	84	26.4	46	14.5	23	7.2	17	50	385

## 36. Does this workplace provide health-insurance coverage to the employees?

		Frequency	Valid Percent
	Yes	347	90.8
	No	35	9.2
	Total valid	382	100.0
	No answer	3	
T	otal	385	

36a. If yes, does this workplace offer health-insurance coverage to the families of the employees?

		Frequency	Valid Percent
	Yes	341	98.8
	No	4	1.2
	Total valid	345	100.0
	No answer	5	
	System missing	35	
	Total missing	40	
Т	otal	385	

36b. If this workplace offers health insurance to employees, does the health insurance include wellness screenings (health screenings or HRAs)?

	Frequency	Valid Percent
Yes	231	70.0
No	99	30.0
Total Valid	330	100.0
No Answer	11	
System missing	41	
Total	385	

37. To the best of your knowledge what percentage of the employees at this workplace currently have health-insurance coverage (through your company or otherwise)?

	Frequency	Valid Percent
Less than 25%	20	5.3
25–50%	45	12.0
50–75%	65	17.3
Over 75%	148	39.4
All employees have health insurance	98	26.1
Total valid	376	100.0
No answer	9	
Total	385	

38. Does this workplace have onsite medical service?

		Frequency	Valid Percent
	Yes	46	12.1
	No	335	87.9
	Total valid	381	100.0
	No answer	4	
T	otal	385	

38a. If yes, what onsite medical services are available?

	Frequency	Valid Percent
Clinic	9	22.0
Nurse or other health practitioner	18	43.9
Other	14	34.1
Total valid	41	100.0
Not applicable	335	
No answer	5	
System missing	4	
Total missing	344	
Total	385	

For complete text listings of "other" onsite medical services, see Appendix A.1.11.

#### 39. Which one of the following is closest to the sector of the economy this workplace is in?

	Frequency	Valid Percent
Manufacturing	58	16.2
Mining	25	7.0
Transportation	16	4.5
Retail	33	9.2
Service industry	45	12.5
Health care	24	6.7
Food industry	9	2.5
Government	59	16.4
Education	14	3.9
Other	76	21.2
Total valid	359	100.0
No answer	26	
Total	385	

For complete text listings of "other" responses to this question, see Appendix A.1.12.

# 40. Does this workplace have any worksite wellness programs or procedures that were not addressed? If so, please describe.

For complete text listings of "other" programs or procedures, see Appendix A.1.13.

# 41. Do you have any comments you would like to make about employee health or worksite wellness?

For complete text listings of comments, see Appendix A.1.14.

42. To further our research on worksite wellness practices in Wyoming, we will need to conduct site visits to selected Wyoming workplaces. Is your business willing to assist us in this by allowing a site visit?

	Frequency	Valid Percent
Yes	141	41.0
No	203	59.0
Total valid	344	100.0
No answer	41	
Total	385	

#### Appendix A.1. Reponses to open-ended and "other" survey questions

Appendix A.1.1. "Other" responses, question 2b: If there are incentives, what are they?

- \$100 incentive for completing the preventive screenings and physical activity requirements of the program. Initial incentive is one single and one family year's health insurance premium given, as a drawing, for those who complete HRT.
- \$100 per year towards a membership
- \$200 well care each year
- \$25 gift certificate for completing Health Assessment
- \$300 wellness benefit for employees
- \$400 per year routine healthcare (check-ups, mammogram, etc.). Pre-tax dollars for medical care, free blood screening annually
- \$50 rebate for participation in onsite health fair, new for 2006
- 100% wellness benefit \$300/year (\$500 families)
- 6% health insurance discount
- Administrative leave
- All Department of Health employees receive a pedometer.
- All our program consists of is a wellness benefit on our health insurance.
- Annual bonus
- Better overall health, possibility for lower insurance rates, trinkets/stickers during "Health Risk Appraisals"
- Bottled water, granola bars, healthy snacks, water bottles, pedometers, etc.
- Cash reward upon total completion—completion set on yearly basis
- Cash rewards
- Cash, pedometers, gift certificates, free fitness classes, corporate membership, free HRAs, books, and materials
- Cash
- Company coats, sweatshirts, t-shirts, bags, gift certificates (Cabela's, etc.). Reduction in insurance premiums.
- Company-paid health screening
- Compensation
- Day off with pay
- Depends on the quarter, but have received cookbooks, jump ropes, pins, etc.
- Discount membership at Rawlins Recreation Center
- Discount on health insurance premium
- Discount on medical insurance premiums and reimbursement annually per health club/workout equipment
- Discounted ski passes
- Drawing prizes only. We are trying to develop "Wellness Dollars."

- Each month with no accidents, everybody gets a safety bonus.
- Employees can join a local health club at a reduced company rate.
- Employees free to use exercise room and equipment
- Employees get a free physical exam at least every two years with physician consultation.
- Employees reimbursed for 50% of health club fees
- Extra day off for no sick days in a year
- Financial incentives through our district credit program
- Financial rewards up to several hundred dollars per year for fitness and healthy lifestyle
- Flu clinics encouraging immunizations, blood draws encouraging participation in the health fairs
- Flu shots, health screenings
- Free giveaways
- Gift certificates for walking, working out
- Gifts/awards for earning points for a health/fitness goal
- Good health
- Gym bags, lunch bags, pedometers, gift certificates, clothing, etc.
- Health Fairs, blood drive, health checks, and gym membership
- Healthier individuals may choose lower deductible option.
- If reach goals, enter drawing for prizes. Also, contribution to HAS/HRA.
- If you are absent over 32 hours, then it affects your end-of-the-year bonus if a bonus is given by the company.
- If you pass the semi-annual fitness testing, you get to keep your job.
- Incentive cash awards for participating in activities/programs
- Incentive if no lost time accidents in a quarter
- Incentives of up to five days sick leave paid at the end of the year
- Insurance premium discounts
- Keeping injuries and accidents to a minimum to reduce worker's compensation cost
- Leave time
- Low or no-cost flu shots and blood screening
- Money towards a medical savings account
- Money (2)
- Monthly safety incentive of \$50 to an employee who demonstrates the best "safe work" practices
- No-smoking programs, discounts applicable to some insurance plans, health and fitness programs in place
- Numerous monthly drawings, giveaways, \$200/year for complicity in wellness exam
- Opportunity to participate in a wellness medical profile

- Our wellness program is currently in the approval process; we anticipate a break in the employee contributory share of medical insurance premiums for meeting certain criteria of the program.
- Our wellness program is part of our health insurance where we encourage employees to get routine health care.
- Paid time off from work for wellness points, water bottles, etc.
- Pay for local health club dues for city employees to use on "off hours"
- Pay for membership at the local physical fitness center
- Pay out unused sick leave at year end. Payout safety bonus in January ("safety" includes no injuries as well as property damages).
- Prizes, cash
- Provide health club memberships
- Raffle for a trip after completion of one year in progress meeting all requirements
- Recognition awards
- Reduced insurance
- Reductions in health insurance premiums
- Reimbursement of health club fees with documented attendance of eight visits per month
- Safety day program. All employees receive time off if goals are met annually.
- Safety incentives
- Safety
- Schlumberger will pay 70% of fitness club monthly dues.
- Shoulder and neck massage, healthy lunch, \$20 cash with completion of annual physical, 30 minutes paid time off three times per week, up to one week extra vacation with completion of one-year program
- Small prizes
- Smoking not permitted in the building or near the doorways. We have agreed to help fund a plan for quitting if the employee promises (written) to stay with the plan. We also have safety equipment for them to use for every job done here. We go over safety ideas at our staff meetings.
- Teton Pines, on a one-time basis, will pay each employee up to a total of \$250 for a treatment or related supplies for a "stop freaking out."
- There are periodic contests sponsored by the company to get employees to set and reach goals. Achievers are put in drawings for computers, trips, etc.
- They earn points and can win jackets, health club memberships and gift certificates.
- Time off
- T-shirts, sweats for completion
- Up to three paid hours per week to participate in wellness activities
- Up to 75% reimbursement, a pedometer, prizes after you walk so many miles
- Walking program, monetary rewards

- We have a workout room at our office that is for all employees and their immediate family members. At most locations Shell pays for a portion of fees to a public gym. That isn't available here so we have our own.
- We pay some of the costs for employee to participate.
- Wellness newsletter, reduced monthly gym fees
- Work time for exercise. Partial payment of heath club membership fees.
- Worker safety issues, non-smoking building/office space, environmental air quality
- Workout gear, gift certificates to athletic stores

Appendix A.1.2." Other" responses, question 6: During the past 12 months, did this workplace offer employee health messages about any of the following issues using pamphlets, brochures, posters, or video?

