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What Are Some of the Features of Worksite Wellness Interventions in the United States?

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There is a growing interest in worksite health promotion and prevention in US companies. Rising health care costs, increasing awareness of productivity loss, aging populations, and the need to promote healthier behaviors are some of the causes of the increase in the demand for health promotion among those working in the United States.

Despite the growing attention on worksite wellness programs, there is no agreement on how they should be implemented and even whether programs offered to employees to improve health outcomes result in reduced costs, without unintended consequences.¹ Questions about incentives and penalties or provisions tied to health benefits are still being debated, and the federal law that regulates them, the Affordable Care Act, does little to solve questions about the implementation and expected standards of wellness programs.²

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Dr Martínez was involved with the data collection as a graduate research assistant. The content of this article is solely the responsibility of the authors and does not necessarily represent the official views of Maryland's DHMH or CDC.

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Well-publicized evaluations of wellness programs from Johnson & Johnson,³ Citibank,⁴ and Bank of America⁵ show positive net returns on every dollar spent. Nevertheless, the literature has concentrated on the net benefits obtained, with little information on how these programs are implemented, particularly for small-sized companies.

Motivated by this lack of information about practices in implementing worksite wellness programs, the State of Maryland through the Department of Health and Mental Hygiene contracted a study aimed at documenting how different companies are implementing worksite wellness programs. The objective of this article is to report the salient features of these workplace wellness interventions.

THE DATA: MID-ATLANTIC HEALTHY WORKFORCE SURVEY

Information about wellness programs was collected through a web survey in the Mid-Atlantic region (Maryland, Pennsylvania, Virginia, and Washington DC) directed to human resources managers at the end of 2011. The survey asked about incentives for program participation, culture of health within the company, communication of wellness programs, benefit plan design, and data collected by the company to direct their wellness programs. Complete responses were received from 162 companies; 38% of the companies had 500 or more employees and 37% had fewer than 100 employees. The largest industry sector represented was health care (27%), followed by education (10%) and professional services (7%). Other types of industry were manufacturing, construction, and transportation, but their percentage was below 5%. Focus groups and phone interviews were also conducted.

WELLNESS PROGRAM FEATURES

Results are summarized in Tables 1 to 3. Survey items are grouped according to three components: strategic planning, cultural support, and engagement methods for program participation.⁶

As depicted in Table 1, companies tend to implement a variety of programs that respond to their employees' specific needs (eg, weight management and tobacco cessation) instead of offering generic well-being activities (eg, yoga or Zumba classes). Forty-two percent of companies use biometric screening and 58% use employee health assessments to learn what are the most prevalent health issues, which, in turn, informs what programs are then offered.

The fact that health assessments are conducted at least once per year in 75% of the companies is also an indicator of wellness programs gaining recognition with both management and employees. Moreover, the fairly extensive information collected to assess health needs implies a sophisticated use of data to meet the objectives and goals of such programs. For instance, medical plan claims and prescription drug plan claims are the most frequent data collected, which helps programs in one overall goal of achieving health plan cost reductions.

Table 2 presents cultural components of worksite wellness interventions. Results suggest that senior leaders in a majority of companies demonstrate commitment to worksite wellness programs. Such commitment is communicated in a number of ways, from senior leader personal participation in the program to more formal channels such as meetings and written newsletters. Although not included in Table 2, the data suggest that senior leadership commitment is associated with size; larger companies have a higher percentage of senior leaders committed to wellness programs (55% in companies with ≥500 employees vs 6% in companies with 50 employees). Another important component to maintaining worksite wellness programs is having a management team. In half of the companies there is an established wellness committee, and in more than half there are regular monthly meetings.

