



Creating a Culture of Health

Organizational Approaches to Promoting and Protecting Employee Health

Results from the Massachusetts Worksite Health Improvement Survey 2014



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In collaboration with:

**worksite wellness
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Introduction

Massachusetts, like many other states in the US, is facing an increased burden of illness related to a variety of risk factors and chronic conditions.

In 2009 alone:

- 40% of MA residents 18 or older were diagnosed with at least one of five chronic diseases (asthma, arthritis, cancer, cardiovascular disease, or diabetes). Of MA residents that were diagnosed with at least one chronic disease, 33.6% suffered from two or more chronic diseases.¹
- Total hospital charges approached the \$6.8 *billion* mark.²
- Approximately one-fourth of persons living with a chronic illness experienced significant limitations in daily activities.³

Chronic diseases are the most common and costly of all health problems, but they are also often the most preventable.⁴ Keeping employees healthy is a business imperative for employers. Being absent from the job (absenteeism) or underperforming while working (presenteeism) is estimated to cause productivity losses worth \$389 billion due to cardiovascular disease and \$1.6 trillion due to mental health conditions.⁵ Workplace wellness initiatives, in coordination with health and safety initiatives and health benefit programs, are helping people to change their lifestyles to improve health and provide effective ways to better utilize and navigate the healthcare system. In addition, they can be part of the solution to some of the challenges employers are facing such as attracting and retaining employee talent, increasing health care costs, and employee engagement. By creating a culture of health through senior management support and dedicated resources, worksites are able to integrate wellness into the overall vision and mission of the organization.

The impact of worksite wellness programs on adults and their families can be significant, considering that over 3,000,000 people are in the Massachusetts workforce.⁶ Employers are turning to methods, such as health promotion programs, to improve health and lower medical costs, absenteeism, and health-related productivity losses. Increasingly, adults are spending more than half of their waking hours at work. The workplace impacts health in various ways. Physical working conditions can increase the likelihood of injury and illness, particularly when the work is physically demanding. Workplaces are therefore critical both as environments that can contribute to health or illness, and as potential facilitators for reaching targeted populations for health education, health promotion, screening, and interventions.⁷

“We have seen life changing results from increased work performance, happier employees which have led to greater customer retention...well worth the investment over the past 6 years.”

— *Financial Services Employer*

2014 Massachusetts Worksite Health Improvement Survey

In June 2014, the Massachusetts Department of Public Health (MDPH) collaborated with the Worksite Wellness Council of MA (WWCMA) to survey 10,000 Massachusetts worksites. The goal was to assess the policies, practices, and programs that promote and protect employee health and well-being within their organizations. This survey addressed a range of topics relating to the administration and management of worksite health improvement initiatives. It also provided a comprehensive review of evidence-based health promotion interventions using a validated tool, the CDC Worksite Health ScoreCard. This ScoreCard measures the extent to which a worksite has implemented high-impact, evidence-based health promotion strategies. Each strategy was assigned a

weighted score based on the strategy's evidence-base and impact level.

The businesses were mailed a letter inviting them to participate in the online survey. In addition, businesses were encouraged to participate utilizing social media and network contacts. Follow-up letters and phone calls were administered to ensure adequate sample sizes. Results were weighted by distribution of worksites by employer size to ensure that we had accurate representation from larger worksites. Approximately 6% of the businesses (621) responded (Table 1), providing a snapshot into the worksite wellness landscape of the Commonwealth's businesses. Appendix B contains detailed data on respondents.

Table 1. Business size with statewide comparison of responding worksites

Business Size (# of employees)	Weighted Survey Data (N=621)	Unweighted Survey Data (N=621)	Dun and Bradstreet ¹ List (N=32,239)
10-24	61%	12%	61%
25-49	21%	15%	21%
50-99	10%	27%	10%
100-249	5%	23%	5%
250-499	1%	8%	1%
500-749	0.3%	4%	0.4%
750-999	0.2%	3%	0.2%
1,000-2,499	0.3%	4%	0.3%
2,500 or More	0.2%	3%	0.1%

¹ Source: Dun & Bradstreet. We purchased a list of all establishments in Massachusetts that meet established criteria from Survey Sampling International (SSI), a reseller of data originally compiled by Dun & Bradstreet.

- The percentages shown in charts and tables are subject to rounding error.
- Because key variables in the study vary significantly by number of employees at the worksite, we statistically weighted the data file to represent the segments in their original proportions in the sampling frame.

For the purposes of this survey, “worksite” is defined as:

- Worksites with addresses in the Commonwealth of Massachusetts.
- Worksites that represent the headquarters of a multi-establishment organization, or organizations with a single location.
- Worksites with 10 or more employees at the site.
- Worksites in all sectors of the North American Industry Classification System except Subsector 928, “National Security and International Affairs.”
- Worksites that are not federal government agencies.

To the Employers of MA

Moving Forward Together

This Benchmarking Survey Report groups information from employers by business size, industry sector and CDC ScoreCard Score. Where applicable, comparisons were made to similar surveys administered in 2008 and 2011. Each section highlights certain areas where MA employers are doing well and others where there is room for improvement. Included within each section is an array of evidence-based strategies to creating a healthy and productive work environment.

It is important to remember that while there are worksite wellness best practices and elements of a comprehensive and effective program, wellness is not ‘one size fits all’. This report is meant to help organizations assess the use of best practices to identify gaps and opportunities for strategy and program enhancement. In reading this Benchmarking Survey Report, consider your role in changing your work environment to protect and promote employee health within your organization.

Work affects employee health and employee health affects work. There are benefits to taking a “holistic approach” to worker health by coordinating efforts to provide safe working environments and to promote overall health and wellness. Employers are in a position to customize the wellness program and the various interventions to address the specific audiences of their workforce. Physical working conditions, the type of work performed, and the day-to-day tasks involved influence employees’ risk of injury and illness. Workers in particular jobs (e.g., physically demanding daily tasks, jobs requiring repetitive movements, sedentary jobs with few opportunities for physical activity) and specific industry sectors are at increased risk of work related injuries and illness. Businesses may customize wellness strategies by analyzing demographic characteristics of the workforce (number of workers by wage level, job type (white vs. blue collar), educational requirements, age distribution, gender, ethnicity, etc.) In addition, businesses may assess characteristics of the workplace that might influence time or motivation for program participation (shift work, overtime, contract work, etc). Finally, employers may track participation in worksite health promotion by job type and use this data to identify and address potential barriers to participation.

