

GREATER TOMPKINS COUNTY MUNICIPAL HEALTH CARE CONSORTIUM

OWNING YOUR OWN HEALTH COMMITTEE MEETING

May 21, 2014 - 9:30 a.m.

Old Jail Conference Room

AGENDA

1. Acceptance of March 19 and April 16, 2014 Minutes (9:30)
2. Flu Clinic Update (9:35)
3. Continued Discussion of Health Screening Pilot Programs - Ignite Health and Blu4U (9:45)
 - a. Discussion on how best to craft a survey of those participating in the health screening pilot program. What indicators of satisfaction should be included in the matrix.
4. Submission of application under the State's Local Government Efficiency Grant program as part of the 2014 Consolidated Funding Application process for the following: (10:15)

Department of State	Local Government Efficiency Program	Joint application with other members governments of the Greater Tompkins Health Insurance Consortium to design for voluntary adoption and incentive based wellness program focusing on claim reductions by improving employee and retiree health through education and support.	Grant Program to assist in identifying best practices and implement actions focused on reducing municipal expenditures and limiting growth in property taxes	Maximum funding for planning is \$12,500 per local government not to exceed \$100,000. Implementation funding is \$200,000 for each local government not to exceed \$1,000,000.	50% local match of which 40% is reimbursed upon implementation
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5. Continued discussion of Health Policy and Wellness Statement Samples and Development of a Statement to Municipalities to Assist Them (10:30)
6. New Business
7. Adjournment (10:45)

Owning Your Own Health Committee
March 19, 2014 – 9:30 a.m. - draft
Scott Heyman Conference Room

Present: Don Barber, Leslie Moskowitz, Ted Schiele, Brooke Jobin, Beth Miller

Call to Order

Mr. Barber called the meeting to order at 9:43 a.m.

Approval of Minutes of February 19, 2014

The minutes of February 19, 2014 were accepted as presented.

Flu Clinics

Mr. Barber said there was discussion at the last meeting about flu clinics and at the last Board of Directors meeting the Board approved a Consortium-wide flu clinic. There will need to be work done on marketing and deciding what locations will host the clinics and the number of clinics to be held. He expects an Executive Director to be appointed soon and this is one area that individual could work on. The Consortium will pay for this based on the number of shots provided at \$25 per vaccine. It was stressed that marketing and advertising will be very important. Mr. Schiele said this is a great health promotion activity and offered assistance from the County's Health Promotion Program. Mr. Barber will contact Ms. Ahmadipour; Ms. Jobin offered to work with ProAct to assist in setting up the clinic.

Continued Discussion of Health Policies and Wellness Statement Examples

Mr. Barber asked if the Committee would like to work on developing sample policies. He said there was discussion about asking employers to think about establishing health policies in an effort to engage them more in the healthcare process and with the Consortium. Samples will be sent to Ms. Pottorff and included in the next agenda. The next agenda will include continued Discussion of Health Policy and Wellness Statement Samples and the development of a statement to municipalities to assist them.

Health Screen Program

Mr. Barber said the Committee has been discussing the Blue4U Program and information has been brought forward on other programs -- Ignite Health and Healthways.

Mr. Schiele spoke of Ignite Health and said he is working with Ms. Chin of the Human Services Coalition on a Creating Healthy Places to Live, Work and Play grant which contains a worksite component. They are working with the City and a number of other local companies using Relph Benefit Advisors out of Rochester as their broker and they also use Excellus for their plan. He said Ignite Health is based in the Rochester area and one of the things they have had the hardest time with with their grant is biometric screening. The grant is based on workplaces providing incentives for employees to build a healthier lifestyle and one of the programs they are required to account was incentives for biometric screening; however, that requires that biometric screening be made available to employees aside from going to a physician and it was very difficult to find because of liabilities and other hurdles.

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Mr. Schiele said he and Ms. Chin met with Ignite Health last July and again a few weeks ago. When they first met with them they had an agreement to be an approved provider with MVP and they said they were working on the same arrangement with Excellus and now are an approved provider as of March 1, 2014 with Excellus. Ms. Miller said Excellus has a program that integrates with their claim system and was not aware of Ignite Health being an approved provider and said she would like to look into this further.