- All of the above addressed in good health bulletin, distributed on a monthly basis to employees
- Also used internal website posting and messages
- Annual health screenings, flu shot clinic
- Blood-borne pathogens and MSDS
- Blood-borne pathogens
- CARE Solutions for Life Newsletter
- Depression
- Employees can join a local health club and a reduced rate is given.
- Encourage participation at health fair
- Flu prevention posters
- Flu shots
- General overview
- Had flu and pneumonia shots
- Hearing program
- Heart disease
- Hepatitis B/C
- Infection, allergy, depression, arthritis
- Influenza
- Information on health fair screenings
- Injury prevention, protection
- Job place safety
- Mental health
- Monthly newsletter from health insurance group
- Onsite blood draw/wellness screening
- Optum Nurse line
- Posters that cover various messages
- Power of positive thinking, sleep, hygiene, keeping kids healthy

- Presentation in the above and risk assessments
- Receive health brochure from insurance provider monthly
- Seatbelts, highway safety, Christmas safety
- Shift work
- Skin cancer
- Sleep disorders, abuse, eye care, over-the-counter drug choices, flu awareness, West Nile awareness
- Stroke prevention, hearing conservation
- We distribute "Top Health" and "Shift Worker" newsletters to all employees each month. These cover above topics.
- WIN Health partners send regular health bulletins to all employees covered.
- Work station ergonomics

Appendix A.1.3. "Other" responses, question 7: During the past 12 months, did this workplace offer employee classes, workshops, or lectures on any of the following health-related topics?

- Abuse mentioned
- Annual Health Fair information and screening on all done
- Blood-borne pathogens
- Blood test
- CPR (4)
- Financial wellness/planning
- General
- Hanta Virus prevention
- Hearing conservation
- Hearing protection
- Monthly safety meetings
- Oral care
- "Power of Positive Thinking," "Sleep Hygiene," "Keeping Kids Healthy"
- Risk assessments
- Safety at home and work
- Seatbelts
- Shift time
- Universal precautions health/safety
- West Nile
- Workplace safety
- Workstation ergonomics

Appendix A.1.4. Other responses, question 8: Not including the food employees bring to work, food at this workplace is available from...

is avana	tote from
•	A restaurant and ski area fast food concession
•	Bookstore
•	Canteen, commissary
•	Catered employee training
•	Catering truck (2)
•	Clinical unit diet kitchen
•	Coffee machine on site, "Honor boxes" containing purchasable snack items
•	Coffee shop
•	Company purchased
•	Company store
•	Deli and 24-hour restaurant on premises; also, food and drink on coolers on shelves
•	Donuts every Friday
•	During planned meetings
•	Employees bring snacks in
•	Employee-sponsored snack cabinet
•	Full-service restaurant
•	Grocery store
•	Healthy eating menu at residential sites
•	Honor box and mobile restaurant
•	Kitchen (2)
•	Kitchen for jail staff only
•	Kum & Go across the street
•	Lounge
•	Lunch truck
•	Many purchase meals from kitchen (dietary department).
•	Nearby shops/restaurants
•	No last time (barbeque)
•	Occasional potlucks
•	Occasional snacks brought in
•	Occasionally from the teacher's lounge
•	Onsite restaurants
•	Order out by employees
•	Purchase—front/self service.
•	Register displays
•	Residents' dining room
•	Restaurant (4)

- Retail (2)
- Reward snacks
- Sales at store
- Sales floor and McDonalds
- School stores, concessions at school activities
- Snack box and birthday parties
- Snacks and drinks provided free by the firm
- Snacks for purchase
- Snacks in break room
- Snacks in pantry
- Store shelves
- Vendors and contractors
- Vendors; our kitchen stocked with water, soda, juice, coffee
- Voluntary pay snacks
- We are a retail store; buy their own food
- We have a monthly order from Sam's Club that we provide for employees in our kitchens
- We keep snacks for them in the office
- Workplace is a restaurant; meals provided (3)
- Year-round restaurant and a snack bar (summer only) and energy bars, sports drinks, and candy at the tennis center.

#### Appendix A.1.5. "Other" responses, question 10: Healthy food options are available...

- All employee meals have a vegetarian option.
- At restaurant, on shelves (oranges/apples/bananas)
- Bookstore
- Bring in, leave for lunch
- Brought from home
- Canteen
- Company purchased
- Conference room
- Dietary department
- Employee meetings
- Every now and then there might be something healthy in the snack box.
- From menu
- Grocery store
- Guest meetings or special meetings
- Healthy eating menu at residential sites

- Holidays
- Honor boxes containing purchasable snacks (2)
- In our kitchens—no cost to employees
- In the dining room.
- In year-round restaurant and snack bars (summer only)
- Kitchen when available
- Occasional potlucks
- Office
- Provided free: healthy snacks and drinks kept in stock
- Purchase own food
- Register displays
- Restaurant (6)
- Retail store
- Sales at store
- Sometimes employee meetings
- Store shelves
- Traveling restaurant
  - Voluntary pay snacks
  - We are a full-service restaurant.
  - We are a restaurant.
  - What employees bring in

Appendix A.1.6. Other responses, question 11: Which of the following healthy food choices are available to the employees at this workplace?

- Balanced meals
- Bottled water (2)
- Coffee shop (Le Café), fruit, salads, sandwiches, tea, etc.
- Drinking fountain, yogurt
- Employee meetings, water, juice, fruit
- Gatorade
- Honor boxes mentioned above
- Lean cuisine meals, vending machine
- Low-carb/sugar-free/fat-free drinks and food choices
- Low-fat popcorn, salads, sandwiches
- Meetings, have snacks/juices/water available in break-room kitchens
- Menu
- Milk
- Monthly order from Sam's Club—items vary

- Oatmeal
- Organic
- Salad at coffee shop
- Salad bar and soup
- Salad bar
- Salad, soup, etc.—full cafeteria
- Salads, sandwiches, fish entrees, etc.
- Salads, yogurt
- Salads
- Soft drinks (3)
- Trail mix
- Vegetable travs
- Vegetables at employee meetings
- Water is free to all employees

Appendix A.1.7. Open-ended responses, question 13: "If yes, please describe." (Question 12: Are there any other practices at this workplace to promote healthy food choices for employees?)

- 5-a-day campaign
- All our residents receive healthy meals and employees eat the same food.
- Bulletin boards posting food pyramid
- Bulletin boards
- Cooks will modify employee meals for restaurant.
- Corporate e-mail
- During spring and fall, "Employee Walking" promotions and healthy foods are offered. Also at the quarterly service recognition ceremony.
- Employees are encouraged to follow a healthy diet plan from www.mypyramid.gov.
- Food pyramid
- Healthy eating guidelines/menus
- If food is catered, choosing healthy meals
- Lectures, written material
- Mayo Health Clinic website
- One worker is vegetarian/brings health foods for co-workers to try
- Onsite wellness programs, building level encouragement to administrators to provide healthy choices at meetings
- Part of wellness, earn points for different things, eat 5 fruits/vegetables a day, drink water, etc.
- Periodic staff carry-ins

- Posters, lectures
- We include eating healthy in our safety training class

Appendix A.1.8. "Other" responses, question 16: Does this workplace support exercise or physical activity of employees during work time in any of the following ways?

- 30 minutes off, paid, three times per week, on supervisory approval
- A majority of our employees are physically active in their jobs.
- After and before work at workout center on site
- After work (3)
- As part of the regular work schedule
- Before/after normal work hours
- Beginning of workday
- Discounted rate at YMCA
- Employees are allowed three hours per week to exercise during work hours
- Employees are encouraged to combine two 15-minute breaks for a 30-minute workout.
- Encourage engaging exercise with clients
- Free ski pass
- Gym & weight room available (11)
- Membership at local fitness center
- Morning (start of shift) stretches
- Offer after-work strength-training class
- Office fitness room
- One hour per day during work time
- Stretching program at the beginning of the day
- They are always walking, this entails exercise
- This line of work is physical activity
- Waitresses are always on the run
- Work time for exercise

Appendix A.1.9. "Other" responses, question 27: Does this workplace offer any of the following programs or practices to the employees?

- Basketball/volleyball courts, rotating/reduced price ski passes
- Company Christmas party and company picnic
- Company pays for a percentage of stop-tobacco aids.
- Company-sponsored sports events
- Complaint procedure
- EAP program [employee assistance program]
- Employee assistance plan (mental health)

- Employee lounge
- Flexible work schedules/hours
- Health advocate services—free
- Monday morning meetings
- Open door policy allowing access to all levels of management. Twenty-four-hour tip line to report grievances.
- Safety picnics, holiday parties
- State-offered trainings
- Union shop
- Voluntary participation in city health insurance committee
- We have incentives for greater work. We also have picnics, lunches, snacks, and parties together at various times during the year
- Wellness incentives, health screenings
- Wellness program based on incentives
- Wellness programs on site

Appendix A.1.10. "Other" responses, question 29: During the past 12 months, did this workplace offer any of the following health screenings?