Leverage the workplace as an entry point to prevention and health on a larger scale by banding together with other companies, community leaders, and local experts. By providing a forum for knowledge and sharing of best practices, lessons learned and successful strategies in worksite wellness, we can move forward together.

For additional information, please contact Claire Santarelli at the Massachusetts Department of Public Health at 617.624.5422 or Claire.Santarelli@state.ma.us.

Worksite Health Improvement Survey Results & Suggestions for Taking Action

Worksite Wellness Best Practices

There are common factors of a wellness program that, if adopted, can lead to improved impact and results. “Successful” wellness programs encourage and support employee participation, provide a supportive culture and environment for employees to engage in healthy behaviors, use data to develop a plan for program design, implementation and measurement and implement best practices in the field of health promotion. These programs share the same seven benchmarks tailored accordingly to meet the unique needs of the business organization. These benchmarks have been established in worksites of various sizes to drive wellness programming. Worksites should strive to integrate these elements into their worksite wellness efforts to help build and sustain worksite wellness efforts.

Worksite Wellness best practices are categorized in these main topic areas:

1. Visible Leadership Commitment
2. Strategic Planning
3. Supportive Organizational Culture
4. Program Design and Intervention Selection
5. Discovery and Needs Assessment
6. Community Resources
7. Data and Evaluation Management



1. Visible Leadership Commitment

Five critical components of visible leadership commitment:

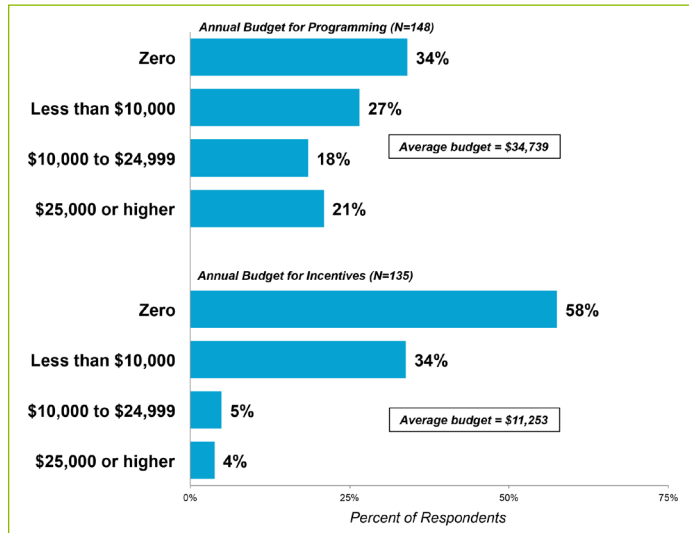
- Budget for wellness
- Communication strategy
- Active participation by senior leadership
- Employee health integrated into organizational, department and employee goals
- Corporate vision/mission supports healthy workplace culture

Wellness programs are more likely to create impact when implemented in organizations that have management support. Senior management controls the resources needed to plan, implement, and evaluate the wellness program. Without management support, the program is bound to struggle to obtain buy-in and participation. The support of senior management is essential to long-term sustainability. In addition to senior management support, the support of middle management is equally important. Middle managers and supervisors are the direct link to workers and play a key role in motivating and communicating with employees. Ultimately the wellness program should be positioned as a corporate strategy to take care of the most important aspect of the business, the employees.

Figure 1. Annual Budget for Worksite Health Programming and Incentives for Employees

“What is the annual budget for your program for employees?”

“What is the annual budget for incentives for employees?”



Survey Results:

- 14% of responding businesses had an annual budget for worksite wellness activities, although this varied greatly by business size. This represents an increase from 4% in 2008 and 8% in 2011. Of the companies who reported having an annual budget (n=148), the average budget in 2014 was \$34,739 although this is slightly skewed by a few large budgets. (Figure 1) 68% of the respondents who reported having a budget for worksite wellness indicated that their budget was funded by the employer while 29% received funding from the health plan.
- **Establish a communication strategy:** 24% of businesses reported having formal communications to all employees about the wellness program.
- **Active participation:** 19% of respondents reported active participation by senior management in worksite wellness programs. Active participation is one of five key ways senior management can demonstrate commitment to the wellness program.
- **Integrate employee health into organizational, department, and employee goals:** 12% of responding businesses indicated that employee health was integrated into these goals.
- **Wellness Vision and Mission:** 18% of responding businesses reported having a corporate vision and mission that supports a healthy workplace culture.

Strategies for employers to use to gain leadership commitment

Worksites should strive to integrate these actions into their worksite wellness efforts to help gain leadership commitment for worksite wellness efforts.

- Written communication on the value and benefits of the wellness program.
- Communicating clearly and consistently the importance of achieving and maintaining health.
- Establish a wellness budget that ideally ensures enough financial resources to achieve the agreed upon program goals. Examples of line items to consider include personnel for planning, evaluation, equipment, incentives, marketing and promotion, space, supplies, in-kind resources, and wellness related benefits offered through the health plan.
- Educating employees on the link between personal health and the health of the company.
- Incorporating wellness into the vision and mission of the organization.
- Corporate commitment to wellness from all levels of the organization.
- Establishing leadership champions for wellness.
- Active participation by senior management in planning, communicating support to employees, and participating as role models.
- Reward and recognize safety and health performance.



2. Written Strategic Plan for Worksite Wellness

A strategic planning effort for a worksite wellness program includes participation of senior managers to identify how the program fits with the overall organizational strategy, and the leadership team of the wellness program to develop the operating plans for carrying out the program. This is a crucial stage of program implementation as it helps to explain the “what, why and when” of the program. This operating plan helps to keep everyone focused on the goal and empowers the organization to move forward to get things done. The plan should be based on a needs assessment that gathers information on a variety of aspects of the population served by the program, including health claims data, workers compensation and injury data, risk assessment, employee assessments (needs and interest, or health risk), demographic data, short- and long-term disability data.

“We have identified a Wellness Program to be developed in our 5-year strategic plan.”

— *Financial Services Employer*

What should be included in an operating plan?