Mr. Schiele said it is his understanding that Excellus will reimburse \$35 per individual for their services and the service is they will come in and set up a biometric screening clinic at the workplace. The testing includes blood pressure, finger stick blood test for cholesterol, triglycerides, and blood sugar. There are additional services that can be purchased through packages ranging from \$30 to \$85 per individual. It is his understanding that the packages do not include health coaching. He said they felt it was worth referring the employer they have been working with as this is the type of program they have been looking for and will be meeting with them in April. They, too, are a client of Excellus.

Mr. Barber said there has been discussion of running a small pilot through the Blue4U program to get an idea of how this type of program would work. Ms. Moskowitz said it will be important to her to see how easy and convenient a program is for the end user. She suggested running a pilot on each program because it will depend on the user and what they feel about the program. Ms. Miller expressed concern over using a finger stick as it is not as reliable as a blood draw. Mr. Barber will contact Ignite Health and ask questions about the information presented, how comprehensive the Blaze Program is, and when the health and wellness coaching gets added, and their willingness to run a pilot program. If they are willing he will request them to make a presentation to the Committee which will allow the Board to consider more than a single option.

Ms. Jobin said she is interested in exploring other program options that would also include different cost options. She said it is important to begin with a wellness program that is meaningful to the end user and to look back after a period of time of running a pilot program to see what can be done to improve it and incorporate it into an overall wellness program.

Mr. Barber asked Ms. Miller to work with him to bring a resolution to the Board of Directors in June to get to a point to pick one or more programs to run pilots on and to track them for a year with a goal of having this ready in the following year prior to the budget process. He would expect to have the results in 2015 and able to have a program running in 2016. The goal of running a pilot was to see how the program works and how helpful end-users find it and not about the results. There was a discussion of conducting a survey at the end of a pilot program and to use the same survey but to use a random sample of a cross section of both groups. Mr. Barber said more people should be brought into this because someone's response after the doing the pilot once would be different. Mr. Barber will ask Ignite Health and Blue4U to attend the next meeting to discuss how these pilot programs could run in concert so there could be discussion at the April Board meeting. If the Board is comfortable with this concept there can be discussion about the different population segments that should be included so that a program could be rolled out in the summer.

Ms. Moskowitz said the City of Ithaca includes questions about diversity when interviewing and suggested starting to ask prospective employees about their perspective on health and wellness as a way to begin starting a culture of wellness. Mr. Barber said this can be part of the policy discussion the Committee will have.

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Mr. Schiele said it may be worthwhile for the County to consider reactivating the County's Wellness Committee. He explained the work he is doing with municipalities with the Human Services Coalition and stated they have benchmarks and a framework they have to fulfill as part of the grant which is for incentives and pilot programs. They come into a workplace with that and promote that but ultimately it becomes the wellness committee that determines what they are going to do. They are not supposed to be involved in health fairs; however, they were invited and put up a booth at the City of Ithaca's health fair that was very successful. At one of the workplaces the grant has funded bicycles that the employees can use for local errands or can use for break times.

Mr. Barber spoke of how challenging this type of thing is for smaller municipalities and how important it is to include them.

Ms. Moskowitz suggested a future agenda topic be having a feed somewhere that can provide information on upcoming events and wellness opportunities. Ms. Miller spoke of the Excellus custom landing page that is available to employees.

Adjournment

The meeting adjourned at 10:39 a.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk

Owning Your Own Health Committee
April 16, 2014 – 9:30 a.m. - draft
Scott Heyman Conference Room

Present: Don Barber, Leslie Moscovitz, Ted Schiele, Brooke Jobin, Steve Wright, Jackie Kippola, Mack Cook, Beverly Chin

Guests: Jennifer Stuckert, Interactive Health Solutions; Mike Catalano, City of Cortland Police Chief; Dr. Steve Cohen, Cohen, Matt Blakeslee, John Bartholf, Ignite Health; Ken Foresti, Excellus BCBS

Call to Order

Mr. Barber called the meeting to order at 9:30 a.m.

Approval of Minutes of March 19, 2014

The minutes of the March 19, 2014 were deferred to the next meeting as Mr. Schiele had minor clarification changes he said he would submit.

Interview of Ignite Health

Mr. Barber provided a brief overview of the Consortium's history and stated that in the short time it has been operating the Consortium recognizes that owning your own health is an important component in managing claims costs. He explained the Committee has been looking at wellness programs and biometric screening and is interested in conducting a pilot program of employee groups.

