

With an increasing focus on employer participation in worker health, as well as compliance with the Patient Protection and Affordable Care Act (ACA), state agencies are among many employers that are considering worksite wellness programs as a way to improve employee health and wellbeing. As healthcare costs have continued to rise, employers are acutely interested in finding cost-effective strategies to encourage their employees to adopt healthier lifestyles. Employers' financial stake in the matter is significant—approximately 70 percent of healthcare expenditures in the United States are associated with chronic diseases that are largely related to modifiable lifestyle choices, such as physical inactivity, poor diet, tobacco use, excess alcohol use, and obesity. There is strong evidence that well-designed worksite wellness programs are effective. By helping employees move toward healthier lifestyle choices and reduce risk factors, employers can make a significant impact on controlling or even reducing healthcare costs. Additionally, research has demonstrated that worksite wellness programs not only improve employees' health, but also increase productivity and decrease employee absenteeism and attrition, among other benefits.

## **State Health Agency Leadership in Worksite Wellness**

State health agencies (SHAs) are uniquely positioned to provide key leadership in the area of worksite wellness. As public health leaders in their states, SHAs can positively influence multiple audiences, beginning with their own employees and extending out to other state agencies, local government agencies, and private employers. Although worksite wellness programs have grown significantly in the last few years—about half of employers with 50 or more employees now offer some type of wellness benefit—there is significant room for growth and improvement. A recent national study of employers demonstrated that although wellness benefits have become more common, the benefits themselves vary widely, from once-a-year health screenings to year-round multicomponent programs.<sup>1</sup> SHAs can provide important leadership in various areas of worksite wellness, including:

- Making a commitment to a healthy culture and creating a vision for employee wellness within their own agencies.
- Identifying and sharing evidence-based worksite wellness strategies.
- Establishing and supporting worksite wellness programs for SHA employees.
- Reaching out and partnering with other state agencies to encourage worksite wellness strategies.
- Developing business and community partnerships to expand the adoption of worksite wellness programs.

This issue brief provides an overview of worksite wellness, evidence of its strong return on investment (ROI), and the current status of SHA worksite wellness programs. It also highlights several states' strategies for strengthening worksite wellness programs within other state agencies and private businesses.

## The Physical Activity Guidelines for Americans – A Role for Employers

The *2008 Physical Activity Guidelines for Americans* recommends that adults do at least 150 minutes a week of moderate-intensity, 75 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. In addition, adults should do muscle-strengthening activities that are moderate- or high-intensity and involve all major muscle groups on two or more days a week. The guidelines identify the important role that worksites can play in ensuring that regular physical activity is the easy choice for their employees. Employers can help their employees meet the guidelines' recommendations by providing opportunities and encouragement for physical activity. Examples include providing access to on- or off-site fitness rooms, walking breaks, on-site fitness classes, and walking groups.

## Key Components of Worksite Wellness

Worksite wellness is a broad term that can encompass many strategies and activities. At their core, all worksite wellness programs share a common goal: to assist employees (and sometimes their families) in behavior change that reduces health risk, improves quality of life, maximizes personal potential, and positively impacts the quality of work, thus impacting the financial bottom line. Although there is not a single definition of what a worksite wellness program must include, some of the common elements include the following:<sup>2</sup>

- *Health Risk Assessments (HRAs)* – Identifies modifiable risk factors and can be used to connect employees to relevant health promotion opportunities.
- *Clinical or Biometric Screenings* – Screenings for chronic conditions such as diabetes or high blood pressure, often done in partnership with health insurers.
- *Lifestyle and Risk Factor Management* – Programs designed to help workers make positive changes to their lifestyles. Programs may be population-based or individually-focused.
- *Disease Management* – Support for those employees living with chronic diseases.
- *Structural Improvements* – Changes to the physical environment to support positive lifestyle changes such as standing desks, easily accessible stairwells, and lactation rooms.
- *Online Health and Wellness Resources* – Online tools and information for employees that promote health and wellness.
- *Employee Assistance Programs* – Counseling and assistance for personal issues and stress reduction.
- *Office Policies* – Policies that influence healthy behaviors, such as a healthy foods policy, tobacco policy, allowable walking breaks, etc.

