



Section of Chronic Disease Prevention and Health Promotion

Chronicles

Volume 1, Issue 2

February 2008

CDPHP Chronicles is a web-based publication designed to provide our partners with updates on new data, program results, and other topics of importance as they relate to preventing chronic disease and promoting health in Alaska. To receive email announcements about newly-released issues, please email cdphp@health.state.ak.us.

Alaska Worksite Health Collaborative

Abstract

In cooperation with a large health insurance carrier, the State of Alaska Section of Chronic Disease Prevention and Health Promotion developed strategies for implementing worksite health promotion programs specifically designed for small businesses. The purpose of this *Chronicle* is to discuss how a public health agency partnered with the private sector to promote health at the worksite.

Suggested citation for this article: Alaska Section of Chronic Disease Prevention and Health Promotion. Alaska Worksite Health Collaborative. *Chronicle* No. 2, February, 2008. *Contributed by:* Barbara Stillwater PhD, RN Alaska Diabetes Prevention and Control Program and Lisa Aquinio MHS Alaska Tobacco Prevention and Control Program.

Available from: www.hss.state.ak.us/dph/chronic/

Background

Determining how to offer employees adequate health care while still maintaining a profit is a challenge for businesses. Cost sharing and reductions to benefit packages have been tried, and yet the health care costs assumed by employers continue to climb. Worksite health promotion looks at cost containment in a different way. Helping employees become healthier at the worksite can help contain costs and increase

employee satisfaction, employee productivity, employee loyalty, and organizational health.¹

The average return on investment for a well-designed health promotion programs is \$3 for every \$1 invested, however, these savings are often not seen until three years into a worksite health promotion program. Therefore money must be invested up front for a return further down the road.²

The top five most costly medical conditions in the U.S. are angina pectoris (a common type of heart disease), high blood pressure, diabetes, low back pain, and heart attack. These conditions are largely preventable. Considering the amount of time most adults spend at their workplace, addressing these conditions at the worksite is both appropriate and cost-effective.

Creating a work environment that supports employees in getting health screenings, making healthy food choices, being physically active, being tobacco-free, and following their health care provider's recommendations, together can show tremendous



State of Alaska, Sarah Palin, Governor
Department of Health and Social Services
Karleen K. Jackson, PhD, Commissioner
<http://www.hss.state.ak.us/>

Jay C. Butler, MD, Chief Medical Officer

Division of Public Health
Beverly K. Wooley, Director

Andrea Fenaughty, PhD
Chronicles Coordinator

savings in the long run. Supporting healthy choices at the worksite is enhanced by leadership that enables organization-wide change.

Program staff within several of the programs housed within the State of Alaska Section of Chronic Disease Prevention and Health Promotion (CDPHP) wanted to work collaboratively on a project that would promote healthy workplace environments and worksite wellness. We were motivated in developing cross-program projects because we shared some similar programmatic objectives and saw the benefit in achieving greater integration. Such a collaboration made sense as the worksite has been identified as priority setting for many of the Section's program (e.g., heart disease and stroke, diabetes, obesity, tobacco, arthritis, and cancer), and because worksites are one of the most effective ways of accessing the adult population. The Section of CDPHP created a worksite workgroup, and that group chose to target small businesses in Alaska for the *CDPHP Worksite Demonstration Project* (hereinafter referred to as the *Project*).

The objective of the *Project* was to help a select number of organizations develop, enhance, and sustain healthy workplaces by examining policies, and environmental supports within the organization that promote health, and to support employees in being concerned and knowledgeable about their health, having healthy habits, following good preventive practices, and being informed health consumers. The long-term goals of the *Project* were to increase the number of health promotion programs at worksites in Alaska and reduce the risk and prevalence of chronic disease. To reach those goals, the *Project* initially set out to identify the costs, barriers, and enablers for small employers wanting to implement a sustainable worksite wellness program, with the goal of at least breaking even. In addition, the *Project* sought to develop a set of worksite health promotion and productivity best practices for small Alaska businesses.

