



Using Results of the 2004 National Worksite Health Promotion Survey To Plan Effective Programs

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Laura Linnan, ScD, CHES
Mike Bowling, PhD
Garry Lindsay, MPH, CHES
Jennifer M. Childress, MS, CHES

Carter Blakey
Stephanie Pronk
Sharon Wieker
Capt. Penelope Royall, PT, MSW

Objectives

- ✦ Provide a rationale for national monitoring of employer-sponsored worksite health promotion programs
- ✦ Share selected 2004 national worksite health promotion survey results
- ✦ Discuss implications for practice, research and policy



Why Worksite Health Promotion Programs?

- ★ **More than 60% of US adults are employed**
 - Employees spend a considerable number of waking hours working
 - Health care for US adults is directly linked with employer-provided health insurance
- ★ **Employer medical costs average \$7910/employee annually** (O'Donnell, 2007)
 - Ten *modifiable* risk factors account for approximately 25% of all employer healthcare expenditures (Anderson, 2000)
 - These costs are staggering for many employers; particularly small businesses



Why Worksite Health Promotion?

- ★ **Worksite health promotion programs have demonstrated a positive impact on.....**
 - Employee health and risk behaviors
 - Productivity
 - Morale
 - Health care costs
 - Return on investment (ROI)
- ★ *Yet, important information is needed about the type and amount of intervention required to produce these effects, as well as the most favorable conditions under which these effects can be realized*

Healthy People 2010

- ★ Overall goals of the Healthy People 2010 health objectives are to:
 - Increase quality and years of healthy life
 - Eliminate disparities in health
- ★ Worksite-specific goals are to:
 - Increase to 75% the proportion of worksites with at least 50 employees that offer a ***comprehensive*** worksite health promotion program
 - Increase to 75% the proportion of employees who participate in employer-sponsored health promotion activities

National Worksite Health Promotion Survey Sample and Procedures

- ☀ Phone surveys of employers were conducted in 1985, 1992, 1999 and 2004**
- ☀ Nationally representative sample drawn from all public/private companies in Dunn and Bradstreet
- ☀ Disproportionate stratified sampling strategy – 35 strata defined by two categories: size (#employees) and industry type (SIC code)
- ☀ Focus on specific **worksite** (not entire company)
- ☀ Person “directly responsible” or “knows most” about wellness
- ☀ Trained interviews and interview timed at 20 minutes

**Linnan, Bowling et al. (IN PRESS) *American Journal of Public Health*
Publication Date: Jan 2008... EMBARGOED

Key Measures

- ★ **Size:** < 50; 50-99; 100-249; 250-749; 750+
- ★ **Industry Type:** SIC code
- ★ **Health Promotion Programs, Policies, Disease Management Programs**
- ★ **Experience**
 - ★ Number of years that a worksite representative reports having offered employees a health promotion program (>5yrs, 6-9 yrs, 10+ yrs)
- ★ **Barriers**
 - ★ Barriers to offering worksite health promotion programs (lack of employee interest, lack of management support, confidentiality, etc.)



How “Comprehensive” Program Is Defined

- ☀ Answer “Yes” to all 5 key elements:
 - Offer health promotion programming
 - Offer screening plus follow-up/treatment
 - Supportive environment/policies
 - Integrated into worksite organization (budget, staff, space)
 - Linkages with related health programs

Analysis

- ✦ All analyses were carried out using the SURVEYFREQ and SURVEYLOGISTIC procedures in SAS/STAT®, version of 9.1 of the SAS® System
- ✦ These procedures use a Taylor Expansion approximation to correctly calculate standard errors and corresponding 95% confidence intervals for stratified weighted data
- ✦ Weights were computed as the inverse of selection probabilities and adjusted for non-response
- ✦ Differences were assessed by size/industry type using Rao-Scott chi square

The background is a dark blue field filled with various shades of blue gears of different sizes and orientations. On the left side, there is a vertical strip of a colorful, textured image showing a close-up of interlocking gears in shades of orange, red, and yellow.