Although the program components can vary, research has demonstrated that the success of a worksite wellness program depends on a number of essential factors, including leadership and buy-in at all levels (executive, middle manager, and individual wellness champion), accessibility, collaborations with external partners, and effective communications.<sup>3</sup>

## **A Strong Return on Investment**

Worksite wellness programs have often been viewed as an optional benefit, rather than an essential component of the workplace. However, a comprehensive, strategically-designed investment in employee health can pay significant dividends. A recent meta-evaluation of 22 peer-reviewed studies demonstrated that medical costs fall by about \$3.27 for every dollar spent on wellness programs, while absenteeism costs fall by about \$2.73 for every dollar spent.<sup>4</sup> Other meta-analyses with more lenient criteria have reported an even higher total ROI of \$5.56. The same analysis found a 25 percent reduction in sick leave/absenteeism and 32 percent reduction in workers' compensation costs and disability management claims costs.<sup>5</sup>

The benefits of worksite wellness are not limited to healthcare and absenteeism. A study by Towers Watson and the National Business Group on Health showed that organizations with highly effective wellness programs report significantly lower voluntary attrition than those whose programs have low effectiveness (9% vs. 15%).<sup>6</sup> In addition, worksite wellness programs can help reduce illness-related loss of productivity at work (presenteeism), particularly when wellness initiatives focus on reducing behavioral risk factors that lead to chronic disease. Although many employers focus on the direct health costs of risk factors such as obesity, high cholesterol, or diabetes, the indirect costs of days missed from work and reduced productivity are higher than the direct costs.<sup>7</sup>

## **Current Status of Worksite Wellness Programs at State Health Agencies**

In 2012, ASTHO conducted an environmental scan of worksite wellness activities in all 50 SHAs. The survey was conducted online and through interviews, resulting in a 100 percent response rate. Its results provide a snapshot of the current state of worksite wellness initiatives within SHAs and highlighted the current strengths and opportunities for growth for SHA worksite wellness activities.

- One-hundred percent are in smoke-free buildings.
- Eighty-nine percent have insurance coverage for tobacco cessation for employees (coverage varies).
- Seventy-eight percent have stress reduction/mental health programs.
- Seventy-six percent have weight loss/physical activity challenges or incentives for employees.
- Sixty-five percent are working with other state agencies to promote worksite wellness.
- Sixty percent are working with local government or communities to promote worksite wellness.
- Twenty-four percent are tracking wellness indicators.
- Twenty percent have formal healthy catering policies.
- Twelve percent have healthy vending machine policies.

## **State Approaches to Worksite Wellness**

How can SHAs be strategic when it comes to strengthening worksite wellness initiatives in their own agencies, other state agencies, and businesses throughout the state? The following sections provide

valuable examples from various SHAs that are actively working to advance worksite wellness in one or more of these areas. Worksite wellness is not a one-size-fits-all strategy, and the experiences highlighted below underscore this reality. However, the experiences provide key examples of how SHAs have successfully helped worksites become places where the healthy choice is the easy choice.

## **Improving Worksite Wellness for State Health Agency Employees**

### *Georgia*

In 2012, the Georgia Department of Public Health (DPH), led by Commissioner **Brenda Fitzgerald, MD**, made a strategic decision to make employee wellness a top priority. The decision was driven by data from the state benefit plan indicating that 81 percent of the workers in Georgia's DPH downtown high-rise office building were overweight or obese. By contrast, 67 percent of the U.S. adult population was obese or overweight, and 75 percent of Georgia state employees were categorized as such.

Georgia's DPH began exploring ways that some of the barriers to healthy, active lifestyles could be addressed for its own employees and the other state agencies occupying space in the building. The building's downtown, urban location was a disincentive when it came to physical activity, and building stairwells were used for emergency access only. To address this, Georgia's DPH worked with the other agencies and the Georgia Building Authority to make the stairwells more appealing. Georgia's DPH and the Georgia Building Authority agreed to paint some of the walls with chalk paint and periodically highlight inspirational phrases focused on wellness. Employees were also encouraged to add motivational notes, such as "Today I made it this far, tomorrow I will try for one more floor."

Georgia's DPH leadership wanted to ensure that employees understood that wellness was an agency priority, and that taking time to be physically active was encouraged. Georgia's DPH worked with the other state agencies in the building to designate a wellness ambassador on each floor. Ambassadors attend regular committee meetings and oversee wellness activities for their floor. They have helped to promote walking classes, a holiday weight loss competition, and lunch and learns focused on how to find the healthiest food within walking distance of the building.

Georgia's DPH also adopted a policy that allowed 30 minutes of the work day to be used for physical activity. To provide additional on-site physical activity opportunities, it provided aerobics instructor training for interested employees. Ten employees were certified and regularly conducted 30-minute exercise classes in conference rooms and other flexible spaces in the building. Response to the employee-led exercise class program was positive, with 84 classes completed and 600 participants since the initiation in 2013.