Small businesses were a priority population because they represent 98% of all businesses in Alaska and employ 52% of Alaska's working adults. The majority (94%) of all businesses in Alaska has fewer than 50 employees and 71% of Alaska businesses employ less than 10 employees.

Employees in Firm	Number of Firms	Employment
1 to 9	10,651	38,516
10 to 49	3,551	70,570
50 to 99	472	32,475
100+	431	164,244
Total	15,105	305,805

All numbers are for the pay period including July 12, 2006, except for schools, which are for the pay period including April 12, 2006.

Fortunately, a great deal of research on worksite health has been produced, and clear, evidence-based guidance on the steps a business needed to build a worksite health program is available. Because the majority of this guidance was created for large businesses, the workgroup was forced to search for alternative guidelines which would be applicable to our business demographics.

The workgroup determined that the Wellness Council of America (WELCOA)⁴ **Seven Steps to Success**⁵ model would meet the needs of the *Project*. Based on a thorough assessment of elements common to successful, results-oriented health programs across all segments of the workforce, WELCOA developed this step by step approach for creation of wellness programs. Because the model was based on a comprehensive set of research findings and experiences, the workgroup decided it would likely generalize well to small businesses, and would therefore provide appropriate guidance for development of the *Project* goals, objectives and activities.

Context

The initiation of the planning of the *Project* overlapped coincidentally with the introduction of a new health package by the largest health insurer in the state. The insurance carrier was initiating a program to provide prevention packages to their small business clients as each of them renewed. These prevention packages included:

- A health risk appraisal (HRA) completed online
- Risk Stratification, based on HRA results, to identify individuals who would benefit most from coaching

- Telephonic counseling for high-risk individuals
- Incorporation of prevention into benefit design: This included a community health benefit that paid up to \$250 for prevention classes or programs offered within the community. For example, it could cover something like Weight Watchers or tobacco cessation. They also covered preventive screening from \$0, meaning that there was no deductible.
- Disease management services if an individual was identified as high-risk

The relationship between the State of Alaska worksite workgroup and the health insurance carrier began as a symbiotic partnership: the insurer had access to small businesses, they had claims data, and they were on the verge of rolling out a wellness and preventive health package. The worksite workgroup had: (a) expertise in implementing and sustaining a worksite health program in a business; (b) access to health promotion and activity resources; and (c) staff time to provide in-person technical assistance to employers.

For these reasons, the State of Alaska worksite workgroup partnered with the health insurer in Alaska to form the Worksite Health Collaborative, and this group took on implementing and completing the *Project*.

Methods

Eight worksites were approached by the insurance brokers and three that met the eligibility criteria were selected for the *Project*. The small businesses were quite diverse and included blue-collar and white-collar workers. Two of the sites which employed permanent as well as seasonal workers experienced exceptionally high turn-over rates. The educational achievement of the employees ranged from 8th grade to graduate school. A challenge common to several of the sites was that if there was an emergency or business crisis, all resources were focused on the problem at hand, thus diverting energy from less pressing issues. Delays and false starts were not attributed to apathy but the finite quantity of available human capital. Associated with this is that instead of the team approach common to larger businesses, individuals were assigned to initiate and manage projects. The short-comings of one-person projects became readily apparent and the need for team-building emerged as a skill the worksites identified as important to learn. Another challenge with the worksites was the thin to non-existent layer of middle management. For programs to be successful

there needed to be communication pathways between employees and senior managers.