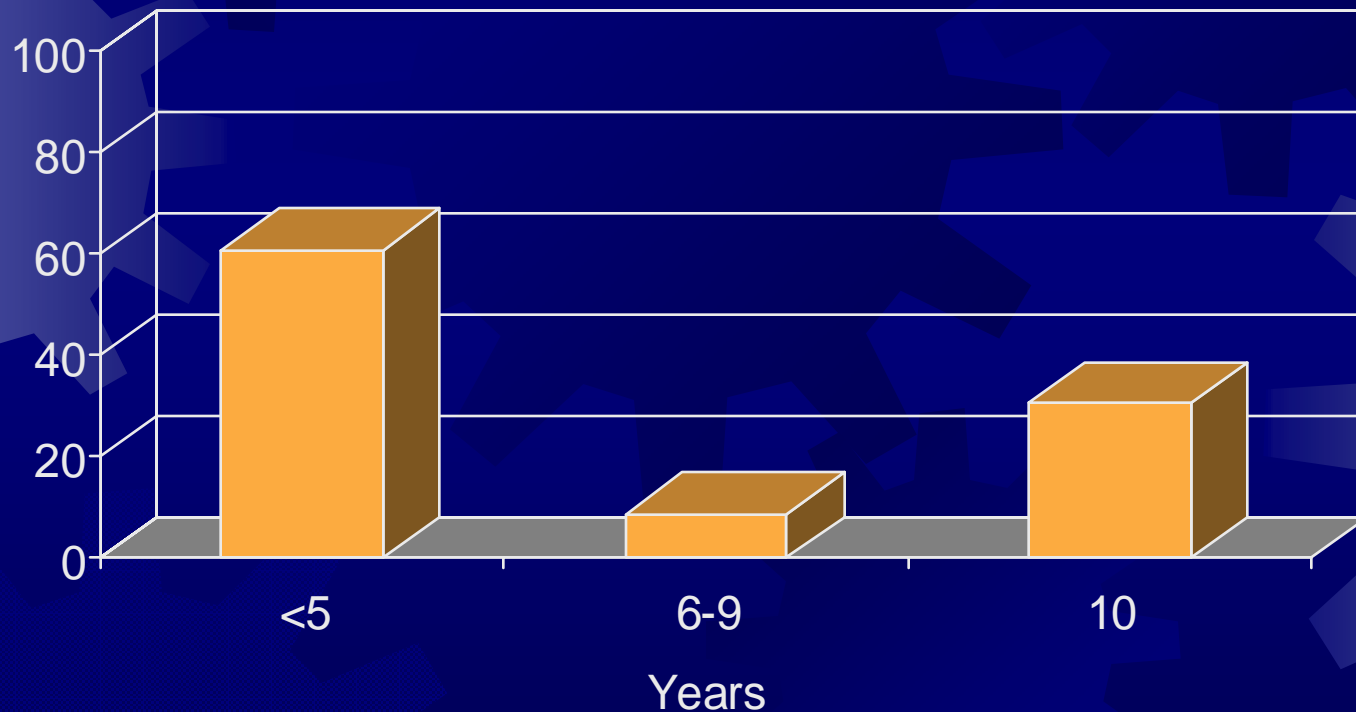
Selected Results

Sample Description

- ★ Interviews completed (n=1553)... but less than 50 and government removed for comparison purposes
- ★ Overall response rate = 59/7%
- ★ Self identified: 63.4% for profit /private; 25.5% for profit/public; 11.3% non-profit
- ★ Held title of Director/Manager (60.5%)
 - ★ Of those, 52.7% were either from Human Resources or Benefits