1. Vision/mission statement
2. Goals and objectives – long term (three-to-five years) and annual goals

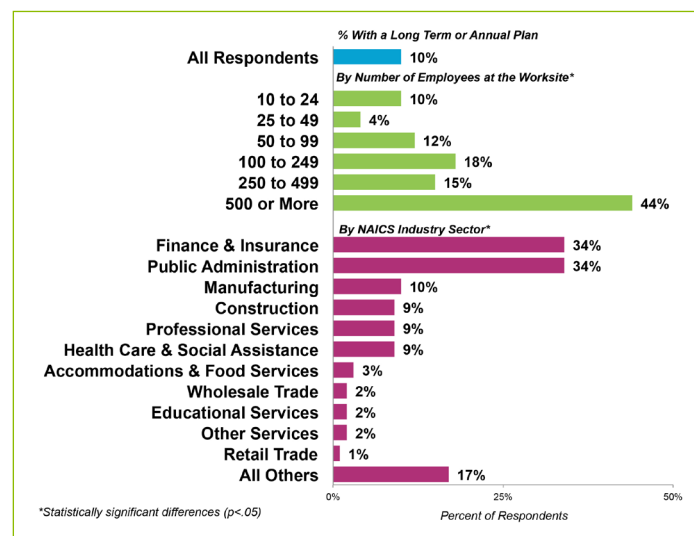
3. Timelines
4. Roles and Responsibilities
5. Budget
6. Communication Strategy
7. Evaluation/Measure of Success

Survey Results:

- **Written Plan for Worksite Wellness:** 90% of respondents do not have a written strategic plan for worksite wellness. (Figure 2)
- **Set Organizational Objectives:** 81% of businesses do not set organizational objectives for health promotion, although this varied greatly by business size.
- **Wellness driven mission and vision statement:** 86% of respondents do not include references to improving or maintaining employee health in the business objectives or organizational mission statement.

Figure 2. Does the Organization Have a Written Strategic Plan for Worksite Wellness?

“Does your organization have a written strategic plan for worksite wellness?”



Strategies for employers to use to develop a written strategic plan for wellness

The following are best practices for developing a strategic plan for wellness.

- Develop a vision statement for the wellness program to document what the wellness program will accomplish.
- List specific goals that the initiative will achieve.
- Document measurable objectives to reflect the specific steps that need to be taken in order to achieve the established goal.
- Set a timeline for implementation/completion of each activity.
- Identify the individual responsible for each activity with clearly defined roles.



3. Supportive Organizational Culture

The Centers for Disease Control and Prevention define a culture of health as: “The creation of a working environment where employee health and safety is valued, supported, and promoted through workplace health programs, policies, benefits, and environmental supports.” Businesses should strive to weave wellness into the fabric of the organization and create a ‘human-centered culture.’ Elements that create this culture include:

workplace policies that encourage healthy lifestyles, a supportive environment that provides opportunities to practice and reinforce healthy behaviors, a safe working environment free of workplace hazards, and a strong employee leadership network to manage the program.

“We feel this is very important but do not have time to implement such a program. This is unfortunate because our health insurance experience is such that our premiums have increased considerably over the past 2 years.”

— Educational Services Employer

Survey Results:

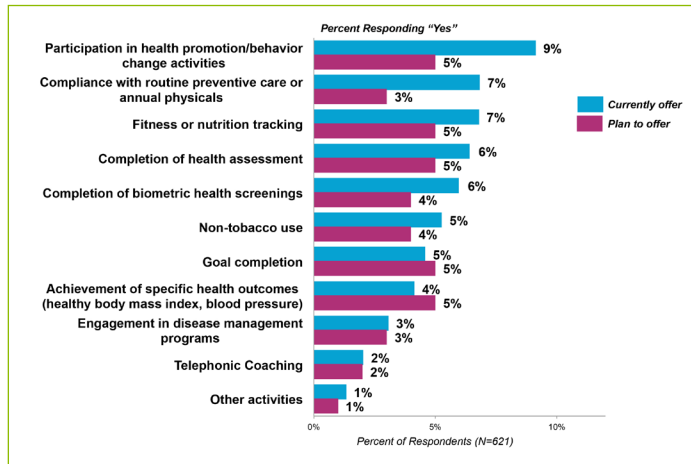
- **Program available to all employees:** 75% of respondents who believe they have a wellness program (n=362) reported that the wellness program is available to all employees (full time and part time). 15% indicated that only employees enrolled in the health plan could participate.
- **Use incentives or other strategies to enhance participation:** 14% of businesses use incentives to encourage participation in health promotion programs, although this varied greatly by business size. These incentives include merchandise/gift card/cash (8%), paid time off (3%) and reduced health insurance premiums (3%). 6% of businesses plan to use incentives in the next year. The program components for which worksites are using incentives are described in Figure 3. The use of monetary incentives for employee health promotion has increased among Massachusetts’s worksites. The percentage grew from 3% in the 2008 and 2011 surveys to 8% in 2014. There were only small increases in the percentage of organizations that offered incentives tied into insurance premiums or days off.

Figure 3. Activities for which Incentives are Currently or are Planned to be Offered

"For which of the following activities/actions are you currently offering incentives?"

"For which of the following activities/actions do you plan to offer incentives next year?"

Multiple responses accepted.



- **Have an active wellness committee:** 10% of respondents reported having an active health promotion committee. In 2008, 7% of businesses reported having such a committee. Ideally, this committee should be responsible for workplace health and safety hazards. 40% of respondents indicated that they had a committee responsible for both health promotion and safety. Worksites in the Wholesale Trade and Construction sectors were most likely to have health and safety committees, at 79% and 67%, respectively.
- **Have a dedicated champion who is an advocate for the program:** 11% of businesses reported having a dedicated wellness champion who is responsible for the health promotion program, although this varied greatly by business size. 7% of businesses reported having a paid health promotion coordinator whose job (either part-time or full-time) is to implement a worksite health promotion program.

- **Conduct regular health and safety audits:** 61% of respondents indicated that their organization conducts audits or inspections to identify worksite health and safety hazards on a regular basis. There was no significant change from 2008.

Strategies to help businesses create a supportive work environment

Current recommendations encourage businesses to support participation in the worksite wellness efforts and to create a wellness promoting culture. Below are suggestions for establishing a health promoting work environment within your organization.

