

The Wisconsin Worksite Wellness Resource Kit: A Small Business Perspective

**Abiola Keller
MPH Program
University of Wisconsin-Madison
School of Medicine and Public Health**

Introduction

Since the 1980s, the rapid increase in the annual cost of medical care for employees, dependents, and retirees has forced business and industry leaders to explore ways to curtail healthcare costs. In addition to requiring employees to pay higher deductibles and out-of-pocket expenses, business leaders are starting to focus on employee health-related lifestyle choices and behaviors. Exercising regularly and eating a healthy diet can help prevent obesity and decrease the risk of chronic disease. However, more than 50% of U.S. adults do not participate in enough physical activity to provide health benefits and in 2005, only one-fourth ate five or more servings of fruits and vegetables each day.¹ Choices and behaviors related to physical activity and healthy eating affect an individual's health risk and ultimately their healthcare costs.² In an effort to decrease their employees' health risk and health care utilization, many companies are investing in health promotion and wellness programs.²

Worksites provide access to 65% of the population aged 16 years and older³ and thus provide an ideal opportunity to introduce a large number of adults to health promotion programs.² The work environment allows employees to form relationships and provide social support for each other and possibly influence each other's health behavior.² The focus of worksite health promotion programs is to help employees maintain good health and prevent disease by adopting healthy lifestyles, lowering health threats, and increasing the use of proven clinical preventive medical services.² Research shows that there is an economic advantage for businesses to provide health promotion programs for their employees. A review of 72 articles found that health promotion programs achieved an average return on investment (ROI) of \$3.48 when considering health care costs alone.⁴

The importance of worksites in the nation's health care prevention agenda is emphasized by its inclusion in the Healthy People 2010 objectives. Objective 7-5 calls for an increase in the proportion of worksites that offer a comprehensive health promotion program to their employees to at least 75%.⁵ According to the results of the 2004 National Worksite Health Promotion Survey, sites with more than 750 employees offered more health promotion programs, services, and screening programs; had more health-promoting policies in place; and were more likely to have health-supportive work environments than worksites with fewer employees. The survey also found that while the levels of health promotion programming among sites with more than 750 employees remained stable, there was a noticeable decline from 1999 in programming among sites with fewer than 750 employees.⁶ Given the fact that 56% of the American workforce is employed by employers with fewer than 100 employees, not including the significant number of individuals who consider themselves "self-employed"⁷, strategies must be developed to provide workers in these settings access to health promotion programs. In the summer of 2006, in an effort to accomplish the overall goal of preventing obesity and chronic disease, the Wisconsin Nutrition and Physical Activity Program in collaboration with other chronic disease programs released the Wisconsin Worksite Wellness Resource Kit. The kit was designed to guide worksites through the phases of developing a wellness program from the initial stages to a finished program.⁸ In June 2006, six, \$4000 mini-grants were awarded to local nutrition and physical activity coalitions to partner with 1-5 worksites in their community to pilot the Worksite Wellness Resource Kit and help develop wellness programs in their local worksites. Within one year sixteen worksites participated in the pilot project reaching 3,527 employees. In December 2006 through the National Governor's Association (NGA) Mini-grants an additional 11 coalitions were recruited to partner with 17 worksites with the potential to reach 10,092 employees.⁸ The purpose of our project was to explore the successes and challenges in wellness

programming of small and smaller employers who have used the kit. For the project, small employers were defined as businesses with 20 to 99 employees and smaller employers as those with less than 20 employees. Standards used to determine success were establishment of a wellness committee, development of activities that increase employee awareness of healthy behaviors and adoption of healthier lifestyles, and implementation of policies that make it easier for employees to choose healthier behaviors.