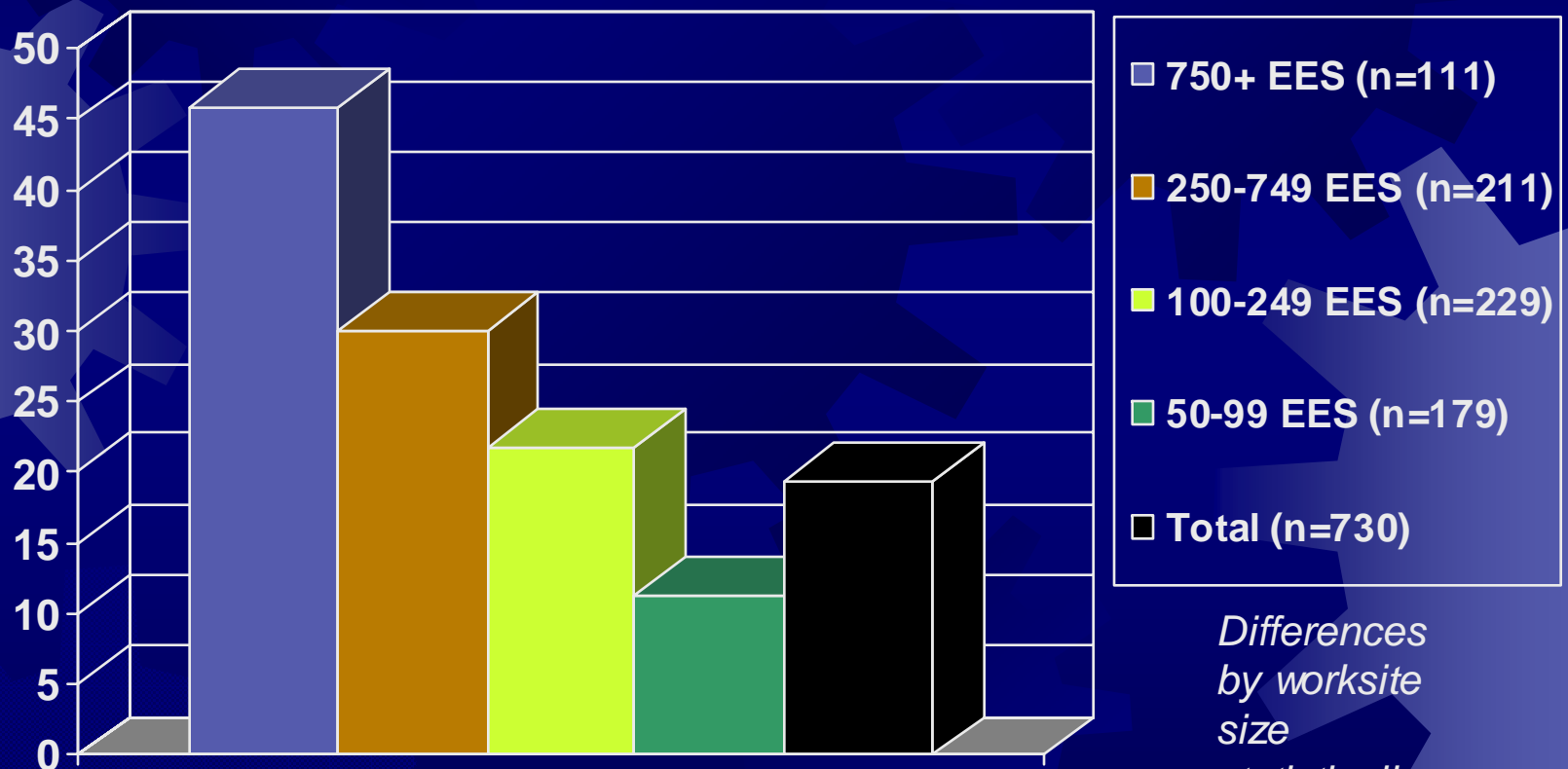
Worksite Health Promotion Experience

No. of Years Health Promotion Programming Has Been Offered