- Depending on company size and number of locations, establish a workplace wellness coordinator(s) and/or wellness committee(s) to guide the planning and implementation of the wellness program based on the needs of employees.
- Have wellness responsibilities, including staff time to carry out duties, written into the job description and performance review process for wellness champion and wellness committee members.
- Create a health promoting environment (e.g., on-site walking paths, healthy cafeteria/vending selections, showers).
- Establish health and safety policies (e.g. prohibit the use of tobacco).
- Include workers in making improvements to the work organization.
- Establish systems to prevent and remedy workplace hazards.
- Establish routine labor-management communication and collaboration on health, safety, and wellness.



4. Discovery and Needs Assessment

For programs to be effective in engaging workers, they need to reflect the major health concerns of the workers themselves. A needs assessment helps to identify where to start with a worksite wellness program. It identifies existing resources and areas (e.g., health risks and specific interests) needing improvement. Employee interest surveys, focus groups, employee health risk appraisals, health screening results, and health insurance claims data can all be used to gather data and to build a solid foundation for the wellness program.

“Our largest hurdle is employee participation with wellness offerings. The trainings can be found, the materials are there, but employee participation is low. Another hurdle is finding enough funding to budget for incentives to offer to our participating employees to keep them interested in wellness.”

— Health Services Employer

Survey Results:

- **Assess Employee Interests:** 15% of responding businesses conduct an employee needs and interest assessment for planning health promotion activities, although this varied greatly by business size.
- **Offer a Health Risk Assessment (HRA):** 18% of businesses reported conducting health risk assessments. This varied greatly by business size. This is up from 7% in 2011 and 5% in 2008. These findings are consistent with results from a national 2013 Kaiser Family Foundation survey which showed that HRA's are underutilized (with or without incentives) by small employers compared to large employers.⁸
- **On-site health screenings:** Most organizations do not offer basic health screenings (blood pressure screening, BMI measurement, cholesterol screening, blood glucose screening) as an on-site service. Although not necessarily on-site, the percentage offering blood pressure screening increased from 9% in 2008 to 13% in 2014, cholesterol screening (5% in 2008 to 8% in 2014), and blood glucose screening (3% in 2008 to 8% in 2014).

Strategies for Assessing Employee Needs and Interests

The following are recommendations for employers to adopt to assess the health needs and interests of employees.

- Collect organizational data on an annual basis to understand:
 - Claims, sick leave, absenteeism (Health care utilization, Workers' Compensation, Disability, EAP, OSHA logs of occupational injuries and illnesses, etc.)
 - On-site programs, policies, and environmental changes
 - Workplace hazards and health concerns
- Collect employee data on an annual basis to understand:
 - Perceived health status, needs, and program interests

- Barriers to healthy behaviors and to program participation
- Readiness to change specific behaviors (e.g. smoking cessation, exercise initiation, etc.)
- Productivity measures to capture the impact of health conditions on work performance
- Utilization of services (e.g., wellness services offered through health plan)
- Understand employee health status and risk patterns (e.g., percentage of workers who are physically inactive, obese, hypertensive, diabetic, etc.) using a health risk appraisal (HRA) and biometric screenings conducted on-site, via local labs, or through their Primary Care Physician.



5. Program Design and Intervention Selection

Employers are in the unique position to help their employees maintain low-risk health status by offering a health-promoting work environment and interventions that are tailored to meet the diverse needs of employees and their families. Programs should be designed to meet organizational needs while addressing employees' interests and health risks. One size does not fit all when designing and implementing programs. Program intensity will address the focus of the program, ideally delivering awareness and education, behavior change, and

supportive environment dimensions. Keep in mind this may include spouses, family members, and retirees. Partner with others by leveraging resources available both within and outside of the company (e.g., community health agencies, health plans, vendors).

Survey results showed a strong increase in organizational support for tobacco cessation at the worksite over the past six years. Health insurance plans were much more likely to cover smoking cessation programs and prescription medications in 2014 than they were in 2008 and 2011. Other types of organizational supports include written policy governing employee smoking, 59% compared to 42% in 2008.

Survey Results:

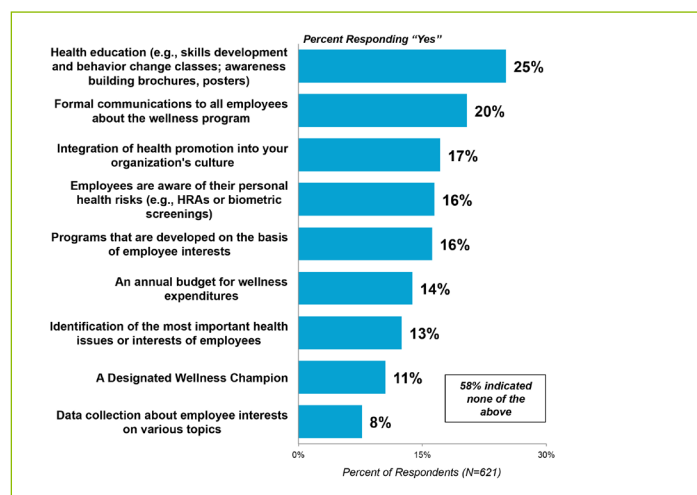
- **Implement elements of a comprehensive wellness program:** 11% of survey respondents reported that their organization has a comprehensive wellness program. A comprehensive wellness program was defined as having the following elements: health education, formal communications to all employees about the program, integration of health promotion into the organization's culture, employees are aware of personal health risks, programs developed on the basis of employees interests, annual budget for wellness, identification of the most important health issues or interests of employees, dedicated wellness champion, and data collection about employee interests. The percentage of worksites with a comprehensive program increased to 21% among worksites with 100 to 499 employees, and jumped to 37% among worksites with 500 or more employees. 32% believe that they don't have a "comprehensive" program but do have some elements and are making progress, although

this varied greatly by business size. The most common element was “health education” activities, used by 25% of the organizations. (Figure 4)

- **Focus on preventive screenings and services:** 8% of businesses provide free or subsidized pre-diabetes and diabetes risk factor assessment (beyond self-report) and feedback, followed by blood glucose screening and/or clinical referral when appropriate.

Figure 4. Current Elements of a Comprehensive Employee Wellness Program at the Worksite

“Which of the following elements of a comprehensive employee wellness program does your organization have?”