Where companies seem to be particularly lacking is in availability of facilities for physical and other recreational activities. Focus group participants affirmed that distance to a facility to exercise was pivotal. In addition, 42% of the companies do not have a tobacco-free campus policy, which

TABLE 1. Strategic Planning Components

| Component | Subcomponent | Question | Response | Frequency, % | |
|--|--|--|--|----------------------------------|-------|
| Organizational assessment | Environmental/policy | What other types of programs do you offer? | Weight management | 46.30 | |
| | | | Tobacco cessation | 45.38 | |
| | | | Stress management | 32.72 | |
| | | | | Nutrition counseling | 33.33 |
| | | Do you provide healthy selections in vending machines? | Yes | 49.24 | |
| | | Do you have a healthy meeting policy? (no junk food at company-sponsored lunch, vendors not permitted to bring in unhealthy food, etc) | Yes | 14.29 | |
| | | Do you encourage employees to use the stairs whenever possible while at work? | Yes | 60.16 | |
| | | Do you use results from an interest survey to build your programs? | Yes | 55.12 | |
| | | Do you offer an HRA? | Yes | 57.94 | |
| | | How do you offer an HRA? | Paper | 9.46 | |
| | | | Online | 58.11 | |
| | | | Both | 32.43 | |
| | | How often do you offer an HRA? | Once per year | 74.67 | |
| | | | Every other year | 4.00 | |
| | | | Other | 21.33 | |
| | | Do you offer biometric screenings? | Yes | 42.50 | |
| | | Do you offer financial incentives to encourage plan participants to complete biometrics? | Yes | 23.08 | |
| | How often do you offer biometric screenings? | Once per year | 79.17 | | |
| | | Every other year | 6.25 | | |
| | | Other | 14.58 | | |
| | Aggregate employee assessment | Which data do you collect to determine which risks to focus on? | Medical plan claims experience | 49.38 | |
| | | | Prescription drug plan claims experience | 41.35 | |
| | | | HRA | 40.74 | |
| Employee interest survey | | | 32.09 | | |
| Biometric screening | | | 27.77 | | |
| Disability claims experience | | | 24.07 | | |
| Workers compensation claims experience | | | 23.45 | | |
| Do not use data | | | 16.66 | | |
| Safety reviews | | | 13.58 | | |
| Environmental needs analysis | | | 6.17 | | |
| Other | | | 3.08 | | |
| Goals | | | What are the objectives of your wellness programs? | Reduce health plan cost | 72.22 |
| | | | | Improve morale | 60.49 |
| | | | | Reduce absenteeism | 59.25 |
| | | | | Improve productivity | 55.55 |
| | | | | Improve attraction and retention | 38.88 |
| | Reduce workers compensation cost | 32.09 | | | |
| | Other | 12.96 | | | |
| Target population | Are spouses eligible to participate in your HRA? | None | 4.93 | | |
| | | Yes | 39.47 | | |
| | | Yes | 21.18 | | |
| Target population | Are spouses eligible to participate in the biometric screenings? | Yes | 39.47 | | |
| | | Yes | 21.18 | | |

Source: 2011 Mid-Atlantic Healthy Workforce Survey.
HRA, health risk assessment.