- Blood chemistry panel and employee blood draws
- Blood chemistry
- Blood draw and flu shots. First-ever health fair with area vendors.
- Blood draw
- Blood screening to all employees and families
- Blood screening
- Blood test for health fair
- Chem panel [blood chemistry panel]
- Comprehensive blood work during co-health fair for both employees and their families
- CRP
- Drug test for one driver with CDL license
- Drug testing
- Encourage participation in local health fair
- Flu shot (8)
- Flu shots, not through work place but through insurance company
- Flu vaccination, Hep. B vaccine, Tuberculosis testing
- Health fair, but it is not free.
- Hearing and blood screenings, employee and family
- Hearing screening
- Insurance covers annual check-ups, but is an employee decision to have check-

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- Major medical
- MSHA offers these and we offer through MSHA [Mine Safety and Health Administration].
- On-site clinic, plus a health fair
- Paid health day off
- PSA, hemogram, ferritin, and colokit
- Reduced fee health fair blood tests
- Some would be paid for through health insurance policy.
- Through Wyoming health fair paid for everyone.
- Through Wyoming miner's hospital
- We have full coverage for employee and family and all the above are covered for free under our policy.
- We pay for employees to participate in the annual health fair.
- Wyoming health fair blood draw on site
- Yearly health fair including cholesterol screening, blood pressure, blood sugar
- Yearly hearing, chest X-rays, vision, and lung tests
- Yearly physical for the ERT
- Yes, through our health insurance—preventative tests are 100% covered.

Appendix A.1.11. Open-ended responses, question 38a: If yes [to Question 38], what onsite medical services are available?

- Basic Emergency Care Providers
- BCA's First Aid Medics
- Emergency Medical
- Emergency Room (6)
- Emergency Trained Personnel
- EMT-B
- EMTs
- First Aid Stations
- First Aid
- First Aid/CPR
- First Responder-trained employees
- Full-service hospital
- Hospital less than five min. away (walking)
- Hospital
- Just a large first aid box
- Ophthalmology only
- Pharmacy and pharmacist

HVAC

- Rescue squad (BEC, EMT)
- We have an on-site medical clinic, staffed by a physician's assistant, a registered nurse, and an administrative assistant.

Appendix A.1.12. "Other" responses, question 39. Which one of the following is closest to the sector of the economy this workplace is in?

kplace is	s in?
•	Agriculture (2)
•	Beverage distribution
•	Bridge construction
•	Building construction
•	Call center
•	Cattle feed lot
•	Computer software—Internet business
•	Construction for the oil and gas [industry]
•	Construction (9)
•	Construction/mining
•	Contractor
•	Corrections
•	Daily newspaper
•	Electric utility (2)
•	Energy—oil and gas exploration.
•	Energy services
•	Engineering and surveying
•	Farm and ranch
•	Financial (2)
•	Fire department (2)
•	Fire protection service
•	Gas and electric utility
•	Golf course
•	Heavy equipment sales and service
•	Heavy highway construction (paving and utility)
•	Heavy highway construction (2)
•	Hog farm
•	Hospitality
•	Hotel with restaurant
•	Hotel
•	Human services
1	

• Wholesale (2)

• Industrial construction • Internet, catalog retailer • Lodging • Machine, weld, mechanic shops • Military • Museum • Natural gas utility and gas transmission company • Newspaper (2) Oil and gas—tourism • Oil and gas producer • Oil and gas (6) • Oil and gas exploration • Oil field (3) • Oil refinery (2) • Oilfield (2) • Pipeline construction • Private non-profit research contractor Publishing • Recreation • Recycling vehicles • Rehabilitation center • Rehabilitation community • Relocation • Sales, distribution • Soft drink distributor • Special district (recreation) • Technology service provider Technology Telecommunications (2) • Utility (4) • Volunteer fire dept. (2) • Wholesale beverage distribution. • Wholesale distributor.

Appendix A.1.13. Open-ended responses, question 40: Does this workplace have any worksite wellness programs or procedures that were not addressed? If so, please describe.

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•	Annual	tlu	shot	to	those	who	want 1	them

- Annual hearing evaluation and back-lifting training
- Annual physicals
- Attention to OSHA rules recommendations
- Big Loser Contest for weight loss
- Blood draw once per year
- Clinic provides annual health fair
- Complimentary 15-minute neck, back, and shoulder massage
- In beginning stages of onsite wellness program—not sure
- On-site massages every Friday
- Police Department has physical fitness testing and provides training, workout room with shower facilities, and cash incentives.
- Random drug testing
- Room with exercise equipment
- Safety class weekly
- Sharp program with OSHA
- Ski resort—we tend to attract a healthy, active population of employees
- Smoke-free offices
- The city shop mainly holds safety meetings that at times cover health.
- We have a committee that address health issues.
- We have only three career personnel, the rest are volunteer. We provide annual physicals, medical insurance, and have an area with treadmill and weights.
- We have safety incentives for all full-time employees.

Appendix A.1.14. Open-ended responses, question 41: Do you have any comments you would like to make about employee health or worksite wellness?

- A more comprehensive incentive program is being offered through the Salt Lake Office in 2006 [that] includes lunch and learning, health screenings, 10- month duration.
- Above example—hydration of employee out in the hot sun
- Also have a fitness reimbursement program of \$250/yr for equipment, member[ship]/classes, etc.
- Answering the questions to the survey has caused me to think more about what we can do to encourage wellness.
- As of January 2006, we have formed a wellness committee and hope to have a proposal to the board of directors by April 2006.
- Corporate initiative to increase employee health. Getting some funding will grow wellness program.
- Corporate office has programs in place which would be available at this facility if requested.
- Decision on wellness programs are determined at corporate, not location, level.
- Employees can feel that mandatory programs infringe on their personal lifestyle.
- Health care/major medical should be like Canada and Western Europe.
- Health insurance is offered after six months of employment, and health screenings depend on who the employee chooses as provider.
- Health insurance should be made available to the working poor. No way a food service operation can afford it.
- I think it has been great for our company and has made everyone more conscientious.
- I think it is very important part of running a business. Without health, employees making a profit is difficult.
- I've answered this survey from the points of view of our school district rather than one specific site.
- If we had some financial support—like a grant—for a wellness program, I would set one up and could teach classes.
- Just starting points of the program.
- Majority of workers work as room cleaners. They are always on the move.
- More is needed.
- Most of our employees work off site.
- Need employee wellness, health, and assistance programs
- Not that familiar with the wellness program
- Offer flexible medical spending dollars to wellness participants for preventative proactive medical care costs

- Our agency needs a worksite wellness program.
- Our program is based on a monetary incentive awarded when exercise hours are reached, with extra bonus for seminars.
- Pilot programs were received well at first and then interest and participation waned. Eventually the programs were dropped due to lack of interest.
- Rising costs of insurance presents a huge problem.
- Such niceties are not an option for us having to compete with Asia for our jobs.
- The majority of my employees are trades (blue collar) positions, and these positions are physically demanding—not aerobic, but physically demanding.
- This is a waste of our tax \$!!
- Too small for such operations or programs.
- Very important. We are working on a more robust program.
- We are a very small company. Most of the above questions do not apply to our situation.
- We are currently pursuing wellness testing provided by the Wyoming Miner's Fund through healthworks at Campbell County Memorial Hospital.
- We are limited in what we want to provide based in allocations from our...
- We do send out monthly bulletins with five sites in Wyoming, additional programs are not likely.
- We don't have a structured, employees designed, on-site wellness program. We are surveying employees.
- We hope to establish a group health plan this year; we have only been in business two years.
- We initiated a weight loss program/contest. I believe it would be helpful if I
  had a program (which works) which I could refer to—guidelines,
  suggestions, etc.
- We just implemented our wellness program. At this time, it is voluntary.
- We need a wellness program! Employees consistently ask for such a program or discounts at local gyms.
- We need to have a more active wellness program, but there seems to be a lack of interest in getting involved.
- We pay 100% of health insurance for employees. They pay for their families
- We try to be attentive to the needs of our employees and safety in the workplace doing all that we can.
- We would like to know what type of wellness programs work. We have the same few participants over and over.
- We would love to see some best practices across the state as we have been starting a wellness program.
- Wellness programs are the future. We actively promote it now and will increase efforts in the future.

## Appendix B. Site Visit Notes

Results from the Worksite Wellness questionnaire were used to generate a list of respondent worksites that merited further data collection through in-person site visits. The primary criteria for selection for potential site visits included affirmative responses to the following three survey questions: (Q2) Is there a worksite wellness program at this workplace?; (Q32) Does this workplace have policies or procedures in place to evaluate the effectiveness of its worksite wellness program?; and the final, unnumbered survey question asking if the respondent site would be willing to host a site visit to facilitate further research. A total of 14 respondent businesses met these criteria; seven of the 14 were visited, and one additional business was contacted by telephone for further information.

#### Sites visited include:

- Two city school districts (one large- and one medium-sized Wyoming city)
- City government (a major Wyoming city)
- Municipal fire department (a major Wyoming city)
- A private employer, Cody
- A department store, Rock Springs
- State government branch, Cheyenne
- Local outlet of national retailer, Cheyenne

Preparation for site visits included review of each worksite's completed questionnaire and the development of an inventory of questions for which further detailed information would be valuable. A general set of questions was taken to each site visit, though the questions asked during each session were somewhat dependent upon the worksite's specific questionnaire responses. Notes of these site visits are presented below, and a synopsis of these data collection visits is contained in Section 7 above.

#### City School District (1)

How long has your wellness program been in place?

The current wellness program has been in place since August of 2005; the current coordinator of this program began under contract to administer the program and is now a full-time employee doing wellness program coordination.

From where do you get your information for worksite wellness protocol/ideas? Primarily from WELCOA (Wellness Councils of America).

How about for screenings and HRA's?

These are offered through (former insurer; in transition) Great West Health Insurance, and the screenings offered are voluntary.