- **Communicate available wellness services offered through your health plan:**
 - 40% of responding businesses inform employees about health insurance coverage or programs that include tobacco cessation medication and counseling.
 - 59% of businesses provide health insurance coverage with no or low out-of-pocket costs for depression medications and mental health counseling.
 - 61% of employers report providing health insurance coverage with no or low out-of-pocket costs for diabetes medications and

supplies for diabetes management (glucose test strips, needles, monitoring kits).

- **Deliver interventions targeting awareness and education:**

- 22% of responding businesses provide brochures, videos, posters, pamphlets, newsletters or other written or online information that address the benefits of healthy eating, benefits of physical activity (21%), risks of overweight or obesity (15%), risks of high blood pressure (14%), and depression (12%).
- 14% of respondents provide a series of educational seminars, workshops, or classes on nutrition, benefits of physical activity (12%), weight management (11%), and controlling high cholesterol (5%). The percentage of organizations that offer health education programs to their employees has increased strongly from previous worksite wellness surveys conducted in 2008 and 2011.
- 16% of businesses post posters or flyers in the common areas of your worksite (such as bulletin boards, kiosks, break rooms) that identify the signs and symptoms of a heart attack and also convey that heart attacks are to be treated as emergencies. 9% of businesses post signs at elevators, stairwell entrances or exits and other key locations to encourage employees to use the stairs.

- **Deliver interventions targeting behavior change:**

- Businesses reported offering one-on-one or group lifestyle counseling and follow-up monitoring for employees who are overweight/obese (9%), have high-blood pressure or pre-hypertension (6%), high cholesterol (5%), or diabetes (4%) although this varied greatly by size in every category.

- 9% of businesses provide free or subsidized body composition measurement, such as height and weight, Body Mass Index (BMI) scores, or other body fat assessments (beyond self-report) followed by directed feedback and clinical referral when appropriate.
- **Deliver interventions targeting a supportive work environment:**
 - 59% of reported businesses have a written policy banning tobacco use at the worksites, compared to 42% in 2008 and 44% in 2011.
 - 13% of businesses provide flexible work scheduling policies, although this varied greatly by business size.

Strategies to help businesses select appropriate interventions

Worksites should utilize data to drive targeted interventions. The following are best practices to improve employee health.

- Inform employees about health insurance/benefits coverage or community programs aimed at improving employee health (i.e., tobacco cessation medication, mental health counseling, etc).
- Communicate the value of preventive services such as immunizations (e.g., influenza, tetanus) and screenings (e.g., diabetes, mammography) that are offered by your health plan.
- Focus on interventions to increase lifestyle changes (e.g., physical activity) on and off the job.
- Ensure that workloads are moderate enough to avoid excessive fatigue and risk of injury.
- Implement policies permitting employees to participate in on-site wellness activities during work time.
- Direct employees to disease management programs provided by health plans.



6. Community Resources

Resources can be identified and included to help employees maintain their lifestyle changes when they are not at work. By understanding these resources, employers will be able to provide employees with additional opportunities to practice healthy behaviors. Another way to support an individual company's worksite wellness program is to tap into the expertise of other local companies, community leaders, and local experts who can offer a variety of programming tools and expertise. This kind of resource sharing and collaboration can offer companies the chance to improve purchasing power for wellness related programs and provides an opportunity to help employees practice healthy behaviors outside of work.

“The biggest hurdle has been helping employees connect and take responsibility for their own health and wellbeing. I think employees get it and understand the importance but have not been able to “make it personal.” I believe DPH and the Wellness Council can help by aiding employers in identifying ways that we can do this or strategies that we can implement to help us help employees make the connection.”

— *Financial Services Employer*

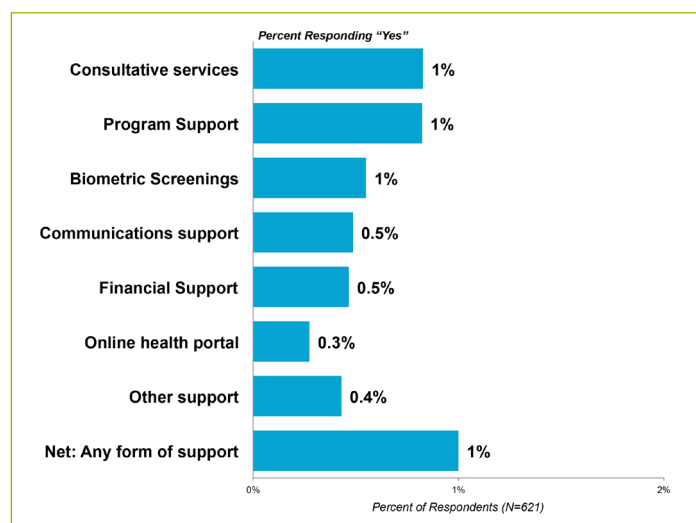
Survey Results:

- **Engage in health initiatives throughout community:** In the last 12 months, 10% of responding businesses engaged in health initiatives throughout the community and/or supported employee participation and volunteer efforts.
- **Partner with local experts:** 99% of businesses are not receiving health promotion program support from a local or national wellness organization. (Figure 5)

Figure 5. Sources of Support for the Health Promotion Program: Local or National Wellness Association

“What external sources of health promotion program support are you receiving?”

Multiple responses accepted.



Strategies to increase community collaboration

Businesses should strive to collaborate with others by incorporating the action items outlined below.

- Collect community data to identify available local resources.
- Partner with others (e.g., not-for-profit organizations, business health coalitions).
- Leverage resources inside and outside of your company.



7. Data and Program Evaluation

Evaluation efforts are critical to ensuring that the wellness program is effective, successful, and worthwhile for employees and the organization. Evaluation involves taking a close look at your goals and objectives to determine whether you achieved your desired result, identifying areas that need work, and assessing the value of the identified interventions. Commonly used examples of interventions to measure change include pre and post tests, attitudinal surveys, biometric changes, attendance numbers, organizational changes in absenteeism or health claims, and accident and disability claims.

“The employees who participate rate the program and offerings very highly. Those who do not participate were asked “what can we do to make the wellness program more attractive or available to you” and the answer was overwhelming “nothing”. In short, those who take advantage of it love it; but those who don’t take advantage of wellness offerings are not interested in this option from their employer. For that reason, we have and will continue to move toward more policy and environment change, making the healthier choice the default choice.”