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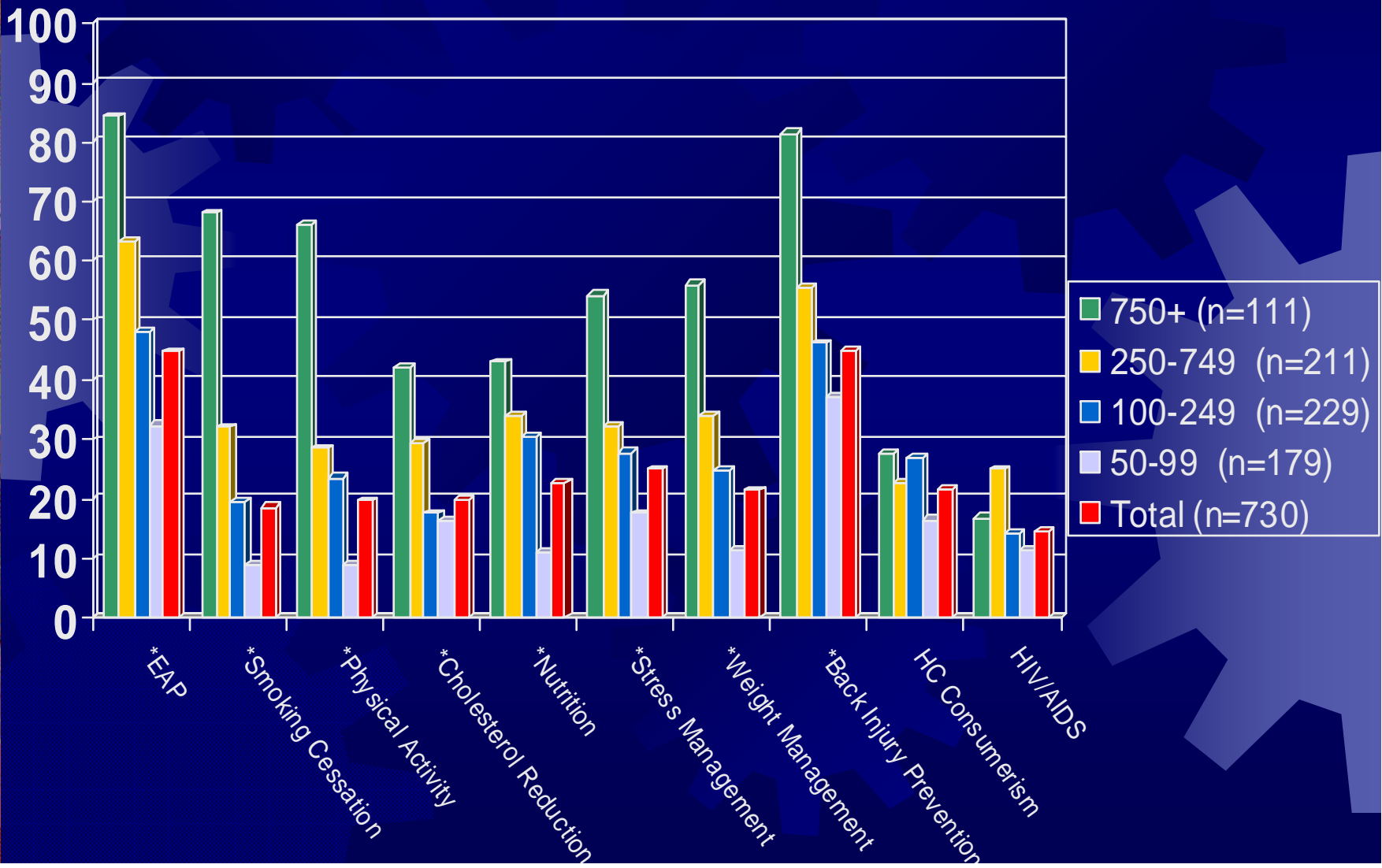
Use of a Health Risk Appraisal