What are your policies and procedures for evaluating the effectiveness of your WW program? The wellness program at this worksite (collection of worksites) is rather new and evaluative procedures had not been employed at the time of the site visit. However, this worksite has developed an Evaluation Plan for evaluating the effectiveness of the program. This plan consists of the following measures:

#### Process Measures

- Online evaluation of program components (including program component times, lengths, and desirability) by employee program participants in the 2005-2006 school year.
- Overall evaluation of program components implementation, with the Wellness Committee evaluating the effectiveness of implementation during the summer.

#### Impact Measures

- The number of participants who experienced an elevation in knowledge about after work and 'lunch & learn' seminars will be evaluated on the basis of one-page evaluations filled out by program participants.
- Pre- and post-assessments by participants in physical activity components will be used to determine the number of participants who increased their level of physical activity.
- Logs by program participants will be used to determine the number of participants who increased physical activity as well as their fruit, vegetable and water intake during a specific holiday program component.
- Mini-grant recipients (\$200 awards to several sites within the entire worksite for
  individualized, small-scale wellness activities) are required to report metrics for their
  programs (# of participants; # who improved physical activity; # who improved diet; #
  maintained or achieved healthy weight, etc.).

#### Outcome Measures

- Comparison of absenteeism and absenteeism costs between the periods 2004-2005 and 2005-2006.
- Examination of top ten paid claims with site insurer.
- Return-on-investment examination of dollars spent on programming and amount saved or potentially saved in health care costs.
- Examination of Wyoming Health Fair data for number of employees being screened and at risk for various health factors.

What is the frequency of your data collection?

Several different components make up the wellness program at this worksite, and data collection is dependent on the particular component (see previous question).

What are your procedures for following up on HRA's or screenings, if any? While there is no current institutional follow-up at this worksite, individual employees are encouraged to follow up on their HRA's and health screens.

What have been the impacts of your wellness program on the following:

Absenteeism: While a formal evaluation of impacts on absenteeism has not yet been conducted, the issue will be evaluated through tracking of sick leave statistics, tracking from master list of participants, and by unit within school district. Tracking is currently underway using insurer documentation.

Health Care / Insurance Costs: Overall costs and reductions in costs will be examined through insurer-provided report detailing several aspects of this site's health costs (including prescription expenses). Insurer also provided a disease management report that allows some tracking of people at risk.

Retention/Quit Rates: These are not currently tracked at this site in relation to wellness programming.

Recruitment: Not currently instituted, but is anticipated to be a part of the program evaluation procedures beginning next year.

Accidents: Not currently tracked at this site in relation to wellness programming.

*Productivity:* Not currently tracked at this site in relation to wellness programming. As this is not a 'widget producing' site, productivity can be measured only through presence on the job; this is handled through examination of the level of absenteeism.

Who is the insurer for this worksite? In transition. Was Great West Healthcare; now is Blue Cross Blue Shield.

Does the insurer provide incentives for WW procedures/protocols? The answer to this was unknown at the time of the site visit.

#### **NOTES:**

This worksite's wellness program is overseen by a Wellness Coordinator and has in place a Wellness Committee consisting of representatives from various units within the entire, dispersed work entity. To facilitate the initiation and the direction of the wellness program to be implemented, this committee conducted a needs assessment through an employee survey. This assessment determined that the top five wellness areas of interest among employees are: physical activity; nutrition; weight management; stress management; and 'overall wellness.' The operational plan for the wellness program for 2005-2006 focused activities on these items.

Incentives to employees: Depending on participation. Pedometers are offered to participants

Tobacco-specific emphases: Classes offered for those participants who are interested in quitting tobacco use.

#### City School District (2)

How long has your wellness program been in place? Several months, but this is a new program.

From where do you get your information for worksite wellness protocol/ideas?

From many different sources, including from other school districts; literature sources and internet sources; other businesses; and through a 3-month employee survey. Employees are encouraged to generate and follow a healthy diet plan provided by www.mypyramid.gov

How about for screenings and HRA's? This worksite does not provide HRA's.

What are your policies and procedures for evaluating the effectiveness of your WW program? A survey regarding the worksite's provided to all employees asks participants what "changes in behavior/lifestyle did you make as a result of the HIP [Health Incentive Program]?" Additionally, this HIP program is a self-reported, point accumulation system for various healthrelated activities, which allows for analyses of self-reported data. Categories for activities are *Physical* Activity, Nutrition, Mental/emotional, Safety/Risk management, and Dental Health. Currently, this worksite does not conduct analyses on these point data, but may in the future.

What is the frequency of your data collection?

Point accumulation periods are at 3-month intervals; again these data are not currently used for analysis but for wellness program incentives.

What are your procedures for following up on HRA's or screenings, if any? Not applicable.

What have been the impacts of your wellness program on the following:

Absenteeism: Not tracked in reference to the wellness program.

Health Care / Insurance Costs: While this is not currently tracked at this worksite in regards to the HIP in place, the interviewee stated that this is the primary reason for implementation of the program. The worksite if self-insured and control of health care and health insurance costs is critical.

Retention/Quit Rates: Not tracked in reference to the wellness program.

Recruitment: Accidents: Not tracked in reference to the wellness program.

*Productivity:* Not tracked in reference to the wellness program.

Who is the insurer for this worksite? Self-insured.

Does the insurer provide incentives for WW procedures/protocols? Not applicable.

NOTES: This worksite does have a single person responsible, overall, for administration of the wellness program; this site also employs a wellness committee with representatives from many of the worksite's units.

**Incentives to employees:** Based on the number of points accumulated for undertaking various activities within the wellness program, participants can claim a variety of incentives (water bottles, gift certificates of varying denominations, workout clothing, health club or recreation center memberships, etc.). Participating employees also receive a \$300 "wellness benefit" in the form of a year-end cash payout.

**Tobacco-specific emphases:** Employees who are tobacco users when they begin the HIP program receive a \$25 gift certificate at three months' cessation, and a half-day of personal leave each at six months' and one year's cessation.

#### **City Government**

How long has your wellness program been in place?

The wellness program at this worksite began in January of 2006.

From where do you get your information for worksite wellness protocol/ideas?

Most of the ideas for developing and running the wellness program came from Be Well Wyoming and the Mayo Clinic's *Guide to Self-Care* (http://www.mayoclinic.com/health/self-care-book/GA00023). Summex Health Management also provides some guidance.

How about for screenings and HRA's?

Also from the sources described above. Summex Health Management administers the HRA's.

What are your policies and procedures for evaluating the effectiveness of your WW program?

Summex Health Management does data collection and analysis on the HRA's and then they provide information to participating employees about their HRA results. Forty percent of these employees those deemed most need of assistance with wellness issues—receive ongoing support from health care counselors through phone calls. The program at this worksite began in January, so evaluation has not yet occurred. Comparative management report data from Summex will be used to track and identify potential health and wellness issues, but action will largely be left up to individuals. While the contact at this site states that the workplace doesn't expect dramatic changes from the program, the long-term goal is to get people to think about their own health sooner rather than later. The investment in worksite wellness programming has as its emphasis the empowerment of individuals to get to work on their own health. Contact stated that while it is open to question whether there will be a return on investment in administering a wellness program is secondary to the more realistic goal of slowing the rate of increase in health care and insurance costs.

Some of the data to be analyzed will include information on largest claims filed and biggest pharmaceutical costs.

What is the frequency of your data collection?

Data collection will be through annual, summative reports compiled by the third-party administrator (HRA data and claims/pharmacy costs).

What are your procedures for following up on HRA's or screenings, if any? See above (HRA follow-up by third party administrator)

What have been the impacts of your wellness program on the following:

Absenteeism: At this worksite, the issue of absenteeism as related to the wellness program will probably not be analyzed.

Health Care / Insurance Costs: The contact at this worksite stated that this is an issue that is of interest, but the required investment of effort to correlate these issues with the wellness program would exceed the resources available. His worksite is more interested in, again, slowing rate of increase.

Retention/Quit Rates: The contact stated that this is an older-aged, more career-oriented workplace where retention is not an issue.

Recruitment: The contact stated that this is not applicable to the workplace.

Accidents: The contact stated that this is not applicable to the workplace.

*Productivity:* The working assumption for this workplace, according to the contact, is that healthier people are more productive. There is not a real concern about tracking productivity in relation to wellness. To quote the contact, "Here, we can't count the number of widgets we're pushing out the door."

Who is the insurer for this worksite? Self-insured.

Does the insurer provide incentives for WW procedures/protocols? N/A

NOTES: This worksite has both a wellness committee and an individual who is primarily responsible for administration of the wellness program, but there is no full-time wellness coordinator.

**Incentives to employees:** This employer provides a \$100 incentive, paid as a year-end cash disbursement, to employees who complete the preventive health screenings (HRA) and physical activity requirements of the wellness program. Initial incentive is a lottery-type drawing for employees who complete an HRA: the prize is one free year's worth of insurance premiums for one family and one single person. Wellness program participants also receive a reduced monthly premium on their health and dental plans

**Tobacco-specific emphases:** Participation in a tobacco cessation program is one possible choice among wellness program electives.

#### Municipal Fire Department

How long has your wellness program been in place? Latest policy, August of 2003.