— Social Services Employer

Survey Results:

- **Calculate ROI:** 96% of respondents do not calculate the Return on Investment (ROI) for worksite health, although this varied greatly by business size. In 2008, 98% of businesses reported that they did not calculate ROI. Common data sources used to calculate the ROI include workers' compensation claims and healthcare costs. (Figure 6)
- **Conduct ongoing evaluation of health program:** 67% of respondents do not conduct ongoing evaluations of health promotion programming that use multiple data sources. Common data sources used to evaluate the program included program participant data (14%), program satisfaction data (9%), and health care utilization and cost data (7%).
- **Measure Success:** 71% of businesses reported that they are not currently measuring the success of their program.
- **Calculate Impact:** 58% of respondents have not attempted to measure program impact on health risk status and 53% of businesses have not attempted to measure impact on health plan cost trends.

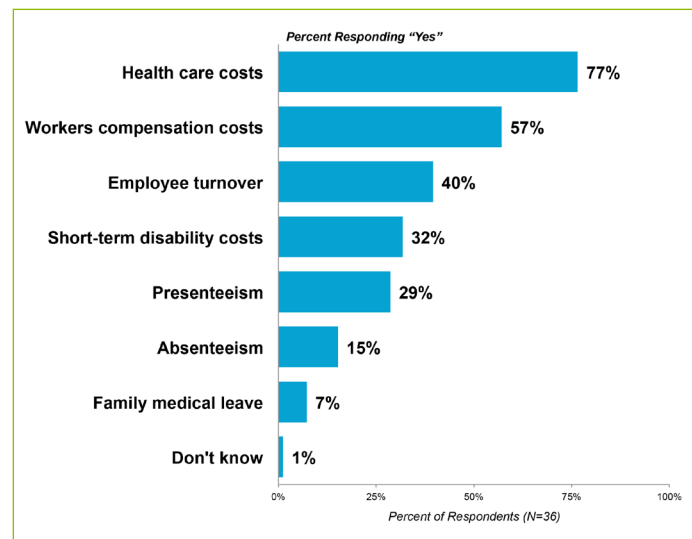
Strategies to help employers evaluate the impact of their wellness program

- Employers should integrate these methods to evaluate the potential impact of their wellness efforts.
- Develop an evaluation plan and measurement strategies as you design and implement the program.
- Monitor and evaluate on an ongoing basis to define the value of the program.
- Assess the program effectiveness and ROI of the worksite wellness program by analyzing absenteeism, employee turnover, workers compensation costs, disability costs, productivity, and/or health insurance claims costs.
- Keep track of participation rates.
- Capture satisfaction data.
- Measure, track and communicate health improvements.

Figure 6. Data Used to Calculate the Return on Investment

"What data are used to calculate a financial Return On Investment (ROI)? Click on all that apply."

Base: Respondents who indicated that they calculate the ROI. Multiple responses accepted.



If your business employs 200 or fewer workers AND has a comprehensive wellness program, your business could receive a tax credit! The MA Wellness Tax Credit incentive gives small businesses in Massachusetts a state tax credit for having an employee wellness program. The tax credit is worth 25% of the cost of implementing a certified wellness program for employees. Find guidance on qualified wellness programs, apply online to certify your wellness program, and learn more about the Massachusetts Small Business Wellness Tax Credit incentive at www.mass.gov/wellnesstaxcredit.

- Administer an annual Health Risk Assessment to capture aggregate progress.

CDC Worksite Health ScoreCard

The benchmarking survey used a validated tool, the CDC Worksite Health ScoreCard, to document evidence-based health promotion interventions in the worksite. This tool guides a company through a process of identifying gaps and opportunities for strategy and program enhancement. It also provides worksites with an opportunity to use a validated tool by which to compare their employee wellness policies and programs to other employers in the state. This tool consists of 125 items in 15 categories and a section on the use of community resources that is not part of the score. The items are phrased as “yes” or “no” questions. Each question receives a point value of 1, 2, or 3, representing “good” (1 point), “better” (2 points) or “best” (3 points) high-impact health promotion strategies.

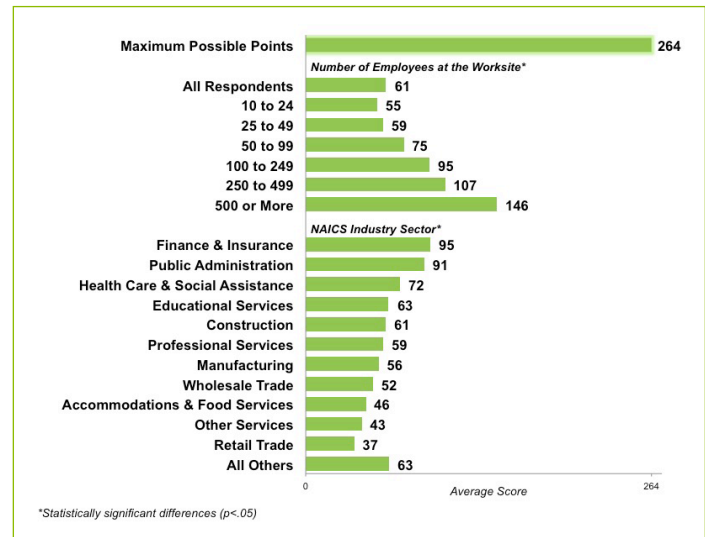
The average total Health ScoreCard score for the 2014 Worksite Health Improvement Benchmarking Survey was 61 out of 264 possible points. This varied by business size and industry sector (Figure 7) The table below shows the average scores for all worksites, with ten or more employees, in the survey for each of the health topics in the CDC Worksite Health ScoreCard.

Survey Results:

Scores in all 15 categories varied by employee size. Average scores increased for businesses with 500 or more employees. Scores for the organizational support section varied by industry sector with public administration and finance at 15 and 13 respectively. (Table 2)

- **Design programs to meet the needs of low-wage and blue-collar employees.** Worksites with higher average annual salaries had higher average Worksite Health Scores.