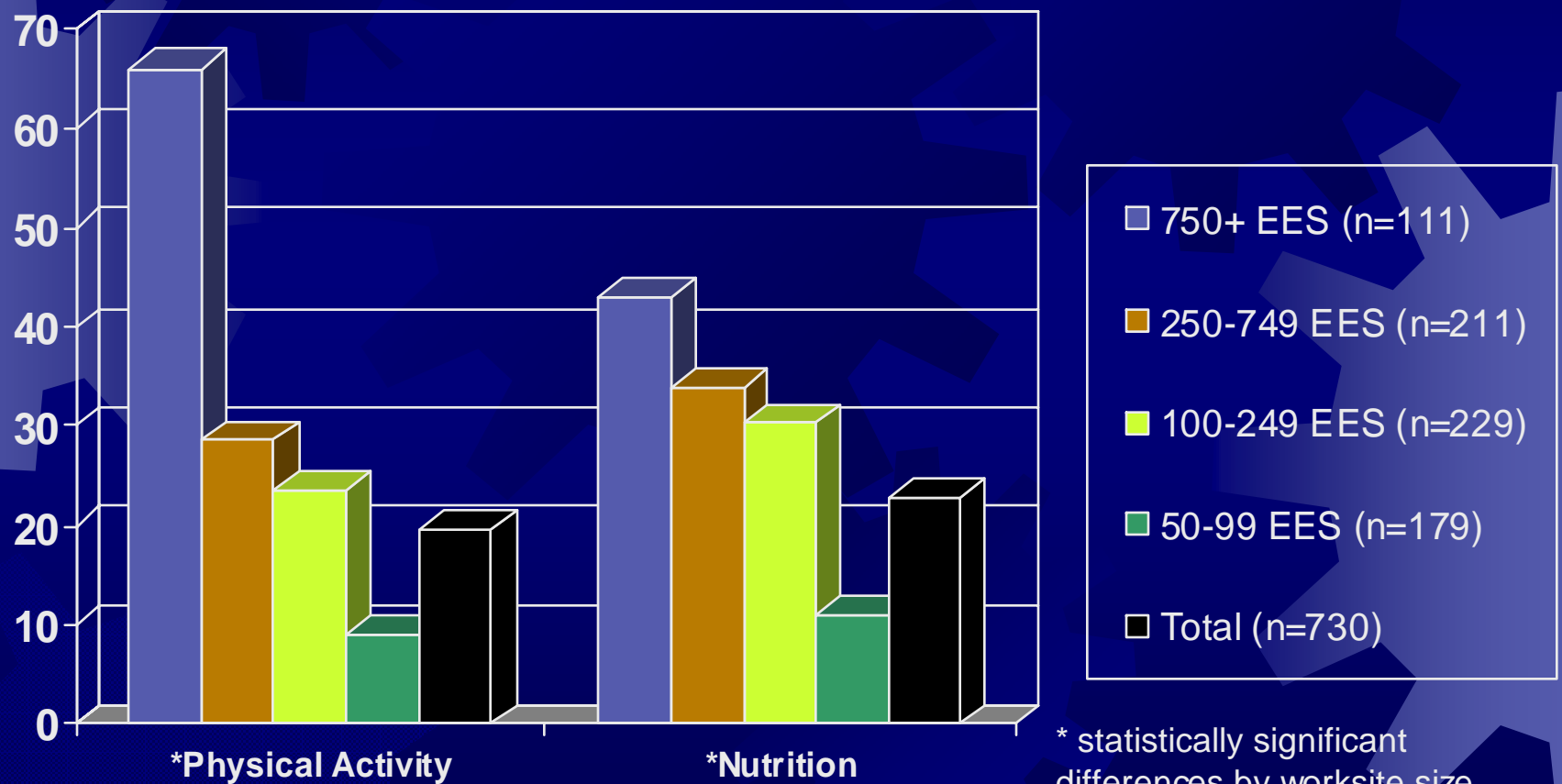
*Differences
by worksite
size
statistically
significant
($p=0.0002$)*

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Health Promotion Programs by Worksite Size