Dr. Cohen and Mr. Blakeslee distributed information and provided the Committee with a PowerPoint presentation. Key points covered during that presentation are as follows:

- Ignite Health began two years ago, is fully licensed by the New York State Department of Health; is 100% patient-focused and works to make sure everyone has a very seamless experience with the atmosphere, exit counselor, and screener; confidentiality is extremely important;
- Three main services are provided: biometric screening, health assessments, and health coaching;
- A proprietary algorithm (IHQ) created by Ignitehealth to quantify and communicate the health risk of individuals who undergo biometric screening. The IHQ assigns numerical weights to an individual's lipid profile, blood pressure, glucose, and BMI and expresses these indicators as a percentage score of 0 to 100; primarily focused on cardiovascular events. They are approaching having 15,000 individual biometric results in their system with an associated IHQ score;
- Biometric testing is through a finger stick, both fasting and non-fasting. Finger stick testing provides immediate results and provides an immediate opportunity to consult and counsel individuals on their test results. They strongly believe that this provides a valuable "teaching moment" that is lost with doing a venous blood draw;
- Three levels of exit counseling are available: review of biometric screening data, very carefully scripted action steps and follow-up with the personal physician depending on the results;

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- Ignitehealth offers clients individual, on-site face-to-face health and wellness coaching through two models – a defined model where the client selects the number of coaching sessions, and a continuous model;
- Ignitehealth offers a series of group health education sessions: nutrition, physical activity, and stress reduction;
- All clients will receive aggregate biometric screening results; health coaching clients receive coaching utilization reports and IHQ-based outcomes data; clinical review of the data and presentation of finding to the executive team is available depending on the level of service selected;
- Customize program towards customer needs; 100 percent of those who participated in the screening event found it to be an organized and positive experience;
- Ignitehealth is an Excellus participating provider; and
- They have partnered for a number of years with the Mayo Clinic.

Ms. Chin asked if local resources are brought in. Dr. Cohen said they do bring in local resources and because Tompkins County is in a unique position to have the universities close by they would easily be able to facilitate the use of local resources.

Mr. Cook said the Consortium is unique in that it encompasses 15 different municipalities with many different labor groups, and a variety of health care and prescription benefit plans. The challenge the Consortium will face is designing an incentive program to get a positive outcome.

Mr. Bartholf said they have a lot of employers and plans that have integrated their benefit plans with wellness and various incentive programs. It is a continuum in terms of culture change. As the culture evolves different types of incentives can be gradually brought in. There is not any “one size fits all” as some incentives are on a premium level, some have health benefit account incentives, and others are strictly at the paycheck level.

Mr. Schiele asked if they could provide data in terms of what results could be expected at a start-up period as well as over a period of time as the culture changes. Dr. Cohen said this information can be provided. He noted that the collective bargaining process has to be respected as well and there and it is a process to build a trust.

Mr. Bartholf spoke to how their business model differs from others and said they spend a little less on the biometric screening and by doing the finger stick, they quantify the to see where the highest risk lies, and then extra dollars can be applied to things such as coaching and intervention programs to people who need them to effect the greatest change in health costs. They stressed the importance of working with the healthy population to keep them healthy

Mr. Barber said the Committee has come to appreciate the biometric screening and would like to pursue the health coaching. At the present time there are two opportunities to proceed and Mr. Barber asked if Ignitehealth would be willing to work on a pilot program with the Consortium. The goal is to find out from employees which program they feel the most comfortable with and which program engaged them to want to take the next step. Dr. Cohen said they could set up a survey that would be customized with questions targeted towards an employee’s experience that could be used by the Consortium. They suggested using different employer groups to avoid confusion.

Ms. Kippola requested Ignitehealth provide a list of resources.

Mr. Cook distributed information on biometric testing from the Government Finance Office that includes information on the impact on employers and employees and the challenges with incentivizing programs.

Interactive Health Solutions (Blue4U)

Ms. Stuckert distributed information and said Interactive Health Solutions partners with Excellus in the Blue4U program. The program is an outcome-based program that allows for the measurement of results on a clinical level from year-to-year.