Methods

We developed and administered a questionnaire to the nutrition and physical activity coalitions participating in the NGA mini-grants to assess their experience with the Wisconsin Worksite Wellness Resource Kit. We obtained the list of participant from the Wisconsin Nutrition and Physical Activity Program. The contact person for each coalition was initially invited to participate in the study via email. We then attempted to reach non-responders via telephone two weeks later. Repeat phone calls were made to the remaining non-responders after another two weeks. 10 of the 11 coalitions who participated in the NGA mini-grants (one of the coalitions was not surveyed because they did not use the kit as it was intended) were invited to participate. 7 coalitions returned completed surveys for a response rate of 70%. In total we received 8 completed surveys as one of the coalitions was composed of two different organizations. Two coalitions agreed to participate but did not return their surveys, and one coalition did not respond to any of our invitations to participate.

In order to focus on the experience of small and smaller employers we also administered the survey to local worksites with less than 100 employees (full and part time). Such worksites were identified by the nutrition and physical activity coalitions with whom they partnered. Three such businesses with 44, 65, and 97 employees were identified. One responding coalition was also a participating small employer. Another small employer had undergone staffing changes and the main contact was no longer with the company. The third did not return the survey. No smaller employers were identified. The survey responses were analyzed using thematic analysis. Raw data was also independently coded by another party with 85 percent initial total agreement. Discrepancies were resolved by consensus after discussion.

Results

Prior to participating in the NGA mini-grants the recurring barriers to providing wellness programming cited were lack of funds, organization, time, and participation. Prior to their exposure to the kit only 2 participating businesses, both with 100 or more employees, had an established wellness committee. After their experience with the kit all the coalitions reported that the businesses they partnered with had or were in the process of establishing a committee. Of the small employers, 1 of the formed committees was comprised of volunteers, 1 was the management team who were already meeting monthly, and another was formed of two staff members who attended bi-monthly meetings of an outside wellness coalition. One committee was led by onsite human resources personnel, 1 did not have an identified staff member responsible, and one was coordinated by a representative from the partnering coalition.

The challenges the partnering business faced when it came to employee health and productivity prior to participating in the mini-grants revolved around the following themes: employee behavior, insurance, lack of an employee wellness program, and little participation in established wellness activities. Employee behavior which included absenteeism, smoking, resisting influenza vaccination, unhealthy nutrition choices, and not paying attention to

preventative health measures was not reported as a challenge by any of the coalitions working with small employers. The issues present in the insurance theme were difficulty obtaining insurance bids and annual increases in health insurance with high use for major problems.

While all the coalitions reported that the businesses they worked with offered health insurance to their employees and believed that improvements in health status would be reflected in lower health care costs, only one identified lowering health care costs as a motivator for participating in the NGA mini-grants. The recurring themes in reasons for participation included developing a program that would serve as a model for others and having a program that would benefit employees. Other reasons mentioned were improve company productivity, employee request or desire, a desire to use the kit, and to take advantage of the opportunity presented by the mini-grants.

Issues related to privacy and confidentiality are often cited as possible reasons why small businesses are less likely to offer health promotion programs,⁹ yet none of the coalitions/small business partnerships reported encountering any issues regarding privacy and confidentiality when it came to implementing wellness activities. The activities initiated within these businesses to increase employee awareness of healthy behaviors included: offering annual health risk assessments and incorporating wellness activities into in-service days. Businesses also provided healthy foods in break rooms monthly, sponsored a “healthy makeover” of vending machines and fitness activities such as onsite yoga classes and walking programs including pedometer challenges as activities to encourage employees to adopt healthier lifestyles. Each of the coalitions/small business partnerships was successful in implementing at least one policy aimed at making it easier for employees to choose healthier behaviors. Policies enacted included providing a more suitable breastfeeding room, assuring continued wellness committee meetings and programming including annual health risk assessments for all full-time employees, establishing a budget for the wellness committee, and requiring that a healthy food option be provided at all upper level meetings. In addition 2 businesses purchased purchasing AEDs (automated external defibrillator).