Figure 7. Total CDC ScoreCard Scores by Number of Employees and Industry



- **Worksites with high percentages of office workers with access to a computer** had higher average scores than those in which most workers spent less than half of their work hours sitting.
- **Stronger management commitment translates to a higher CDC Worksite Health Score:** Organizations in which senior management had taken at least three key actions (e.g., active participation, allocated adequate budget and staffing) averaged over 100 on the CDC Worksite Health ScoreCard. Those in which no actions had been taken averaged 44, well below the overall average of 61.
- **Incorporate incentives:** Organizations that used incentives had significantly higher CDC Worksite Health Scores, with an average of 114.

The results from the survey show that there are many elements of evidence-based health promotion programming that MA worksites are currently doing well, while there is room for improvement in others. Collectively this tool will allow us to establish benchmarks and track improvements in worksite health promotion programs over time.

Table 2: Average Scores of survey respondents for each of the health topics of the CDC Worksite Health ScoreCard

Topic	Average Score	Total Possible Points
Organizational Support	6	33
Tobacco Control	8	19
Nutrition	3	21
Physical Activity	4	24
Weight Management	1	12
Stress Management	3	14
Depression	3	18
High Blood Pressure	2	17
High Cholesterol	2	15
Diabetes	2	15
Signs and Symptoms of Heart Attack & Stroke	1	4
Emergency Response to Heart Attack & Stroke	4	17
Lactation Support	4	15
Occupational Health & Safety	12	22
Vaccine & Preventable Disease	7	18
Community Resources	Not Applicable *	Not Applicable *
Total	61 **	264

- The Community Resources questions are not scored
- ** The scores shown in charts and tables are subject to rounding error.

Micro and Small Businesses

The majority of worksites in the United States fall in the category of micro or small business. Previous worksite wellness surveys have shown that the number of employees at a worksite is strongly related to whether the business has a worksite wellness program and the extent to which the program follows best practices. The larger the worksite, the more likely it is to have multiple strategies and policies in support of employee health and wellness. Regardless, workplace wellness programs represent an opportunity for small businesses. Small businesses place a high value on overall workforce health, higher emphasis on wellness, and feel confident in their ability to manage a wellness program.⁹ In addition, the inherent culture of many micro and small businesses is often advantageous for implementing, planning, and sustaining worksite wellness programs. The often family-oriented and close-knit community of many small organizations fosters an environment of trust and support, which encourages participation. In addition, the nature of small business, with high levels of interaction and interdependency between employees, provides an environment in which health promotion programs can be successfully sustained.¹⁰

Survey Results:

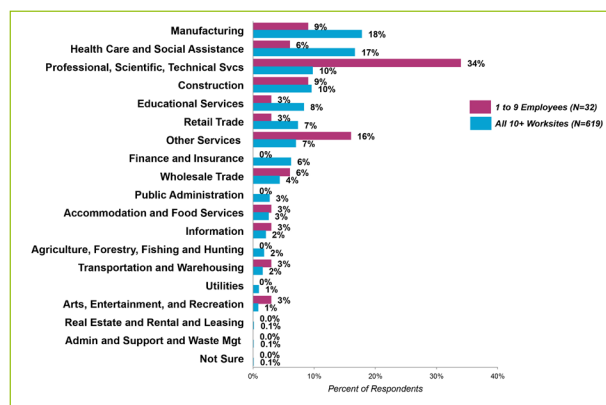
Micro-businesses, worksites with no more than 9 employees, who responded to the survey (n=32) did have many elements of a successful worksite wellness program (Figure 8):

- Average CDC Worksite Health Score was 44, compared to 61 among respondents with 10 or more employees.
- 31% of micro-businesses had at least one element of a comprehensive employee wellness program, compared to 42% of the larger organizations.

Figure 8. Profile of Respondents by NAICS Industry Sector

“Listed below are the 20 industry sectors of the North American Industry Classification System.

What is the primary industry category of your organization?”



- 37% of micro-businesses reported that senior management had demonstrated a commitment to worksite wellness on at least one out of five key actions, compared to 46% of the organizations with 10 or more employees.
- Micro-businesses were more likely than larger organizations to have a long-term plan for worksite wellness, by a small margin of 3% to 2%.

Strategies for engaging micro and small businesses in worksite wellness

- Partner with other like-minded wellness driven organizations to reap the benefits of worksite wellness programs.
- Involve all employees in identifying health concerns and making suggestions to improve the physical work environment to promote health and safety.
- Promote employees' use of existing local wellness resources.
- Leverage in-house expertise and resources.
- Focus on core practices such as adherence to preventive health screenings and services, and appropriate use of the medical care system.

Putting It All Together

Massachusetts businesses have successfully implemented many elements of evidence-based, comprehensive health promotion programs. There are many things that employers are doing right: offering wellness programs to all employees, prohibiting the sale of tobacco products at the worksite, providing employees with food preparation and storage facilities, providing health insurance coverage with low or no out-of-pocket charges for a variety of services, offering paid vacation time or personal time to full time, non-exempt employees, having a written policy or

procedure for reporting unsafe working conditions, and conducting regular health and safety audits. The survey results also suggest many ways that worksites can improve the health of their most important assets – their employees. To assess and support your organization's efforts to address employee health, review your health score and use of best practices, consider how the above strategies fit into your employee health strategy and modify accordingly, develop a plan, and strive to create a true culture of health.



GLOSSARY

Blood glucose – The main sugar found in the blood and the body's main source of energy.

Blood pressure – The force blood exerts against the walls of the arteries as the heart pumps. Blood pressure is typically recorded as two numbers: the systolic pressure (as the heart beats) over the diastolic pressure (as the heart relaxes between beats). For example: 120/70.

Body mass index (BMI) – A measure of weight in relation to height that is used to screen for overweight and obesity.

Cardiovascular disease (CVD) – Any disorder that affects the ability of the heart and blood vessels to function normally. Cardiovascular disease includes stroke and heart disease.

Cholesterol – A soft, waxy substance, manufactured by the body and found in certain foods. Excess cholesterol can build up in blood vessels, contributing to cardiovascular disease.

Diabetes – A disease in which the body does not produce or properly use insulin. The major types of diabetes are:

Type 1 – A disease in which the body does not produce insulin, most often occurring in children and young adults, although can occur at any age.

Type 2 – A disease in which the body does not produce enough insulin or cannot properly use the insulin it does make. It is the most common form of the disease, accounting for 90-95% of all cases of diabetes.

Gestational – Glucose intolerance (the inability of the body to efficiently convert carbohydrates into energy) during pregnancy.