The following points were noted during the presentation:

- Quality survey of participants has consistently provided a 99.44% satisfaction rating;
- An independent study showed at the 2½ mark there is a 7.7% decrease in medical spend per member per month;
- Much faster return to work with Worker's Compensation;
- Ability to measure on a clinically, objective basis year-to-year outcomes and improvement;
- Over 20 years of experience; outcomes-based wellness program;
- Robust and customized website that provides tools and resources throughout the year;
- On-site health assessment includes fasting blood draw (not finger stick), blood pressure, measures total cholesterol, triglycerides, HDL LDL, VLDL, total cholesterol/HDL ratio, glucose; test results are available online approximately two days after testing and can be transmitted to an individual's physician;
- The cost per employee is \$150 and is all inclusive;
- Monthly newsletters and webinars;
- Targeted individual e-mails based on identified risks;
- Unlimited, year-long coaching opportunities for all participants;
- Health coaching is ongoing, unlimited and done telephonically from an individual's home and is done with the same health coach;
- BMI, height and weight is not included; and
- Comprehensive individual written report and aggregate report is provided.

Mr. Barber asked Ms. Stuckert if Interactive Health Solutions would be willing to participate in a pilot program. She said she would recommend running a program for six weeks by 20 to 30 people and that when the Consortium looks at comparing one program to another it look at ease of use by participants as there would be no outcome in terms of claims costs for such a short period of time. All of the online tools would be available to participants in a pilot program. Interactive Health Solutions would not charge for the pilot program. She encouraged the Consortium to use the same employees for both programs to provide an objective side-by-side comparison.

Ms. Stuckert spoke to why BMI is not included and said some individuals will not get on a scale at the work place and often those are the people you are trying to reach. If someone is overweight it will likely affect glucose, blood pressure, and lipids so they focus on what happens as a result of the weight. They can test for tobacco and nicotine but it would be at an additional cost and is expensive. If a participants indicates they are a smoking they are offered smoking cessation opportunities and resources.

Ms. Stuckert will provide references.

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Members discussed whether it would be a good idea to use the same group of people for both pilots and there was a preference being towards using different employee groups. It was stated that a lot can be gained from information from someone's first experience and if a participant has already used one of the other programs that will be lost if they have already used one of the programs. It was stated that the two programs are very different, one is heavily web-based and the other places a lot of emphasis on the first contact. It will be important to have consistent evaluation criteria.

Mr. Catalano and Mr. Wright spoke in support of employee wellness programs, particularly if they are voluntary and incentive-based. Mr. Wright

Mr. Barber will contact Ignitehealth to see if they will match the offer by Interactive Health Solutions to run a six-week pilot program at no cost to the Consortium. He will also ask for access to the Mayo website. This will be presented to the Board of Directors at its April 24 meeting. Ms. Kippola said if this is something the Consortium wishes to pursue consideration should be given to issuing a request for proposals.

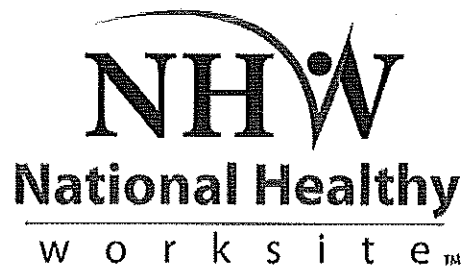
Adjournment

The meeting adjourned at 11:38 a.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk



HEALTHY WORKSITE • HEALTHY WORKFORCE • HEALTHY COMMUNITY



CDC Employee Health Assessment (CAPTURE™)

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health





CDC National Healthy Worksite Program (NHWP) Employee Health Assessment (CAPTURE™)

Introduction

This survey asks about your current health status, health behaviors, readiness to change your health behaviors, your needs and interests related to worksite health and safety, and questions about how your health may impact your work.

NOTE: Below is informed consent language and survey instructions that you can adapt for use in your own workplace health programs. This information is intended to be a reference and offers suggested wording similar to that found in CDC consent forms included those in the National Healthy Worksite Program.

Informed Consent

Before you get started, we need to give you some more information to help you decide whether or not you would like to participate.