Thanks in large part to the initial classes' success, Georgia's DPH was able to open a full-scale, on-site fitness center in November 2013 using equipment largely acquired through state surplus and financed by membership dues from an initial 300 participating state employees. Many fitness center members report deciding to join the fitness center because of their positive experiences with the initial employee-

led program. The employee instructors have continued to provide classes as a part of the group exercise schedule in the fitness center.

Although the fitness center's positive impact is already evident, Georgia's DPH is interested in measuring the impact of the fitness center and related wellness programming on employees. It has contracted with the University of Georgia to evaluate the program, starting with collecting baseline biometrics on fitness center members and a baseline wellness survey of Georgia's DPH employees.

### *Colorado*

The Colorado Department of Public Health and Environment (CDPHE) has had an employee wellness program for more than 15 years. A full time position for a wellness manager was created in 2010 after agency leadership discovered that a higher percentage of CDPHE employees were in unhealthy weight categories as compared to the state average. Data from Kaiser Permanente, which insures approximately half of state employees, indicated that 74 percent of CDPHE employees were overweight, compared to 66 percent statewide, and 40 percent were obese, compared to 31 percent statewide. CDPHE started an employee wellness initiative focused on encouraging physical activity breaks, transportation alternatives, diabetes prevention, stairwell use, and social support.

To strategically promote physical activity for its employees, CDPHE worked to overcome two main perceived barriers for participation: lack of support and lack of facilities. To address the first barrier, CDPHE adopted a wellness break policy that allowed workers to combine the two 15-minute breaks allowable by law into one 30-minute break for physical activity. In addition, supervisors and employees were encouraged to add a wellness goal to individual staff performance goals so that each employee could identify a health-related goal. This helped reduce resistance from middle-level managers around physical activity breaks or walking meetings. CDPHE leadership also worked to increase the availability of standing desks, walking meetings, whiteboard walls, and stretch breaks. To provide an onsite fitness option for employees, they turned a large storage room into a fitness room that is used for yoga, dance fitness classes, meditation, and ping pong.

In 2013, CDPHE initiated a pilot project to provide the evidence-based Diabetes Prevention Program onsite at no cost to employees with pre-diabetes. Through collaboration with state health plans, including Kaiser Permanente and UnitedHealthcare, the state Department of Personnel and Administration, and the governor's office, the program was extended to all state employees statewide, along with the initiation of statewide pre-diabetes screening. CDPHE also worked to promote alternative transportation to work through employee incentives, including coupon books for public transportation and administrative time off for employees who made a long-term commitment to alternative transport. The agency also launched a stairwell beautification project to make the environment more appealing, including improvements to lighting and warm-colored paint. Additionally, the agency's director at the time, Chris Urbina, MD, consistently used the stairs and encouraged others to follow suit, which further increased stairwell use.

## Promoting Worksite Wellness in State Agencies

### *Arkansas*

In 2005, the Arkansas legislature passed an act to establish the [Arkansas Healthy Employee Lifestyle Program](#) (AHELP), which is a voluntary program that incentivizes and rewards good nutrition, regular exercise, and other healthy lifestyle choices for all state agency employees. For example, one incentive is that state employees can earn three days paid leave for satisfactory participation in a web-tracking behavior program.

The Worksite Wellness Section (WWS) that manages AHELP is housed in the Arkansas Department of Health (ADH), Chronic Disease Branch. However, the program's reach extends far beyond ADH to 31 additional agencies. AHELP's mission is to "create a worksite culture that supports healthy lifestyle choices," with the goals of increasing participants who: (1) are at a healthy weight, (2) chose healthy food options, (3) participate in regular physical activity, (4) obtain annual age-appropriate doctor-recommended screenings, and (5) reduce or quit their use of tobacco products.

AHELP focuses on improving the food and physical activity environments through healthy choices in vending, snack bars, policy guidelines for catered meetings and events, and walking trails. Individual health promotion activities include an HRA, educational opportunities, and team competitions. The WWS team works to identify and equip a worksite wellness coordinator, team, or committee within the agency. WWS encourages agency directors to include worksite wellness participation in the job description of one or more of their employees. It also provides the agencies and wellness coordinators with technical assistance, training, site visits, and support on an ongoing basis. In addition, the team provides resources for lunch and learn sessions, health screenings, webinars, and training on the CDC Worksite Health ScoreCard. Each quarter, WWS brings together the 80-100 coordinators from 31 agencies and 300 worksite locations to share best practices, highlight successes, and share new ideas. Because each agency is a different size (ranging from 5-10,000 employees) and they have varying health needs, WWS staff and agency wellness coordinators play an important role in adapting the AHELP program to their worksites' specific needs.