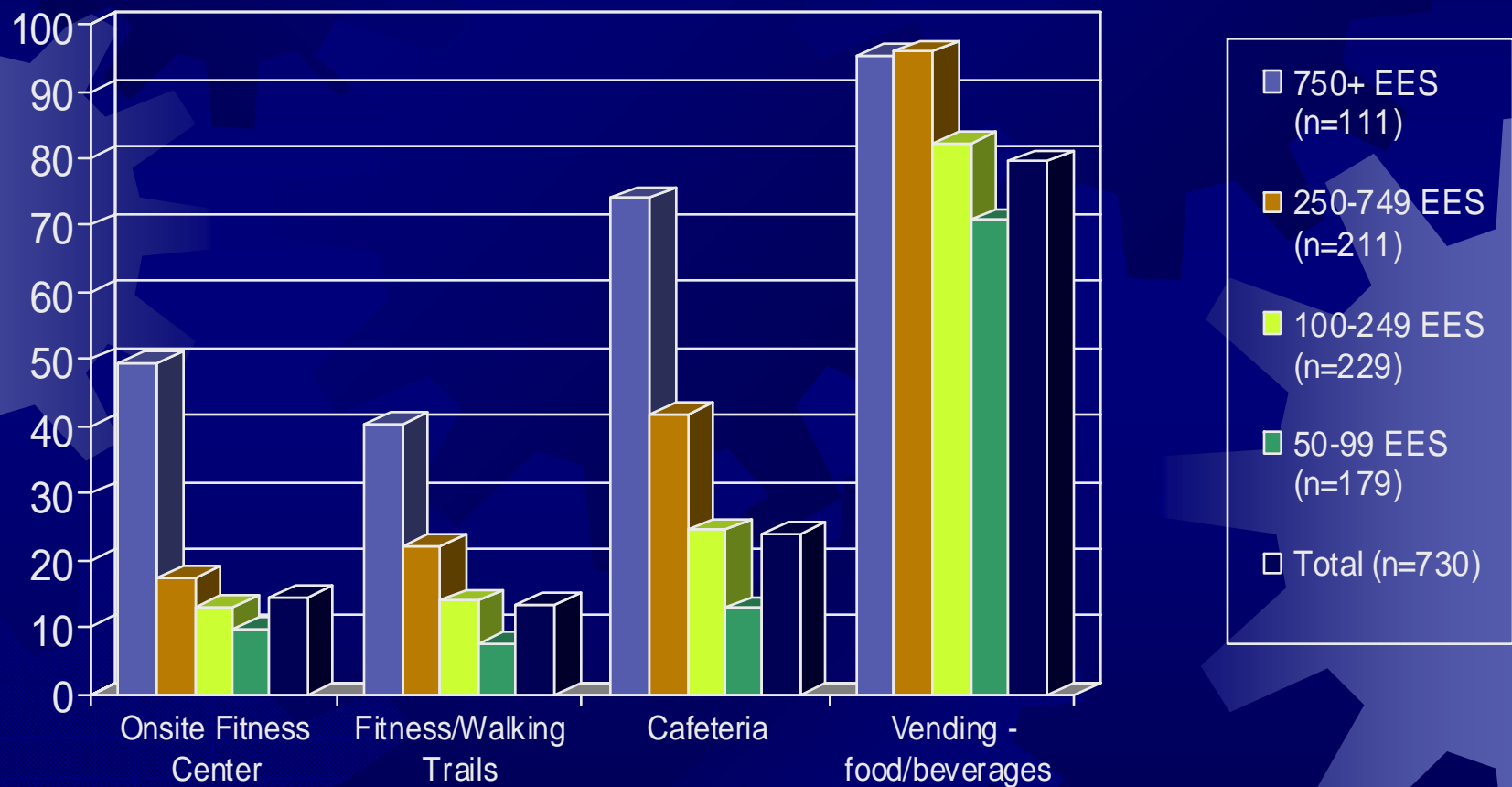


Physical Activity and Nutrition Programs by Worksite Size