- Your participation in this survey is voluntary. In the course of this survey, you may refuse to answer specific questions. You may also choose to end the survey at any time.
- The survey is designed to take about 30 minutes.
- There are no right or wrong answers or ideas—we want to hear about YOUR experiences and opinions.
- All of the comments you provide will be maintained in a secure manner. We will not disclose your responses or anything about you unless we are compelled by law. Your responses will be combined with other information we receive and reported in the aggregate as feedback from the group.
- Your name will not be linked to any responses you provide in this survey.
- There are no personal risks or personal benefits to you for participating in this survey.

When you have completed this survey, please seal it in the envelope provided, and place it in one of the collection boxes located throughout your work site by [INSERT DATE], or give it to [INSERT WORKSITE PROGRAM MANAGER].

If you have any questions, please feel free to contact [INSERT WORKSITE PROGRAM MANAGER]. [HIS/HER] number is [INSERT TEL #].

The Employee Health Assessment (CAPTURE) tool has modified Question #43 from the Brown University Rapid Eating and Activity Assessment for Patients (REAP) tool and received permission to use it in the CDC National Healthy Worksite Program (NHWP).

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Instructions

To make sure that health-related information and programs are tailored to your health concerns, we are asking each employee to fill out this survey. **DO NOT** write your name on this survey. **Please write in black or blue ink only. Thank you for your participation.**

Participant Identification

Do Not Write Here.

Health Status

1	Would you say that in general your health is? (Source: BRFSS)	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Don't know/not sure
2	Have you ever been told by a doctor, nurse or other health professional that you have any of the following disorders (check all that apply):	<input type="checkbox"/> Heart disease (heart attack, angina, bypass) <input type="checkbox"/> Atrial fibrillation or flutter <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Heart valve disease or murmur <input type="checkbox"/> Other vascular disease (PAD, PVD, aneurysm) <input type="checkbox"/> High blood pressure <input type="checkbox"/> Borderline hypertension or pre-hypertension <input type="checkbox"/> High blood cholesterol <input type="checkbox"/> Diabetes <input type="checkbox"/> Elevated blood sugar, borderline diabetes, gestational diabetes or pre-diabetes <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis <input type="checkbox"/> Asthma <input type="checkbox"/> Arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia <input type="checkbox"/> Carpal tunnel syndrome <input type="checkbox"/> Chronic or recurrent low back pain <input type="checkbox"/> A depressive disorder (including depression, major depression, dysthymia or minor depression)

Health Status

3	Are you currently taking medicine for any of the following conditions?	<input type="checkbox"/> High blood pressure <input type="checkbox"/> Asthma <input type="checkbox"/> High blood cholesterol <input type="checkbox"/> Arthritis <input type="checkbox"/> Diabetes <input type="checkbox"/> Low back pain
4	Do you take aspirin daily? (Source: BRFSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	In the past three months, have you had muscle, skeletal or joint pain, achiness or stiffness in any of the following areas every day for a week or more?	<input type="checkbox"/> Neck or shoulders <input type="checkbox"/> Low back <input type="checkbox"/> Elbow, wrist or hand <input type="checkbox"/> Hip, knee, ankle or foot
6	If yes to question 11, how often does this pain, aching or stiffness affect you or your activities?	<input type="checkbox"/> Rarely <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Never
Question 7 is for women only. Men skip to question 8.		
7	Are you pregnant or considering becoming pregnant within the next year? (women only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/not sure

Preventive Services

8	About how long has it been since you last visited a doctor for a routine checkup? (A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition).	<input type="checkbox"/> Within past year (less than 12 months ago) <input type="checkbox"/> Within past 2 years (1 year but less than 2 years ago) <input type="checkbox"/> Within past 5 years (2 years but less than 5 years ago) <input type="checkbox"/> 5 or more years ago <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Never
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The next set of questions asks about preventive services you may have received and when you had them last.

9	Blood pressure check	<input type="checkbox"/> Within past year (anytime less than 12 months ago) <input type="checkbox"/> More than 12 months ago <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Never
10	Cholesterol test	<input type="checkbox"/> Within past year (less than 12 months ago) <input type="checkbox"/> Within past 2 years (1 year but less than 2 years ago) <input type="checkbox"/> Within past 5 years (2 years but less than 5 years ago) <input type="checkbox"/> 5 or more years ago <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Never
11	Have you had a test for high blood sugar or diabetes within the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/not sure
12	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (Source: BRFSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No [Skip to Question #15] <input type="checkbox"/> Don't know/not sure
13	For a SIGMOIDOSCOPY , a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy ? (Source: BRFSS)	<input type="checkbox"/> Sigmoidoscopy <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Don't know/not sure