WWS has developed several AHELP resources, including an online worksite wellness [toolkit](#), guidelines, a [director's packet](#), and software and web tools that feed data into an employee's health score card through a mobile app and mobile website. WWS also manages an online message board for AHELP participants that highlights AHELP events, tracks participants' AHELP points (earned by engaging in healthy behaviors), and generates email blasts. AHELP recently added Facebook as an additional tool to connect with participants. These tools have helped to expand the program's reach from 7,000 employees in 2007 to 23,000 in 2013. A recent ADH [evaluation](#) of AHELP participants provided evidence that most ADH employees who participated in the AHELP HRA assessments reported engaging in healthy food habits and moderate physical activity at least 2-3 times a week.

## *Nebraska*

Nebraska has been a leader in expanding worksite wellness since launching a wellness program for state employees in 2009. In the face of skyrocketing healthcare costs, the state redefined its approach to offering healthcare to state employees through an innovative wellness strategy called Wellness Options. The program focuses on three strategies: (1) providing premium incentives for employees who meet wellness program criteria, (2) increasing program adherence through effective personalized communication, and (3) reducing healthcare costs by building a culture that promotes and encourages healthy lifestyles. The state selected Health Fitness Corporation, a provider of population health management solutions, to implement Wellness Options. State employees and their spouses who voluntarily commit to the Wellness Options program are rewarded with lower premiums and comprehensive preventive coverage.

To enroll in Wellness Options, participants must choose a wellness program and complete a biometric screening and online health assessment. Wellness programming is offered year-round and includes activities such as walking programs, lifestyle and condition management coaching, weight management, cardio logs, and on-site biometric screening. Wellness champions in each state agency serve as an essential point of contact, communicating Wellness Options programs to employees and providing important feedback to the Wellness Options management team. Three years after the program began, there is strong evidence that it is paying off, both in healthier employees and reduced healthcare costs. A comparative analysis of HRA data from 2010 and 2011 demonstrated a reduction in the average number of risk factors per person from 1.72 to 1.55. In addition, the trend of skyrocketing healthcare costs has been slowed; the overall cost increase for all state health plans increased less than one percent in 2011. An analysis of medical and pharmacy costs also demonstrated a reduction of \$4.2 million when comparing Wellness Options program participants' health costs to non-participants.<sup>8</sup>

While Wellness Options has helped improve lifestyles amongst state employees and their spouses, Nebraska has simultaneously worked to expand worksite wellness programs among state businesses. In 2010, the Nebraska Department of Health and Human Services (NDHHS) conducted a worksite wellness [survey](#) of 1,500 businesses across the state. Results highlighted key opportunities for growth, including employee incentives for physical activity and healthy food policies at company events. NDHHS' [Nebraska Worksite Wellness Toolkit](#) provides guidance and strategies to address these opportunities within Nebraska businesses. NDHHS also works with local health departments, the [Wellness Council of the Midlands](#), [WorkWell](#), and the Panhandle Worksite Wellness Council to advance worksite wellness initiatives. In addition, a state [Governor's Wellness Award](#) has incentivized the adoption of worksite wellness programs through a recognition program. Since 2007, more than 200 Nebraska Governor's Wellness Awards have been given to Nebraska employers who are planting the seeds for wellness and changing behaviors.

## Expanding Worksite Wellness through Collaborations and Partnerships with Businesses

### *Arizona*

To address the burden of chronic disease in Arizona, the Arizona Department of Health Services (ADHS) partnered with the Maricopa County Department of Public Health (MCDPH) to develop the [Healthy Arizona Worksites Program](#) (HAWP). HAWP is designed to increase implementation of evidence-based comprehensive worksite health initiatives at Arizona businesses.

To expand the program's reach, HAWP established a partnership with the Arizona Small Business Association (ASBA), Arizona's largest trade association representing more than 11,000 member businesses and more than 500,000 employees in all 15 Arizona counties. Through this partnership, HAWP is able to utilize ASBA's communication channels and business expertise to recruit employers to participate in HAWP and increase awareness of comprehensive worksite health.

Employers that participate in HAWP receive training, resources, and technical assistance to design worksite health improvement plans and implement evidence-based comprehensive workplace health initiatives to improve the health of their employees and their businesses. There is no cost to employers to participate in HAWP. Trainings are available online and in person across the state. Training addresses key issues, including: (1) making the case for worksite wellness, (2) leadership and culture, (3) assessment and data collection, (4) planning, implementation and evaluation, and (5) the CDC Worksite Health ScoreCard. HAWP focuses on using evidence-based strategies to encourage employees to increase physical activity, improve nutritional status, utilize health screenings, reduce tobacco use, and adopt healthy lifestyles.