TABLE 2. Cultural Support Components

| Component | Indicators | Question | Response | Frequency, % |
|--------------------------------|--|--|--|--------------|
| Leadership support | Involvement in employee communications | Does senior leadership communicate verbally, in-writing or by example to demonstrate commitment to wellness? | Yes | 77.86 |
| | | How does senior leadership demonstrate commitment to wellness? | Participates in wellness programs | 53.70 |
| | | | E-mail | 33.33 |
| | | | Regular meetings/events with employees | 25.93 |
| | | | Newsletter | 24.07 |
| | | | Other | 18.52 |
| | | Does senior leadership review results of wellness programs | Yes | 57.28 |
| Champions | | Do you have a wellness committee? | Yes | 46.83 |
| | | How frequently does your wellness committee meet? | Weekly | 1.67 |
| | | | Monthly | 55.00 |
| | | | Quarterly | 35.00 |
| Less frequently than quarterly | 8.33 | | | |
| Environment | | Are any of the following available to employees at the worksite? | Fitness center/gym | 30.24 |
| | | | Showers | 26.54 |
| | | | Lockers/changing area | 24.69 |
| | | | Indoor/outdoor track | 12.96 |
| | | Does your worksite offer on-site physical activity-oriented programs such as yoga or aerobics? | Yes | 44.72 |
| | | Is there a defined place for employees recreational walking at your worksite? | Yes | 42.40 |
| Policies | | Does your organization support or encourage employees to engage in physical activity during the workday? | Yes | 69.11 |
| | | Do you have a tobacco-free campus? | Yes | 58.21 |
| Health benefit design | | Which self-service resources do you drive employees toward? | Web portal | 51.23 |
| | | | Nurse line | 30.25 |
| | | | Health advocacy | 34.57 |
| | | | Other | 10.49 |
| | | | None | 10.49 |
| | | | Yes | 78.2 |
| | First-dollar coverage of preventive care | Are copays, coinsurance, or member out of pocket limits aligned to encourage preventive care? | Yes | 78.2 |
| | Do you cover maintenance/preventive drugs such as blood pressure or cholesterol medication at 100% with little or no cost sharing? | Yes | 20.03 | |

Source: 2011 Mid-Atlantic Healthy Workforce Survey.

TABLE 3. Engagement Methods

| Component | Question | Response | Frequency, % |
|------------|--|--|--------------|
| Incentives | Which of the following incentives do you use to promote participation in your wellness programs? | Cash gifts | 29.62 |
| | | Do not use incentives | 27.77 |
| | | Merchandise | 20.37 |
| | | Insurance premium reduction | 19.13 |
| | | Employer contribution to flexible spending, health savings account, health reimbursement account | 14.81 |
| | | Tiered benefits | 6.79 |
| | | Other | 12.34 |

Source: 2011 Mid-Atlantic Healthy Workforce Survey.

may reflect the fact that most companies do not have control over their location environment.

Lastly, regarding health benefit design, companies are using financial incentives to decrease unhealthy behavior. Almost 8 out of 10 companies align copays, coinsurance, or member out-of-pocket limits to encourage behavior change at the individual level.

Table 3 presents data on engagement methods intended to increase program participation; no dominant strategy emerges from the results. Financial incentives are strongly tied to the budget allocation that each company has for implementing its wellness program. Other survey questions revealed that more than 30% of companies in the study did not have a specified budget, in which case incentives were limited to small gifts given to employees. In companies that had budget allocations, which could be as high as \$150 per employee, the incentive scheme was more comprehensive. The incentives were related to the company's specific worksite wellness goals. In most cases, the program

goals were weight reduction and smoking cessation, and the financial incentives were selected accordingly. Gym memberships were the most common incentive, alongside bonuses such as gift cards or cash rewards when employees showed commitment to the program. In some cases, companies offered bonuses of up to \$600 per year. The bonus was tied to biometric measures such as weight or other indicators. If the employee remained healthy during the year, they were eligible for the full amount of the bonus.

DISCUSSION

Data on how different companies implement worksite wellness programs in the Mid-Atlantic region (Maryland, Pennsylvania, Virginia, and Washington DC) were collected in 2011. Among the many questions asked, we selected the most representative ones on strategic planning, culture of health within the company, and incentives for employees to participate and benefit from the program. Results are that companies are implementing programs in a variety of ways, suggesting companies are experimenting to

find what works. Some of the most salient features, shared by at least 50% of the respondents are the following: (1) healthy selections in vending machines, (2) encouragement to take the stairs at work and to engage in physical activity, (3) program design based on interest surveys, (4) health risk assessments offered once a year, (5) medical plan claims as a primary source of data for risk assessment, (6) leader involvement in communications, (7) tobacco-free campus, and (8) alignment of cost-sharing mechanisms to encourage preventive care. The qualitative work that accompanied survey collection revealed that human resource managers are convinced of the need for and advantages of these programs. The fact that program implementation shows no unique pattern may also reflect the successful use of health risk assessments to tailor programs to employee needs.

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