14	How long has it been since you had your last sigmoidoscopy or colonoscopy? (Source: BRFSS)	<input type="checkbox"/> Within past year (anytime less than 12 months ago) <input type="checkbox"/> Within past 2 years (1 year but less than 2 years ago) <input type="checkbox"/> Within past 3 years (2 years but less than 5 years ago) <input type="checkbox"/> Within past 5 years (3 years but less than 5 years ago) <input type="checkbox"/> Within past 10 years (5 years but less than 10 years ago) <input type="checkbox"/> 10 or more years ago <input type="checkbox"/> Don't know/not sure
15	During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? (Source: BRFSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/not sure
Questions 16 – 19 are for women only. Men skip to question 20.		
16	A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (Source: BRFSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No [Skip to Question #18] <input type="checkbox"/> Don't know/not sure [Skip to Question #18]
17	How long has it been since you had your last mammogram? (Source: BRFSS)	<input type="checkbox"/> Within past year (anytime less than 12 months ago) <input type="checkbox"/> Within past 2 years (1 year but less than 2 years ago) <input type="checkbox"/> Within past 3 years (2 years but less than 5 years ago) <input type="checkbox"/> Within past 5 years (3 years but less than 5 years ago) <input type="checkbox"/> 5 or more years ago <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Never
18	A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (Source: BRFSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No [Skip to Question #20] <input type="checkbox"/> Don't know/not sure [Skip to Question #20]

19	How long has it been since you had your last Pap test? (Source: BRFSS)	<input type="checkbox"/> Within past year (less than 12 months ago) <input type="checkbox"/> Within past 2 years (1 year but less than 2 years ago) <input type="checkbox"/> Within past 3 years (2 years but less than 5 years ago) <input type="checkbox"/> Within past 5 years (3 years but less than 5 years ago) <input type="checkbox"/> 5 or more years ago <input type="checkbox"/> Don't know/not sure
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Lifestyle

20	Have you smoked at least 100 cigarettes in your entire life? (Source: BRFSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No [Skip to Question #24] <input type="checkbox"/> Don't know/not sure
21	Do you now smoke cigarettes every day, some days or not at all? (Source: BRFSS)	<input type="checkbox"/> Every day <input type="checkbox"/> Some days <input type="checkbox"/> Not at all [Skip to Question #23]
22	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (Source: BRFSS)	<input type="checkbox"/> Yes [Skip to Question #24] <input type="checkbox"/> No [Skip to Question #24] <input type="checkbox"/> Don't know/not sure [Skip to Question #24]
23	How long has it been since you last smoked a cigarette, even one or two puffs? (Source: BRFSS)	<input type="checkbox"/> Within the past month (less than 1 month ago) <input type="checkbox"/> Within the past 3 months (1 month but less than three months ago) <input type="checkbox"/> Within the past 6 months (3 months but less than 6 months ago) <input type="checkbox"/> Within past year (6 months but less than 1 year ago) <input type="checkbox"/> Within past 5 years (1 year but less than 5 years ago) <input type="checkbox"/> Within past 10 years (5 years but less than 10 years ago) <input type="checkbox"/> 10 years or more <input type="checkbox"/> Don't know/not sure
24	Do you currently use chewing tobacco, snuff, or snus every day, some days or not at all? Snus (rhymes with 'goose') (Source: BRFSS)	<input type="checkbox"/> Every day <input type="checkbox"/> Some days <input type="checkbox"/> Not at all
25	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise? (Source: BRFSS)	<input type="checkbox"/> Yes <input type="checkbox"/> No [Skip to Question #32] <input type="checkbox"/> Don't know/not sure [Skip to Question #32]