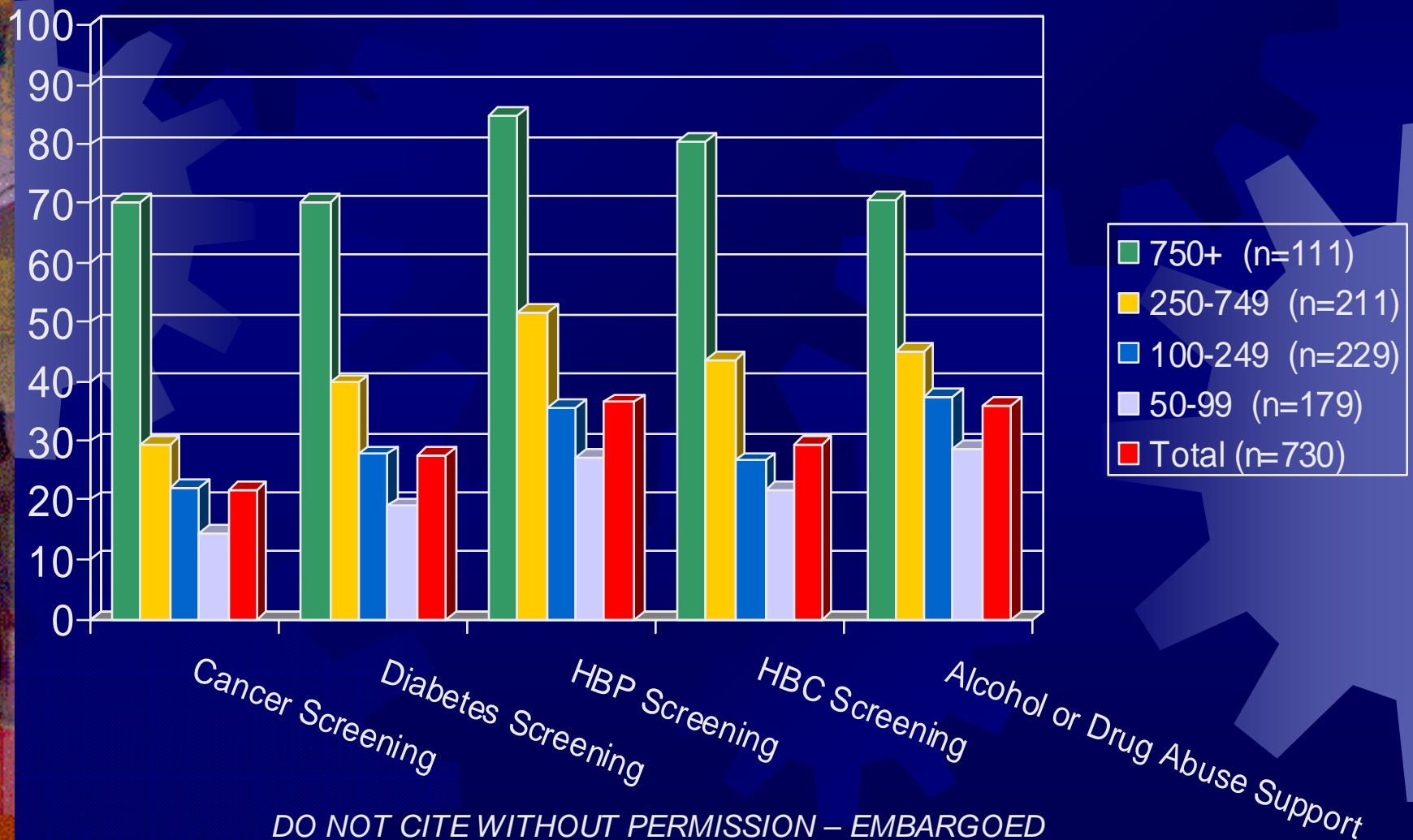
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Select Environmental Programs by Worksite Size