Discussion

Through our questionnaire we found that the limited number of small businesses who used the Wisconsin Worksite Wellness Resource Kit during the NGA mini-grants were able to establish wellness committees, develop activities to increase employee awareness of healthy behaviors and encourage employees to adopt healthier lifestyles, and implement policies that made it easier for employees to choose healthier behaviors. All of the coalitions/small business partnerships stated that they found the kit to be a useful tool in accomplishing these objectives. Specific aspects of the kit that were found to work well were the worksite assessment tools, the goal setting tools, and the summary section. While the appendices were reported to be helpful in general, appendix D (Recommendation Table) was described as being too long.

Not surprisingly, when reported, the challenge/obstacle encountered by these coalition/small business partnerships in using the kit was lack of time. While the kit does provide resources to help employers address the challenges of organizing wellness programming and improving employee participation, it is not able to directly remove the barriers of lack of time and funding. The tools provided in the kit do however guide users through the process of assessing their current worksite environment and policies, gathering employee input on types of programs needed, and prioritizing strategies; thereby allowing business to more effectively utilize limited resources.

Ideas proposed by coalitions/small business partnerships to improve the Kit focused on increasing the available tools for administering wellness programs and forming policies. One coalition did suggest simplifying and streamlining the kit, but it should be noted that the job title of the representative from this coalition was occupational health coordinator. Given the limited time small employers have, initially one would expect that their preference would be for a more condensed version. However, when the fact that the majority of such businesses do not have personnel with expertise in wellness programming on staff is taken into consideration, the request for more tools seems appropriate. Another proposed idea for improvement called for a mechanism to allow users to find the specific information as it is needed in a more efficient manner.

While this initial information about the success of a limited number of small employers using the kit is promising, there were several limitations in this project. The small businesses in the NGA mini-grants had between 44 and 97 employees. In many areas of Wisconsin, especially rural areas, such businesses would be considered to be on the large side. According to US Census Bureau data, 85 percent of business organizations in Wisconsin had fewer than 20 employees in 2005 (Figure 1). This large segment of employers was not represented in the NGA mini-grants. Presumably these smaller businesses would have less available resources and therefore their comments regarding the complexity and utility of the kit would offer a much needed perspective. Other limitations included the small sample size, all the participants in our survey were identified by the sponsoring agency for the Wisconsin Wellness Resource Kit, the Wisconsin Nutrition and Physical Activity Program, and except in one case, information gathered about the businesses was reported by the nutrition and physical activity coalition with whom they partnered. Also, two of the small businesses did not use the kit independently, but rather received assistance from their local partnering coalition.

Conclusion

The Wisconsin Worksite Wellness Resource Kit is an available tool capable of guiding businesses through the processes of establishing a wellness committee, developing activities that increase employee awareness of healthy behaviors and encourage adoption of healthier lifestyles, and implementing policies that make it easier for employees to choose healthier behaviors. Its utility for smaller employers needs to be further explored.