From where do you get your information for worksite wellness protocol/ideas?

Mainly through brainstorming of the committee; program updates incorporate wellness needs that are uncovered during the course of the year.

How about for screenings and HRA's?

Blood pressure, cholesterol screenings and body fat and body weight assessments are elements of mandated periodic physicals for all employees.

What are your policies and procedures for evaluating the effectiveness of your WW program?

There is a department policy that mandates physicals for all employees, with frequency based on age (see NOTES, below). Data from these physicals are entered into a database and general, summative reports are generated; additionally, the data are provided to employees with the expectation of individual follow-up. The general data inform decisions about appropriate trainings.

What is the frequency of your data collection?

Frequency of data collection varies, as different age groups are required to undergo physicals at varying periods. Data are entered when received.

What are your procedures for following up on HRA's or screenings, if any? Individuals are expected to follow up on their own.

What have been the impacts of your wellness program on the following:

None of the below are formally tracked in relation to any wellness programming offered by this worksite.

Absenteeism:

Retention/Ouit Rates:

Recruitment:

Accidents:

Productivity:

Who is the insurer for this worksite? Self insured (city).

Does the insurer provide incentives for WW procedures/protocols? N/A.

NOTES: Employees at this worksite may engage in physical activity (exercise) as a part of their regular workday. Worksite written policy provides for the development of fitness goals for individual employees based on physical examination results. The worksite provides exercise equipment and wellness support for employees in the form of computerized assessment profiles and guidance by certified peer fitness trainers (PFT's) on staff. Employees are required to undergo an initial physical examination, and then periodic exams at intervals based on age. For those employees who are 18 to

30, exams are required every three years; for employees 31 to 39, every two years; and employees aged 40 and over must take annual physical examinations.

**Incentives to employees:** All employees are eligible to receive workout gear and gift certificates to athletic stores. After six months on the job, employees receive a \$25 credit to apply toward a fitness club membership.

Tobacco-specific emphases: None specific to this worksite. However, since this is a city worksite, all local ordinances pertaining to tobacco use apply.

#### **Private Employer**

How long has your wellness program been in place?

The wellness program at this worksite is new, and began in January 2006.

From where do you get your information for worksite wellness protocol/ideas?

Primarily from committee brainstorming. In addition to ideas generated as a result of committee, the Occupational Safety & Health Administration's (OSHA) Safety and Health Achievement Recognition Program (SHARP) program is also used for safety information, primarily in the form of videos. Some information is taken from Be Well Wyoming, though this employer is not currently a client of that organization.

How about for screenings and HRA's?

HRA's and screenings are not offered as a formal part of the wellness program, though they are available at periodic health fairs and employees are encouraged to take advantage of them and follow up on their own.

What are your policies and procedures for evaluating the effectiveness of your WW program?

At this point in the program, the emphasis is to get people involved and thinking about their own health, with the working assumption that increased health awareness will lead to better health overall; this in turn is assumed to contribute to lower health-related expenses. Currently in the program there is a single emphasis: getting people to elevate their heart rate on occasion and/or with some regularity. As yet, there is neither enough information nor traceable components to the program to facilitate accurate evaluation. However, it is planned that annual reviews for evaluating the effectiveness of the wellness programming will occur and include assessments of sick days used, health care expenses, other absences, and levels of participation and attrition for the wellness program.

What is the frequency of your data collection?

Participant employees keep an annual log of their activities, which are submitted for cursory review (i.e. status check) at monthly luncheons. Information from these logs can be (but has not been yet) used to track the progress of individuals and to develop worksite-wide data for analysis, as well.

What are your procedures for following up on HRA's or screenings, if any?

Screenings not required, but offered at periodic health fairs. HRA's and screenings are voluntary though encouraged, and follow-up is the responsibility of the individual employees.

What have been the impacts of your wellness program on the following:

At the time of the visit to this site, the wellness program was too new to evaluate effects on the following:

Absenteeism:

Retention/Quit Rates:

Recruitment:

Accidents:

*Productivity:* 

Who is the insurer for this worksite?

This worksite is partially self-insured. There is a trust fund for the initial health-expense ceiling; then small cap for more major medical.

Does the insurer provide incentives for WW procedures/protocols? N/A

NOTES: The wellness committee at this worksite began as an appointed body with three people from management. These individuals continually got good input from other employees who were not on the committee, and the decision was made to ask to join the committee by the individual primarily responsible for the wellness program.

The contact at this worksite stated that the central idea for the wellness program is to educate employees about health with the hope and expectation that employees will take what is learned at work with them and apply it to their daily lives. In short, the financial responsibility for employee health is both on and off the job.

**Incentives to employees:** The major incentive for participation in the wellness program at this worksite is additional vacation time. If employee participants complete their individual health program elements (including Health Fair participation, annual physicals, attendance of specific with some minimal regularity, completed tobacco cessation, etc.), then they are qualified to receive up to a week's extra vacation for the year. Other incentives include eatery coupons, subsidized massages, cash rewards, and paid time off for exercise (30 minutes a day up to three times per week).

**Tobacco-specific emphases:** The contact for this worksite stated that cessation of tobacco use is an extremely important issue, and the single most expensive health-cost preventable behavior. A substantial portion (20%) of the wellness budget at this site is set aside for tobacco-cessation programs and emphases. A commitment to ceasing tobacco use is a requirement and prerequisite of participation in the wellness program at this site.

## **Department Store**

While this worksite answered the key filtering survey questions in the affirmative, the subsequent site visit revealed that certain of the survey questions were misinterpreted; the site does not have a wellness program in the sense of an active-participant program. There are written organizational objective for workplace wellness, but these are corporate guidelines (and this worksite is one of several national sits) and this particular site does not have an active, individual program.

There is a person primarily responsible for dissemination of health and safety information, which mostly takes the form of pamphlets and corporate newsletters on such issue. Pamphlets and newsletters are made available to employees in a common area, and the pamphlets are periodically rotated. A safety committee meets monthly, and it is during this meeting that the emphases of such information is discussed and decided.

How long has your wellness program been in place? N/AFrom where do you get your information for worksite wellness protocol/ideas? N/AHow about for screenings and HRA's? N/AWhat are your policies and procedures for evaluating the effectiveness of your WW program? N/AWhat is the frequency of your data collection? N/AWhat are your procedures for following up on HRA's or screenings, if any? N/AWhat have been the impacts of your wellness program on the following: N/A Absenteeism: Retention/Ouit Rates: Recruitment: Accidents: *Productivity:* 

Who is the insurer for this worksite? Self-insured.

Does the insurer provide incentives for WW procedures/protocols?

There are no incentives provided, as there is no real programming in which to participate; wellness information is made available, but no action by employees is required.

NOTES: See introductory section above.

**Incentives to employees:** Within the first 30 days of employment after being hired, employees can choose the offered corporate life insurance; if they do so, they are eligible to receive a full health screening that they can then use to inform their own health decisions. The employer-offered health insurance provides for periodic physical examinations and routine health screenings.

**Tobacco-specific emphases:** Since there is no specific wellness program at this worksite, this in not applicable. However, the policy for tobacco at this workplace—that tobacco use is allowed outdoors but not indoors—applies both to smoking and spit tobacco.

## **State Government Branch**

How long has your wellness program been in place?

The wellness program at this worksite is informal and voluntary. At the time of the site visit, wellness activities were not subsidized by the workplace. While the answer to the survey question about the existence of a wellness program was 'Yes,' the worksite qualified this response with the following: Short-term Tobacco Cessation Program (applying both to employees and inmates in their facilities; Physical Fitness Standards for hiring of certain employees. In short, this worksite does not have a formal wellness program. Plans are in place to create a new position within this workplace; the person in this new position—Employee Assistance Program Coordinator—will be responsible for wellness responsibilities.

From where do you get your information for worksite wellness protocol/ideas?

While there is no formal wellness program at this worksite, there have been efforts to initiate some wellness-oriented activities. Once of these was a walking program that was inspired by a similar activity offered by another Wyoming government agency.

Information for future implementation of wellness programming may come from insurer-provided programming recommendations (these tentatively include online HRA's; 24-hours nurse practitioner hotline; incentives for employees to be active during break time; availability of blood-pressure machines; as well as others).

How about for screenings and HRA's?

All screenings and HRA's are handled through State Health Fairs, and are available without charge to all employees of this worksite.

What are your policies and procedures for evaluating the effectiveness of your WW program? N/A.

What is the frequency of your data collection? N/A.

What are your procedures for following up on HRA's or screenings, if any? N/A.

What have been the impacts of your wellness program on the following: N/A.

Absenteeism:

Retention/Ouit Rates:

Recruitment:

Accidents:

Productivity:

Who is the insurer for this worksite? Great West Health Insurance.

Does the insurer provide incentives for WW procedures/protocols? No.

#### NOTES:

Incentives to employees: The incentives provided are limited to tobacco-cessation efforts, and include water bottles, healthy foods and pedometers.

**Tobacco-specific emphases:** As mentioned above there is a tobacco cessation program that applies to both employees and inmates at the various facilities in this worksite's system. This program is designed to facilitate the implementation of a new policy that prohibits tobacco at any D.O.C. facility for either employees or inmates. The program is called "Kick the Habit," and makes available to employees the following cessation services for employees interested in quitting tobacco: information, counseling, classes, incentives and nicotine replacement therapy.