HAWP also has leveraged the efforts of ADHS' Health in Arizona Policy Initiative (HAPI), a three-year collaborative effort at the county level that is designed to increase health policy capacity and implementation in six areas, one of which is worksite wellness. HAWP is working with many of the counties participating in HAPI to bring the program to their counties. As of March 2014, HAWP had provided trainings in eight of Arizona's 15 counties.

Between February 2013 and March 2014, 131 Arizona employers received training through HAWP. Employers that complete the HAWP training and meet certain other criteria (including completing the CDC's Worksite Health ScoreCard and developing a worksite health improvement plan) are recognized by ADHS as a healthy Arizona worksite and receive the Healthy Arizona Worksite Award.

### *Maryland*

In 2010, the Maryland Department of Health and Mental Hygiene (MDHMH), with input from the Maryland Health Quality and Cost Council, identified obesity and diabetes as top priority areas that both significantly impacted population health and had demonstrated potential for improvability. After examining different evidence-based strategies to address these areas, the council launched [Healthiest Maryland](#), a statewide movement to create a culture of wellness where the healthiest choice is an easy



choice. Healthiest Maryland aims to engage leaders to commit to maximizing Marylander's well-being by implementing a comprehensive, coordinated strategy to promote health where residents work, live, and learn.

Healthiest Maryland Businesses (HMBs), the initiative's cornerstone, focus on engaging business leaders in promoting wellness within their spheres of influence. The initiative recruits leaders who will incorporate healthy policies into their workplaces, and refers the leaders to resources that will help them meet their worksite wellness goals, and publicly recognize their commitment and successes. To join, leaders of corporations, small businesses, nonprofit organizations, academic institutions, and government agencies sign a Healthiest Maryland Commitment Letter declaring their commitment to creating a healthy work environment and complete the CDC Worksite Health ScoreCard. Once ScoreCard assessments have been completed, certified worksite wellness specialists at HMBs work directly with businesses throughout the state to refer them to various resources that can provide assistance in deficiencies identified in the ScoreCard. Assistance may include developing programming and services to provide screening and establishing policies that support a healthy lifestyle.

By 2013, HMBs created partnerships with more than 241 businesses statewide. Businesses have implemented various worksite wellness strategies, including health screenings, healthy eating policies, weight loss challenges, health risk assessments, physical activity programs, and environmental changes to promote physical activity. MDHMH highlights [success stories](#) on its HMB website. An [evaluation](#) of participants in the HMBs initiative indicated wellness programs had become more important and visible in the companies over time, and they started to implement programs to respond to their employees' needs. Additionally, the evaluation highlighted that participating businesses look to Healthiest Maryland to document and share what programs are working and how they were implemented. Companies also look to the program to help them connect with local experts, provide technical assistance, and deliver periodic newsletters around worksite wellness.

## **Insights from State Experiences in Worksite Wellness**

One of the greatest insights from the states' experiences is that support from executive-level leadership is key to worksite wellness activities' success. Support from senior leaders can take many forms, from encouraging the adoption of an agency-wide policy allowing work time to be used for physical activity, to modifying staff performance reviews to include a wellness goal, to making a commitment to implement a worksite wellness program at a state agency. It can also be leading by example by only using stairwells and encouraging others to do the same, or publicly recognizing businesses that have excelled in worksite wellness initiatives. Leadership can be legislators who adopt a statewide worksite wellness policy and program, as in the case of Arkansas, or a state-level committee that identifies worksite wellness as an important chronic disease prevention strategy and works with business leaders to expand healthy worksite practices, as with Maryland.

It is, however, equally important to engage mid-level wellness champions that can serve as the message ambassadors and on-the-ground connection to staff when working on state-agency-led worksite

wellness initiatives. Wellness champions are able to communicate up and down the business structure, helping to ensure that worksite wellness programs are both responsive to the needs of staff and are promoted at the local agency, department, or division level. They can also serve as an important connection for sharing and expanding successes and best practices.

Although each state's worksite wellness initiative is different, external partnerships often play an important role. In some cases, these partnerships have been with state health insurers to expand screenings, health risk assessments, or disease management programs. In others, partnerships have been formed with statewide business organizations, for-profit health corporations, or building authorities with the aim of strengthening worksite wellness initiatives and opportunities. Whatever the type, partnerships enable SHAs to stretch limited worksite wellness resources by leveraging the strengths, assets, and influence of others. They can extend the SHAs' reach and make the goal of the healthy choice being the easy choice at worksites that much more attainable.

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