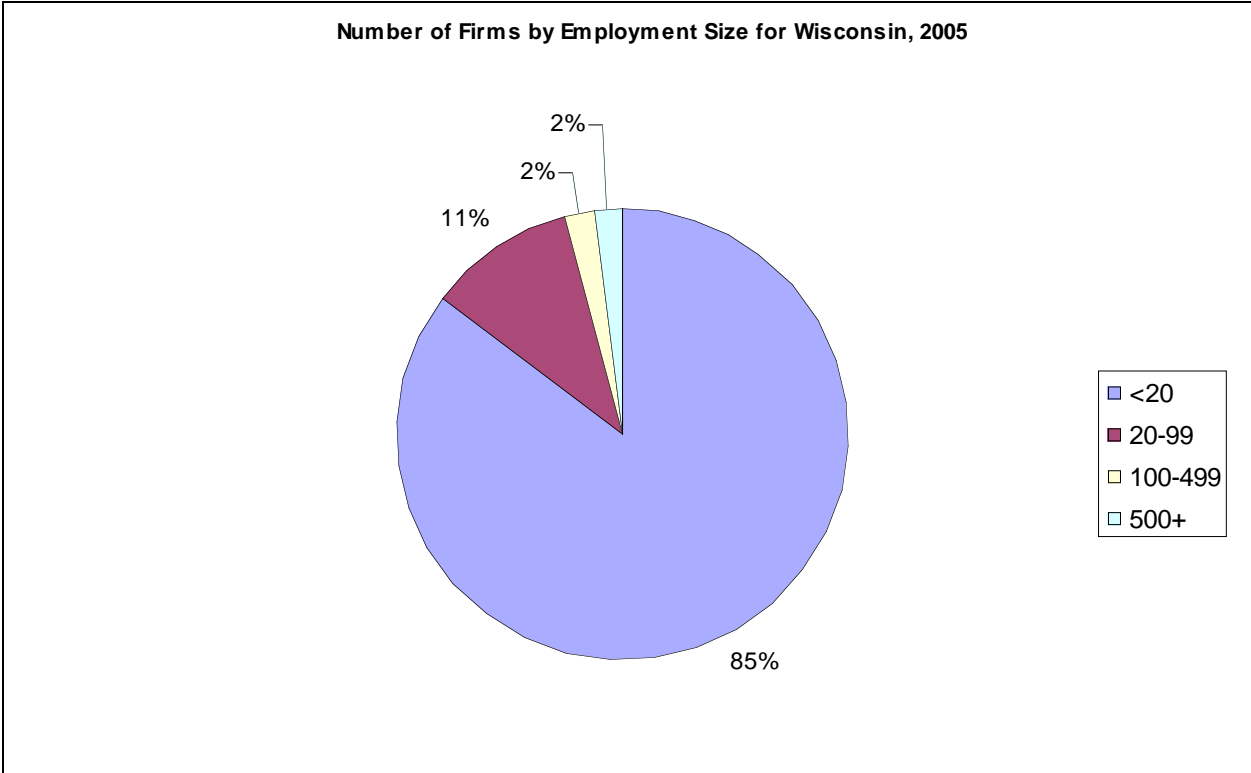
Acknowledgments

Thank you to Tim Size, Jon Morgan, and Barbara Duerst for their contributions to this project.

References

1. CDC. Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Disease and Obesity. Available at: <http://www.cdc.gov/nccdphp/publications/aag/dnpa.htm>. Accessed January/14, 2008.
2. Young JM. Promoting Health at the Workplace: Challenges of Prevention, Productivity, and Program Implementation. *NC Med J.* 2006;67:417.
3. CDC. Public Health Strategies for Preventing and Controlling Overweight and Obesity in School and Workplace Settings: A Report on Recommendations of the Task Force on Community Preventive Services. *MMWR.* 2005;54 (No. RR-10).
4. Zank D, Friedsam D. Employee Health Promotion Programs: What is the Return on Investment? Available at: http://www.pophealth.wisc.edu/UWPHI/publications/issue_briefs/issue_brief_v06n05.pdf. Accessed March 26, 2008.
5. Healthy People 2010. Available at: http://www.healthypeople.gov/Document/HTML/Volume1/07Ed.htm#_Toc490550857. Accessed April 3, 2008.
6. Linnan, Laura, ScD. CHES., Bowling M, PhD., Childress, Jennifer, MS. CHES., et al. Results of the 2004 National Worksite Health Promotion Survey. *American Journal of Public Health.* 2008;98:1.
7. Chapman LS. Do We Need a "Virtual" Program Infrastructure for Worksite and Population Health Promotion Efforts? *The Art of Health Promotion.* 2006:1.
8. Healthier Wisconsin Worksite Initiative. Wisconsin Nutrition and Physical Activity Program.
9. Birken, Benjamin E., MS., Linnan, Laura A., ScD. CHES. Implementation Challenges in Worksite Health Promotion Programs. *NC Med J.* 2006;67:438.

Figure 1. Number of firms by employment size for Wisconsin, 2005.



SOURCE: U.S. Census Bureau available at <http://www.census.gov/epcd/susb/latest/us/US--.HTM#table2>