## Local Outlet of National Retailer

How long has your wellness program been in place?

This program is in place corporate-wide, and was available since the opening of the store in Cheyenne. This retailer has 2,050 stores nationwide and all stores participate in the same wellness program.

From where do you get your information for worksite wellness protocol/ideas?

All ideas for the wellness program come down from the corporate office. Most communication happens through the corporate wellness intranet site called "My Apron."

How about for screenings and HRA's?

Screenings and HRA's are not available directly though this local outlet of national retailer, but through their insurer: BCBS of Georgia.

What are your policies and procedures for evaluating the effectiveness of your WW program?

There are no policies and procedures for evaluating the effectiveness of this retailer's wellness program at the storefront site level. Individuals do log their progress on individual challenges on "My Apron," but no evaluation is done at each store.

What is the frequency of your data collection?

Progress on individual challenges can be logged on the intranet site at any time throughout the life of the challenge. There is no set data collection measure in place.

What are your procedures for following up on HRA's or screenings, if any? Not applicable.

What have been the impacts of your wellness program on the following:

Absenteeism: Not tracked in reference to the wellness program.

Health Care / Insurance Costs: While this is not currently tracked at this worksite, the interviewee stated that this is the primary reason for implementation of the program.

Retention/Quit Rates: Not tracked in reference to the wellness program.

Recruitment: Accidents: Not tracked in reference to the wellness program.

Productivity: Not tracked in reference to the wellness program.

Who is the insurer for this worksite?

Blue Cross Blue Shield of Georgia for full-time employees, Beach Street for the part-time employees.

Does the insurer provide incentives for WW procedures/protocols?

It is unknown what incentives the insurer may provide to the corporation for having the wellness program.

NOTES: This retailer uses many different media outlets to promote worksite wellness. Their website/online system called My Apron is used to compete in and log progress in health challenges, their in-house television station sometimes has blurbs about wellness, and their break room is filled with pamphlets and brochures.

They pick a "wellness rep" who is an employee responsible for managing and informing other employees regarding wellness issues. They are paid for two hours a week of focused wellness work. This rep receives newsletters and itineraries periodically from the corporate office.

Even with all of these wellness resources available, the interviewee estimates that there is only about 10% participation among employees at the worksite.

#### NOTES:

**Incentives to employees:** Incentives to employees range from simple giveaways such as cookbooks, jump ropes, and pins to corporate-wide recognition for completing (and winning) challenges.

Tobacco-specific emphases: This worksite emphasizes tobacco cessation a great deal throughout their program literature. They also offer incentives and resources to associates who attempt tobacco cessation. One monetary incentive is a \$50 reimbursement for treatment costs. Also available to employees is a free and confidential counseling cessation service from the American Cancer Society. Corporate policy for tobacco at this workplace—that tobacco use is allowed outdoors but not indoors—applies to all tobacco products.

# Appendix C. Focus Group Notes

WYSAC selected three sites for focus group visits: a city school district (the first of the school districts described in Appendix B, Site Visit Notes, above), a private employer, and a city government office. This appendix presents these workplaces' focus group responses to our questions.

# Appendix C.1. City School District

This focus group took place on June 6, 2006, at 6 p.m. in a large-sized Wyoming city, with a total of 12 participants.

Q1. Most of you probably already know each other, but we don't know any of you. So, let's go around the table and have each of you tell us your first name, how long you've worked here, and maybe what your job is.

There was a wide variety of employees from the city school district at this focus group, including staff from several of the various departments within the school district and from a number of different schools within the district.

Q2 and Q3. (Q2) What would you say are the main purposes of worksite wellness programs—not specifically your workplace, but in general? (Q3) What would you describe as being the main purpose or purposes of your workplace worksite wellness program?

These questions became conflated during the course of the conversation, as they are very similar and were not perhaps presented as distinctly as necessary. Responses to both are synopsized here.

- Increase longevity of employees.
- Increase retention of employees (longer-term employment).
- Reduce health costs and health premiums.
- Boost employee morale and productivity.
- Reduce absenteeism.
- Impact children [associated with this workplace] positively by encouraging employees to be positive role models when it comes to wellness.
- Builds camaraderie through the various programs in which employees are able to participate, and social bonding occurs through shared wellness goals.

Q4 and Q5. (Q4) What do you like about and think works well in your wellness program? (Q5) Do you have any suggestions for improving the wellness program at this workplace?

Similarly to questions 3 and 4, responses to these two questions tended to overlap with each other; when people are asked about what works well, they naturally compare things that do not work well. So during the discussion, positive responses were often followed closely by comments about needs for improvement.

#### Works well...

- Dining with Diabetes is a component of the wellness program provided at this facility. Regarding it, one focus group member said, "While some cancellations of this program were interruptive, this program allowed one participant to educate her family and extended family about dietary needs that, as a diabetic, she has."
- The wellness program has chosen well by being careful to make participation more voluntary than compulsory. This tactic has resulted in higher participation among older people in activities such as walking and yoga.
- As an information source on diet and nutrition, screening of the documentary film "Supersize Me," about the effects of a diet of fast food, was offered through one component of the wellness program. Several participants found this offering informative as well as entertaining.
- Group members were very happy with the reduced-rate health club memberships.
- Several respondents agreed that the very presence of a wellness program raised awareness of healthy lifestyle issues, and several made comments about how this had the additional impact of positively influencing children at the school:
  - o At one school site, children are encouraged at lunch to choose three of five food groups for their meal, and will pay less than if they choose not to include three of five food groups. This choice is voluntary.
  - One participant, a teacher, allows healthy food but prohibits unhealthy food in his classroom, and he models this behavior for the students, eating only healthy foods if eating during class.
  - One participant, in the school district's IT unit, stated that children have been encouraged and directed to research nutrition using web searches. This person stated that children are more likely to make good choices if encouraged, rather than required, to do so; awarenessraising is better than directives, and children will make better choices if given control over those choices.

## Needs improvement...

- One suggestion for improvement to the program offered by the school district was to increase emphasis on nutrition education. This led to a side discussion regarding food choices and attitudes about nutrition at the school, about which one person said, "Lunchroom food is, generally, not nutritious; everyone, including staff and students, is dealing with a cultural problem with fast food."
- Institute more uniformity of wellness programs, as well as wellness program availability information, over the various sites under the school district.
- Improve the communication between the various sites under the school district regarding wellness activities.
- Allow employees to leave early or to carve out time during the workday to work out at a facility away from the worksite, two to three days per week; allow employees to leave near 3 or 3:30p.m.
- Offer more water, as this is a very simple way to promote a healthy choice.
- Institute the Presidential Fitness Club for adults in the school district.
- Embed some time into workdays for both staff and students to engage in specific wellnessoriented activities.
- Several participants mentioned that information about wellness program offerings was either not adequately advertised or was not forwarded by those responsible for disseminating the information. Some thought that programs, when advertised, were inadequately described.

- Make programs more available by scheduling them at various times, rather than making program components "one-shot deals." Scheduling can be difficult, given nature of work.
- Do one wellness-oriented activity each day at each school district facility, and make it a part of the workday rather than offering it at the end of the workday.
- Do wellness presentations as "brown-bags" rather than offering them at the end of the day, as no teacher (or other staff member) wants to add hours to their workday. Incorporation into the workday will increase interest and participation.
- Two focus group participants mentioned that they would be willing to show up for work 30 minutes early if it meant the difference between being able and not being able to attend wellness offerings; this would be even better at than end-of-day activities when energy is flagging.
- One thing mentioned to improve participation would be to de-emphasize competition in wellness activities; participation rather than "winning" should be rewarded. One participant mentioned that, due to a competitive spirit, she dropped out of a program after scheduling conflicts compromised her position in the competition rather than risk not winning. If the activity hadn't had a winner/non-winner structure, she would have continued it.
- Offer a deduction in health-insurance premiums; this would really influence participation.
- Provide additional off-time (e.g., personal days) as a reward for logging specific amounts of time in wellness activities.

## Q6. Have you experienced or are you aware of any other wellness programs or incentives that, in your opinion, might work well here, or would help inform this program?

- Former employer had themed mealtimes intended to encourage healthier eating habits, such as "Salad Days" on which participants are encouraged to bring salads and share recipes.
- Designated workout rooms and walking areas are available for all facilities.

## Q7. Why are you not currently participating in the worksite wellness program?

- More than one participant stated that they did not know about the offerings.
- The first thing one person heard about was the summer program, but there was no evident follow-up and he subsequently did not attend any wellness activities.
- Time flies, and flexibility for attendance conflicts with the busyness of the workday.
- Times that programs are offered are hard to get to with the schedule the way it is.
- PAWS interfered with attendance of programs.

# Q8: Can you think of anything—any specific program component or offering—that might get you interested or involved?

There were no specific responses to this question. However, comments for improvements to the current program were offered by program non-participants as well as participants.

# Q9: What benefits would you say you have personally gained by participating in your worksite wellness program?

- Built bigger biceps through the "Stretch, Strengthen, & Tone" program.
- Nutrition classes have been helpful in changing diet.