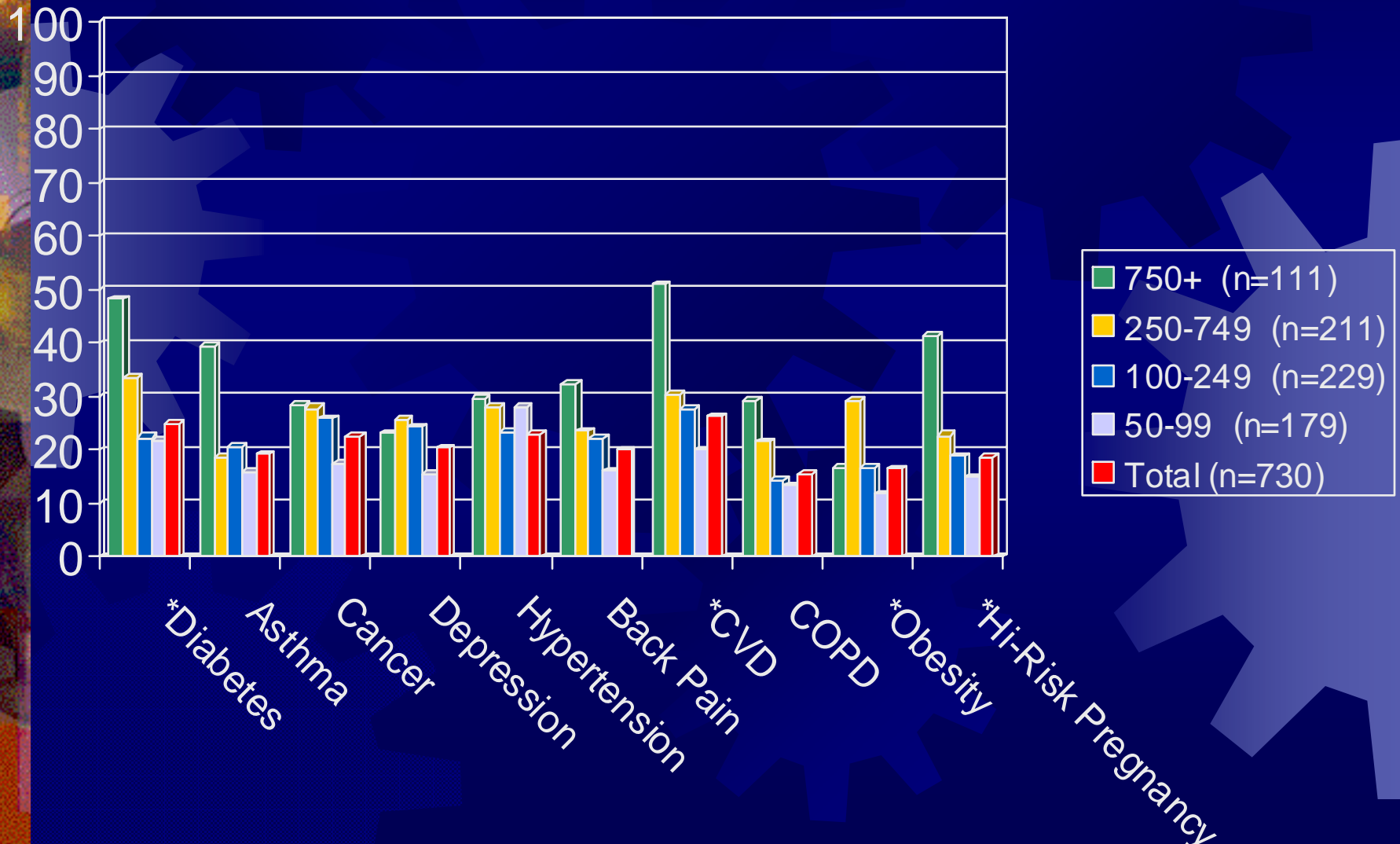


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Screenings/Counseling Services by Worksite Size



Disease Management Programs by Worksite Size



Barriers To Health Promotion Program



No differences in barriers were reported based on industry type or worksite size except that worksites with 750+ employees were sig more likely to report lack of participation by high-risk employees ($p=0.002$).

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Comprehensive Worksite Health Promotion Programs

- ★ Only 6.9% of respondents offered all 5 elements of a comprehensive worksite health promotion program
 - ★ Linkage programs (41.3%)
 - ★ Supportive social/physical environment (29.9%)
 - ★ Program integrated into organizational structure (28.6%)
 - ★ Health education programs (26.2%)
 - ★ Screening plus adequate follow-up/treatment (23.5%)



Predictors of Comprehensive Worksite Health Promotion Programs

★ Controlling for all factors (e.g. model adjusted for size, staff, experience, industry type), we found:

- ★ Worksites with 750+ employees were 4.4 times more likely to have a comprehensive program ($p=.06$).
- ★ Worksites with a dedicated staff person were 10.3 times more likely to have a comprehensive program ($p<.05$).
- ★ Finance/agriculture/mining industries remained significantly less likely to have a comprehensive worksite health promotion program ($p<.05$).

Where Do We Go From Here?





Implications for Practice

★ All employers should work toward offering a comprehensive worksite health promotion program

- Dedicate staff time to wellness
- Get employees and management involved!
- Integrate worksite health promotion into all layers of the organization (e.g. safety, benefits, marketing)
- Work with your health care provider/insurer to offer a variety of health promotion, screening and disease management programs
- Pursue partnership opportunities
 - Chambers of commerce, state/local health departments, voluntary health organizations, university partners
- Address the work environment – social and physical environment; supportive health policies; healthy work conditions!



Implications for Practice

- Develop a strategic worksite wellness plan:
 - Assess needs/expectations/interests;
 - Select/develop/promote evidence-based programs*
 - Keep low-risk employees low;
 - Offer disease management for high-risk employees
 - Provide incentives;
 - Monitor program implementation and evaluate outcomes; revise based on results
 - Be visible/share successes



Implications for Policy/Research

- ★ **Policies related to social contextual influences on worker health**
 - Diverse and aging workforce
 - Health care system/health plan issues
- ★ **Research funding needed:**
 - Monitor national employer trends over time
 - Conduct employee-related surveys
 - Identify effective programs/policies/supports; especially small business approaches
 - Address unhealthy work conditions and links between safety and health
 - Costs of unhealthy behaviors, ROI, incentives

Small Business Call to Action*

✦ Small businesses – more than 25 million (less than 500 employees) and they employ 50% of US workers

✦ Challenges

- Less likely to offer employee health insurance
- Offer fewer health promotion programs, policies and environmental supports
- Address owner beliefs re: health; as well as lack of resources, staff, expertise

✦ Opportunities

- Identify peer role models/champions
- Business groups on health; chambers of commerce; coalitions; purchasing groups; advocacy/legislation re: tax credits

****This trend has persisted for three decades!***

Questions??

For More Information:

Laura Linnan, ScD, CHES
Associate Professor
UNC Chapel Hill
linnan@email.unc.edu

Jennifer Childress, MS, CHES
Fellow, Partners for Prevention
jchildress@prevent.org