Prediabetes – A condition in which blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes.

Employee Interest Survey – A survey to uncover the met and unmet health interests of the employees.

Health Risk Assessment (HRA) – An electronic or paper tool used to assess an individual's risk of developing a disease. The HRA organizes and calculates individualized health risk information, compares it to standardized data for normal risk, and provides general quantitative measures of the individual's risk of acquiring a disease.

Health Screenings – Physical measures such as blood pressure, body composition, cholesterol, glucose, and Body Mass Index that can help to detect diseases and provide employees with a baseline assessment of their health.

Heart disease – Any disease or condition of the heart. Abnormalities of the arteries, valves, and muscle of the heart are all forms of heart disease.

High blood pressure – Blood pressure that is consistently above 140/90 or above 130/80 for those with diabetes.

Insurance claims – Claims including pharmaceutical costs, workers' compensation costs, and medical costs that can be analyzed to determine the specific health conditions facing employees. Claims data may be available through insurance brokers and/or insurance companies.

Obesity – Excess weight for height that is defined as a Body Mass Index of 30 or more for both men and women.

Overweight – Excess weight for height that is defined as a Body Mass Index between 25 - 29.9 for both men and women.

Risk factor – A behavior, clinical condition, or characteristic that is associated with an increased possibility of developing a chronic illness.

Stroke – Brain cell damage caused by either insufficient blood flow (ischemic stroke) or bleeding (hemorrhagic stroke) in part of the brain. A stroke can impair movement, vision, and speech, among other functions.

Wellness – The optimal balance between body, mind, and spirit, regardless of health status or ability. Wellness involves conscious choices and responsible actions, which are influenced by one's social and physical environment.

Reference Notes

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Appendix A: North American Industry Classification System (NAICS) Codes

Industry Sector Title	Examples of MA Industries in Industry Sector
Agriculture, Forestry, Fishing, and Hunting	Apple orchards, nursery and tree production, commercial fishing
Mining	Construction sand and gravel mining
Utilities	Electric power distribution
Construction	Highway, street, and bridge construction; roofing and other specialty trade contractors, home builders
Manufacturing	Fresh and frozen seafood processing, breweries, textile and fabric finishing mills
Wholesale Trade	Fish and seafood merchant wholesalers
Retail Trade	New car dealers, home centers, jewelry stores
Transportation and Warehousing	Scheduled passenger air transportation, commuter rail systems, packing and crating
Information	Newspaper publishers, radio networks
Finance and Insurance	Credit unions, pension funds
Real Estate and Rental and Leasing	Passenger car rental, video tape and disc rental
Professional, Scientific, and Technical Services	Offices of lawyers, payroll services, testing laboratories
Management of Companies and Enterprises	Offices of bank holding companies
Administrative and Support and Waste Management and Remediation Services	Temporary help services, tour operators, solid waste collection
Educational Services	Colleges, universities, and professional schools; fine arts schools
Health Care and Social Assistance	Offices of physicians, HMO medical centers, community food services
Arts, Entertainment, and Recreation	Museums, historical sites, sports teams and clubs, skiing facilities
Accommodation and Food Services	Hotels, full-service restaurants
Other Services (except Public Administration)	Car washes, automotive repair, nail salons, voluntary health organizations
Public Administration	Legislative bodies, police protection

Appendix B: Demographic Characteristics of Sample

Survey Responses by Worksite Size (Number of Employees) and Region

Region	10-24	25-49	50-99	100-249	250-499	500-749	750-999	1000-2,499	1000-2,499
Western (n=85)	71%	20%	5%	3%	1%	0.2%	0.1%	0.2%	0.2%
Central (n=56)	58%	26%	9%	5%	1%	0%	0.2%	0.4%	0.1%
North East (n=103)	58%	20%	14%	5%	1%	0.3%	0.1%	0.4%	0.1%
Metro West (n=129)	62%	19%	10%	7%	1%	0.3%	0.3%	0.3%	0.4%
South East (n=94)	68%	17%	9%	5%	1%	0.2%	0.1%	0.1%	0.2%
Boston (n=83)	50%	22%	18%	7%	2%	1%	0.1%	0.1%	0.4%

Survey Responses by Worksite Size (Number of Employees) and Industry

North American Industry Classification System (NAICS)	10-24	25-49	50-99	100-249	250-499	500-749	750-999	1,000-2,499	2,500+
Construction (n=29)	83%	10%	4%	3%	0.2%	0%	0%	0%	0%
Manufacturing (n=110)	54%	27%	13%	4%	1%	0.3%	0.1%	0.1%	0%
Wholesale Trade (n=20)	55%	31%	12%	1%	0%	0.2%	0%	0%	0%
Retail Trade (n=30)	76%	15%	5%	2%	1%	0%	0%	0.4%	0.3%
Finance & Insurance (n=40)	52%	33%	8%	5%	2%	0.3%	0%	0.2%	0.1%
Professional Service (n=46)	65%	21%	9%	4%	0.2%	0.1%	0.1%	0%	0%
Educational Services (n=61)	58%	25%	9%	5%	1%	1%	0.4%	1%	0.4%
Healthcare & Social Assistance (n=152)	57%	15%	12%	11%	3%	0.3%	0.1%	1%	1%
Accommodations & Food Service (n=21)	31%	45%	12%	10%	2%	0.4%	0%	0%	0%
Other Services (n=26)	79%	10%	8%	3%	0%	0.2%	0%	0%	0%
Public Administration (n=28)	59%	17%	13%	4%	2%	1%	2%	1%	1%
All others (n=49)	53%	27%	14%	3%	2%	0.3%	0.1%	0.4%	0%

Appendix B: Demographic Characteristics of Sample (cont.)

Worksite Survey Respondents*	
Health Insurance Providers	
Blue Cross/Blue Shield of MA	41%
Harvard Pilgrim Healthcare	19%
Tufts Health Plan	18%
Health New England	12%
Fallon Community Health Plan	6%
Neighborhood Health Plan	4%
United Healthcare	4%
Cigna	3%
Other	8.1%
Do not offer health insurance	3%
*Total exceeds 100% due to multiple carriers	
Number of work-shifts	
1	73%
2	14%
3	11%
Have unionized employees	10%
Have more than one worksite in MA	41%

Appendix C: 2014 Worksite Health Improvement Survey Respondents