- Yoga class helped resolve a 20-year health issue for one participant.
- One focus group member mentioned that participation in program components resulted, for one person, in the loss of a substantial amount of weight, a rise in self-esteem, and better interpersonal and communication skills. The participant, who was reserved prior to program participation, is now active in committee work.
- One participant who had a hip replacement in the past said that participation in wellness activities resulted in lowered blood sugar and that the "Ten Thousand Steps" program resulted in "numerous health improvements."
- Several in the focus group mentioned that participation in wellness activities provided them with more energy, and that this was important since they find their work environment "mentally demanding."

# Q10 and Q11. (Q10) Do you feel that you receive adequate and timely information about your workplace wellness program? (Q11) Do you have any suggestions for how wellness program information might be better communicated?

Questions 10 and 11 are closely related, and we present them together below.

Several problems were identified regarding the communication of information about wellness activities offered through the school district:

- First, most participants believed that everyone has and, more importantly, uses email. This turned out to be an erroneous assumption: some among the non-teacher staff stated that email was either not used or generally unavailable to them or to people within their units, either because their jobs did not involve access to a terminal or because they had little time for it.
- Second, some people stated that messages regarding wellness activities were entrusted to "point people" (i.e., unit supervisors or managers) who often did not choose to forward or otherwise disseminate the information.
- Third, the one representative of the IT unit was unaware that some staff members did not have access to or use their email accounts. This participant was surprised at the revelation.

#### Suggestions...

- Use multiple methods to disseminate information (fliers and bulletin-board postings in addition
- Send information to all employees, rather than to someone in a supervisory role in hopes that they will forward it.
- Appoint one person per school district facility to be the wellness representative for that facility. This would provide someone from whom to get wellness program information.
- Many in the group, we ought to mention, were very happy with the use of email.

## Q12: Do you feel that you have appropriate opportunities for input regarding the wellness program here? How might you improve it [input opportunity]?

- The immediate response to this question was "Yes" by the vast majority of participants.
- One said, "Not really, but perhaps through this focus group."

- Generally, people feel they are not very well listened to, but feel they can communicate efficiently with the wellness coordinator.
- The very presence of a coordinator will help with input. Given that this position is relatively new, it is difficult to tell how well or poorly things are going.

## Q13. What would you like to see happen in your wellness program next year?

- All schools need a representative for the wellness program.
- Implement water aerobics.

## Additional comments...

- Offering soda as a drink choice on school grounds is good money but a poor message to the students, as it is a bad nutrition choice. Additionally, one participant stated that even when children are allowed to bring their own food to school, sodas should be prohibited.
- Time-wise, eating healthily is as easy as getting fast food.
- "We can't have an in-service without a pile of donuts."
- Flexibility for participation in wellness programs is limited due to very busy, very "fragmented" workdays.
- Wellness programs leave facilities maintenance staff out; more needs to be done to improve this.

## Appendix C.2. Private Employer

This focus group took place at a private employer in Cody, Wyoming, at 6:30 p.m. on June 7, 2006. A total of 11 employees participated.

Q1. Most of you probably already know each other, but we don't know any of you. So, let's go around the table and have each of you tell us your first name, how long you've worked here, and maybe what your job is.

About half of the employees taking part in the focus group are current participants in the wellness program offered by this workplace.

## Q2. What would you say are the main purposes of worksite wellness programs—not specifically your workplace, but in general?

Wellness programs act as motivators for both work and personal improvements and to raise awareness of worker health and worker efficiency. Also, wellness programs are intended to increase worker safety. Several participants mentioned that they felt that when employees are healthy and more aware of their health, they tend to be better contributors to the organization.

# Q3. What would you describe as being the main purpose or purposes of your workplace worksite wellness program?

- Mainly to create health awareness among employees (several respondents stated this, in one way or another). Through each program component, different health concepts are approached and emphasized.
- The program helps people get well and to address their own health issues so that health premiums and sick days can be reduced.
- Introduces a goal-oriented point of view: goals are presented, or the participant is asked to state a goal, and then behavior becomes goal-oriented.
- One stated goal of the program is to increase socialization among employees, to promote and increase camaraderie.

# Q4 and Q5. (Q4) What do you like about and think works well in your wellness program? (Q5) Do you have any suggestions for improving the wellness program at this workplace?

These two questions tended to overlap with each other. During the discussion, positive responses were often followed closely by comments about needs for improvement.

#### Works well...

- Several respondents liked the group participation nature of the program.
- Perks, like massage coupons, are attractive.
- A pleasant camaraderie comes with the exercise classes.
- Classes are not only a physical benefit, but are also a mental stress reliever.
- Luncheons are a great benefit in terms of the information that they provide.

- There are incentives available to people for joining at any time. There is no "drop-dead" date for beginning participation.
- The fact that this workplace has a wellness program speaks well, in general, for the workplace; it has the additional effect of raising the place's esteem in the eyes of the public.

## Suggestions for improvement...

- Clarify the process for determining how incentive vacation days are determined.
- One participant mentioned, and was seconded by several others around the table, that there were too many rules associated with the various components of the program, and that confusion was associated with these rules. One person suggested reducing the number of rules and streamlining them. Others stated that there could be less rigidity and bureaucracy associated with the wellness program, and that the rules could be made clearer or presented in a clearer fashion.
- Some incentives (such as being let off 30 minutes early three times a week) are not available to all employees. One respondent said that her boss could not afford to allow her to leave early.
- One problem with being rewarded with paid time off for not using sick time is that some things cannot be avoided—such as maternity time off—and preclude some from taking advantage of the incentive. Several participants characterized this "sick day incentive" as not very feasible or not very practical. One example: for employees who have children, use of sick days is inevitable; people with children are therefore at a disadvantage to those who don't have kids.
- The potential to gain a week's vacation through not using sick days may be a huge motivator for some, but for others—particularly those who can barely take their usual amount of allotted vacation time due to unremitting work commitments—it is no motivator at all. Suggestion was made to perhaps offer other, equally attractive incentives for those who have little stake in additional vacation time, and stated that perhaps a cash reward, rather than a time reward, would be equally attractive.
- Some requirements of participation (e.g., chest x-rays) do not seem really worthwhile or valuable. This came up in context of requirements being more or less one-size-fits-all rather than being tailored to individual participants.
- Required participation in wellness luncheons can be inconvenient for certain participants, especially those who have slightly atypical schedules. This comment was countered by a participant who mentioned that tapes, the viewing of which qualify as a luncheon participation, are available for off-hours (and on-site) viewing.
- There could be a better system for verifying participation of individuals in the wellness activities; some feel that there is potential for misrepresentation by participants.
- More than one focus group participant mentioned concerns with privacy issues regarding Individual Health Plans. They suggested having the wellness program ensure privacy of information.
- There should be more transparency with regard to how decisions are made, including how rewards are distributed and how incentives are arranged.

## Q6. Have you experienced or are you aware of any other wellness programs or incentives that, in your opinion, might work well here, or would help inform this program?

Another program that one participant was aware of did not require such a close coupling of tobacco cessation and other participation in the wellness program as this worksite does. This

- person felt that this may inhibit some from participating who would otherwise benefit from the program.
- Seen at another place and now here: the program began as more informative and awareness oriented, but it is becoming more exercise oriented.
- Another workplace had a tobacco cessation program that was separate from the wellness program; participation in the wellness component did not require tobacco cessation.

## Q7. Why are you not currently participating in the worksite wellness program?

- Not a full-time employee.
- Decided not to get involved until there is more flexibility with rules—it is currently far too easy to be "knocked out early" than it should be.
- The program got off to too rough a start. It had and continues to have too many rules changes. One member will consider participation when the program gets a clearer agenda.
- Two employees were unaware that some program items are taped. These two mentioned that their decision not to participate had at least a little to do with the inability to commit to attending required luncheons, and that the knowledge of tape availability may change their minds about participation.
- One participant feels that some requirements for participation should be optional, and that such a change would possibly result in more general participation. Examples given were smoking cessation and submission of personal details in Individual Health Plans.

## Q8. Can you think of anything—any specific program component or offering—that might get you interested or involved?

- Most felt that the offerings, both incentives and the program components themselves, were attractive and conducive to getting involved.
- If medical requirements were less "across the board," one focus group member stated, he would consider getting more involved. This employee stated that chest x-rays, while perhaps meaningful and valuable for some employees, could be considered a waste of time and money for others. Individuals should be able to decide, to some degree, which of the health requirements actually apply to them.

# Q9. What benefits would you say you have personally gained by participating in your worksite wellness program?

When asked, the facilitator presented this question in a slightly different manner than is contained in the script: "Have you seen any personal benefits..." is how this question was phrased, and several participants immediately stated, "Yes."

- One participant stated that any educational- or medical-information presentation is going to provide some kind of benefit, if only in terms of increasing awareness, and it also begins to change the atmosphere and social norms surrounding wellness issues in a positive way.
- One employee who is not a participant in the wellness program stated that just the presence of a program such as this at the workplace was motivation enough to lose 15 pounds.
- Information provided through the luncheons has been very beneficial.