Consequences

In addition to the prevention package each of the worksites received from the insurer, the worksite group also provided the following:

- An organizational assessment of worksite policy and environmental supports
- Recommended steps for organizational change to support worksite health
- An onsite health fair by Alaska Health Fairs Inc, including lab tests
- Technical assistance in creating a sustainable worksite health program, for example, help with interpreting HRA and organizational assessment results
- Educational sessions and materials on chronic disease and health promotion topics chosen by the individual worksites
- The Health Activity Tracker – a web based system that allows individuals to track their health and behavior, and provides a framework for designing interventions
- Wellness kits with tools and education on basic health topics and interventions
- “You Can Make a Difference”: a presentation by the insurer and the State of Alaska CDPHP with information on:
 - Overall health costs and benefits
 - Cost information on health resources in their area, i.e., ER cost variability, prescription cost comparisons at different pharmacies
 - Strategies and resources for chronic disease management
 - Injury prevention
 - Consumer health skills and tips
 - Availability of local health services and agencies
 - General wellness
- Follow up meetings to assist with program evaluation

An evaluation of the worksite-specific outcomes will be available after year 2 of this project.

Interpretations

As a result of this collaborative experience with the health insurer in AK, the worksite workgroup has the

following recommendations to States interested in partnering with small businesses to develop worksite health programs:

- Utilize a well established model, such as the WELCOA model, to offer initial training and follow-up support. It is important to supplement this training with more specific information. For most small businesses, this is a new language and a new way to think. Small businesses require much more detail and structure to be able to implement this model.
- Consider business systems or the formation of coalitions of businesses as a way of leveraging resources and providing support to small businesses as they work through the implementation process.
- States should also be willing and qualified to offer technical assistance with both strategic planning and choosing intervention strategies. It is important to clarify the role of the State so worksites will have realistic expectations of the relationship.
- Involve the health insurance brokers because they are able to negotiate services and benefits for small businesses.
- States should be willing to purchase services initially for small businesses, e.g., health fairs, educational materials. This is especially true for small businesses in small communities where these resources are simply not available.
- There has to be an advocate at the worksite who is enthusiastic about initiating worksite health promotion. However, enthusiasm is not enough. The individual must have time, as well as resources, allocated for health promotion activities.
- Communication to and from small businesses needs to be scheduled and maintained. A lack of communication at either end can easily become interpreted as indifference.
- As the worksite team comes together, it is critical to clarify the roles of the team members to foster accountability and goal attainment.
- Make sure the worksite wellness team consists of more than one person, with both senior and mid-level management participation.
- Access to professional consultation is highly recommended. It is highly unlikely that a small employer will be able to implement a results-oriented program without direction from individuals experienced in initiating worksite health programs.
- Provide assistance in both defining and prioritizing goals. Most worksites really have no idea of where to start. It is common for businesses to think too

big and then become discouraged when objectives are not met and progress is not realized. The worksite workgroup found that brainstorming was an effective strategy to help worksite health teams prioritize goals.

Conclusion

From the onset we realized, as did our business partners, that neither public health nor business was sufficiently able by themselves to implement a worksite health program. This is not to say that the world views of public health and business are always congruent but from our experience we acknowledged that there is sufficient overlap so as to develop a working and productive relationship. The challenges have been many: our languages, our assumptions, and our methods. What brought us to the table and kept us there, however, was our joint motivation to improve the health of employees at the worksite.⁶

References

1. Larry Chapman in *Proof Positive*, a WELCOA Expert Interview, The Wellness Councils of America, 2003. http://www.davidhunnicutt.com/pdf/Chapman_INTERVIEW_Proof_Pos.pdf
2. Ron Goetzel in *The Cost of Wellness*, a WELCOA Expert Interview, The Wellness Councils of America, 2004. http://www.welcoa.org/freeresources/pdf/goetzel_interview_cost.pdf
3. Source: Alaska Department of Labor and Workforce Development
4. WELCOA is the Wellness Councils of America and is an excellent resource for worksite wellness policy and program implementation.
5. The seven steps are discussed in an article in *Well Informed*, a publication from the Wellness Councils of America. The article was written by Dr. David Hunnicutt and Angie Deming and can be viewed free of charge in its entirety on the web at http://www.welcoa.org/membership/WI_V1_N1.pdf?PHPSESSID=2d3eef222079d27fe4a86d169fe8f4ff
6. At the time of this writing, we have added 3 more worksites and will soon begin a 2-year evaluation of the project.