- Log books as a method for tracking progress aided one wellness program participant in keeping to goals; these were personal and not mentioned in detail.
- Another non-participant in the wellness program stated that the presence of the program in the workplace has been a motivator to exercise and to reduce chewing tobacco use.

# Q10/Q11. (Q10) Do you feel that you receive adequate and timely information about your workplace wellness program? (Q11) Do you have any suggestions for how wellness program information might be better communicated?

Questions 10 and 11 are closely related, and we present them together below.

- Yes. Initial staff meetings, emails, and luncheons are all used to communicate wellness program information.
- Yes, access to information and dissemination of information seems to be good.
- Yes, but full-time employees and particularly administrative staff may have greater access to this information than other employees.

## Suggestions...

- Some groups, such as custodial employees, are left out of some email communications (or, at least, are not in a position to get the emailed information in a timely manner).
- Have clearer explanations and definitions of some concepts used by the wellness program (the example given was "aerobic exercise," and the question was raised about specifics of the term).

# Q12. Do you feel that you have appropriate opportunities for input regarding the wellness program here? How might you improve it [input opportunity]?

- Luncheons, email, and staff meetings are all forums for exchanging information and for providing input.
- Some feel that the whole program is "All [individual who runs the program]" and that changes to the program—either real changes or reception to suggestions for change—are made difficult by this concentration of authority.
- It would be helpful to have several—or at least some—people informed about all detailed information regarding the wellness program instead of having all information contained in the person of the wellness coordinator.

## O13. What would you like to see happen in your wellness program next year?

- A point system for tracking participation might be a good idea.
- More stringency in doing periodic participation checks rather than gathering information in bulk at longer intervals.
- Maybe "export" the wellness program, in terms of making information about the program available to other businesses in the Cody community.
- Fewer requirements, but leave options open and allow employees to choose their level of participation (this participant mentioned having issues with the blood drive, and would prefer this to be an optional rather than required component of program participation).

- Another participant stated nearly the same sentiment with regard to the requirement for a physical check-up.
- Institute a points system, with a variety of rewards so that people can pick and choose and have the option to dictate their level of involvement. Participants should not have to be "all in" or "all out," but should be allowed to tailor their participation to their own needs and comfort levels.

# **Additional Comments:**

- There could be better representation of all employees on the committee. As it stands, the committee is largely management and supervisory.
- Several people stated that they or other employees they know have been positively impacted by the program just by the program being present, rather than their being actively involved. It has had the effect of positively changing the social norms regarding wellness.

## Appendix C.3. City Government

This focus group took place in a meeting room at the City Hall building in Casper, Wyoming, at 6:30p.m. on June 8<sup>th</sup>, 2006. A total of 10 employees participated in this focus group.

Q1. Most of you probably already know each other, but we don't know any of you. So, let's go around the table and have each of you tell us your first name, how long you've worked here and maybe what your job is.

Focus group participants represented several departments within the city government.

## Q2. What would you say are the main purposes of worksite wellness programs—not specifically your workplace, but in general?

- Provide the right tools and the right set-up for tasks that employees are required to do.
- Generate awareness of safety and safe practices.
- Promote the longevity of employees.
- Improve employee productivity.

## Q3. What would you describe as being the main purpose or purposes of your workplace's worksite wellness program?

- Inclusive of above (promotion of employee longevity and productivity, etc.).
- Provide encouragement and support to those who need it for taking care of health issues such as smoking, obesity, and stress. Also, raise awareness of health issues such as these through a wellness program.
- Lower health insurance premiums.
- Make employees aware of the issues of other employees; act as an information resource.
- Healthier employees are happier and more stable; the program provides benefits for individuals and for organizational morale.

# Q4 and Q5. (Q4) What do you like about and think works well in your wellness program? (Q5) Do you have any suggestions for improving the wellness program at this workplace?

#### Works well...

- Several ways to qualify for participation; plenty of opportunity to participate.
- The program is very good at keeping people updated (emails, in particular).
- One employee mentioned that even though she is not a formal wellness program participant (due to having insurance from elsewhere), she finds the wellness offerings enjoyable, fun, and beneficial. She stated she participates because of these reasons, and because it's just a good idea health-wise.
- Good activities.
- Different things that the survey (a prerequisite to program enrollment) reveals—it is basically a health risk assessment—provide great information for individuals. Compares one to the national average and gives good information on the state of one's health.

- The variety of program activities allows employees with different schedules and commitment levels to find things in which to participate. Informational gatherings are usually scheduled twice per day, once at lunch and once after work.
- The \$100 incentive is a good draw.
- Informational courses are excellent sources of information, and the fact that they are free is appreciated; one employee stated that such a course would cost a lot if pursued independently.
- Calls from health management people are very helpful and encourage healthy lifestyles.
- One participant mentioned that the program has gotten non-employee members of her family involved in some of the wellness activities, so this has had a positive effect beyond just the employee.

## Suggestions...

- The program should have a better structure for rolling enrollment. For example, one should be able to initiate participation that counts towards incentives and rewards at any time.
- While information is well distributed for those with computer terminals, some (such as folks in the road division) are left out of the loop.
- Information could be disseminated through additional channels: morning meetings, bulletin boards, or other methods besides email. Dedicated wellness activities bulletin boards would be nice, but the problem with this recommendation is that the amount of work locations would require numerous dedicated wellness bulletin boards).
- Participation in some activities requires that either the activity itself be restructured or the time allowed for breaks (lunch, in particular) be modified. The example presented was the "Poker Walk," which takes more than the allotted 30-minute lunch time to complete.
- Supervisors may be more "work oriented" and may not be so aware—or may be reluctant to see—the benefits of their employees' participation in wellness activities, unless they are personally involved themselves.
- The program could do more to accommodate employees *not* using city health plan.
- The big incentive—free insurance for a year—should not be "blown" at the beginning; doing so creates less of an incentive for wellness program participants to continue.
- Track participation during the year rather than at end of year.

## Q6. Have you experienced or are you aware of any other wellness programs or incentives that, in your opinion, might work well here, or would help inform this program?

- Massages were offered and subsidized by workplace.
- Optical and dental coverage, with periodic calls from supervisors to be certain that employees scheduled and went to regular checkups.
- Exercise facilities with exercise machines.
- Point system based on level of participation and exercise completed; points can be redeemed for quality merchandise from a catalog—not trinkets.

## Q7. Why are you not currently participating in the worksite wellness program?

Far too busy. Adding more to the day's obligations is a lot to ask.

- A newer employee was not here when enrollment was taking place, and enrollment is now closed.
- One employee is aware that some employees did not enroll due to the "Big Brother" syndrome of worrying about privacy issues. These individuals did not want the city knowing about their health and felt such information was a private issue.
- Some did not participate because they are not on the city's health plan.
- One employee stated that she is aware of some employees who are feigning participation. Since participation is honor-based, these individuals have said they will lie about participation to gain benefits without having to actually participate.

# Q8. Can you think of anything—any specific program component or offering—that might get you interested or involved?

- More detailed communication about the wellness program.
- Rolling or open enrollment.
- Incentives for non-city-insured people too.
- Explain separation between Be Well and the city government a little more thoroughly so that employees are less concerned about privacy issues.
- The Recreation Center passes for exercise (this was met with the comment that all city employees do get a discounted membership rate to the Rec Center as well as to private clubs).
- Every quarter or half-year, have a promotional event for the wellness program, both to advertise the program and to act as a check-in period for current participants. Maybe a lunch or some specific activity.
- A "recommitment" activity or event.
- Interdepartmental competitions might be good incentives to boost or accelerate participation.

# Q9. What benefits would you say you have personally gained by participating in your worksite wellness program?

- The initial survey was most informative to one focus group member.
- The follow-up phone calls by health professionals are helpful.
- Interaction between the follow-up healthcare professionals and the personal doctor of one participant has resulted in positive health results; the resources available have made a true difference in this person's health.

# Q10 and Q11. (Q10) Do you feel that you receive adequate and timely information about your workplace wellness program? (Q11) Do you have any suggestions for how wellness program information might be better communicated?

- In general, participants felt that the answer to this is "yes."
- Despite the lack of email communication for some employees, many agreed that wellness activities and information were indeed communicated via a variety of formats.
- Instead of just sending the informational emails out city-wide, people should be able to voluntarily add their personal emails to the list and receive information that way.

## Q12. Do you feel that you have appropriate opportunities for input regarding the wellness program here? How might you improve it [input opportunity]?

- If one knew who was on the committee and who to contact, input would be received enthusiastically. When we asked the group if they knew who was on the committee, few did.
- New ideas would be considered, and there is the opportunity to talk with people involved on the committee, the composition of which is posted on the website.

## Q13. What would you like to see happen in your wellness program next year?

- Open enrollment.
- More avenues to get information about wellness program offerings.
- Get supervisors more personally involved in the program so that they are "invested" and more likely to encourage their employees to participate.
- Gear some offerings so that non-city-insured employees will be likelier to participate.
- Do more promotions and tracking throughout the year.

#### Additional comments:

There were some criticisms of the follow-up phone calls provided by the wellness program. For one, they are too frequent and therefore annoying. Another complaint was that the program might not be ideally targeted, and that it can be a bit nagging to those participants who are actively engaged in wellness activities. Yet another was that the program could be less negative and more encouraging and supportive.