Consider what type of physical activity or exercise you spent the most time doing during the past month. (See Appendix A on page 15 for examples.)		
26	How many times did you take part in this activity during the past month? (Source: BRFSS)	<input type="checkbox"/> _____ times <input type="checkbox"/> Don't know/not sure
27	And when you took part in this activity, for how many minutes did you usually keep at it? (Source: BRFSS)	<input type="checkbox"/> _____ minutes <input type="checkbox"/> Don't know/not sure
28	When you took part in these activities, how intense was your exercise session? (Source: BRFSS)	<input type="checkbox"/> Low (can sing a song) <input type="checkbox"/> Moderate (can carry on a conversation) <input type="checkbox"/> High (can only say short sentences) <input type="checkbox"/> Very high (winded/single words only)
Now consider what other type of physical activity gave you the NEXT MOST exercise during the past month. (Skip to question 32 if no additional physical activity).		
29	How many times did you take part in this activity during the past month? (Source: BRFSS)	<input type="checkbox"/> _____ times <input type="checkbox"/> Don't know/not sure
30	And when you took part in this activity, for how many minutes did you usually keep at it? (Source: BRFSS)	<input type="checkbox"/> _____ minutes <input type="checkbox"/> Don't know/not sure
31	When you took part in these activities, how intense was your exercise session? (Source: BRFSS)	<input type="checkbox"/> Low (can sing a song) <input type="checkbox"/> Moderate (can carry on a conversation) <input type="checkbox"/> High (can only say short sentences) <input type="checkbox"/> Very high (winded/single words only)
32	How often do you use seats belts when you drive or ride in a car? Would you say...? (Source: BRFSS)	<input type="checkbox"/> Always <input type="checkbox"/> Nearly always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never <input type="checkbox"/> Don't know/not sure
33	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (Source: BRFSS)	<input type="checkbox"/> _____ days per week or <input type="checkbox"/> _____ days in past 30 days <input type="checkbox"/> No drinks in past 30 days <input type="checkbox"/> Don't know/not sure

34	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine or a drink with one shot of liquor. During the past 30 days, about how many drinks did you drink on average? NOTE: a 40-ounce beer would count as three drinks, or a cocktail with two shots would count as two drinks. (Source: BRFSS)	_____drinks <input type="checkbox"/> Don't know/not sure
35	Considering all types of alcoholic beverages, how many times during the past 30 days did you have five (men) or four (women) or more drinks on an occasion? (Source: BRFSS)	_____times <input type="checkbox"/> None <input type="checkbox"/> Don't know/not sure
36	During the past 30 days, what is the largest number of drinks you had on any occasion? (Source: BRFSS)	_____drink(s) <input type="checkbox"/> Don't know/not sure
37	During the past 30 days, how many times per week did you eat fried foods? (Fried chicken or fish, hash browns, french fries, etc.) (Source: REAP. Copyright 2005, Institute for Community Health Promotion, Brown University, Providence, RI. All rights reserved)	_____times per week <input type="checkbox"/> Don't know/not sure
38	During the past 30 days, not counting juice, how many times per week did you eat fruit? Count fresh, frozen or canned fruit. (Source: BRFSS)	_____times per week <input type="checkbox"/> Don't know/not sure
39	During the past 30 days, how many times per week did you eat vegetables not including lettuce salads, potatoes, cooked dried bean (Include any form of the vegetable – raw, cooked, canned, or frozen)? EXAMPLES include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens and broccoli. (Source: NHANES)	_____times per week <input type="checkbox"/> Don't know/not sure
40	During the past 30 days, how many times per week did you eat whole grain foods (whole-wheat grains or pasta, oatmeal)? (Source: NHANES)	_____per week <input type="checkbox"/> Don't know/not sure
41	During the past 30 days, how many times per week did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. (Source: BRFSS)	_____per week <input type="checkbox"/> Don't know/not sure

Mental Well-being

42	Over the last two weeks, how many days have you had trouble falling asleep OR staying asleep OR sleeping too much? (Source: BRFSS)	<input type="checkbox"/> _____ of days (0-14 days) <input type="checkbox"/> None <input type="checkbox"/> Don't know/not sure
43	How often do you get enough restful sleep to function well in your job and personal life?	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know/not sure
44	How often do you experience stress at WORK that exceeds your ability to cope?	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know/not sure
45	How often do you experience stress at HOME that exceeds your ability to cope?	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know/not sure
46	How often do you get the emotional and social support you need? (Source: BRFSS)	<input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know/not sure
47	Over the last two weeks, how many days have you felt down, depressed or hopeless? (Source: BRFSS)	<input type="checkbox"/> _____ of days (0-14 days) <input type="checkbox"/> None <input type="checkbox"/> Don't know/not sure
48	Over the last two weeks, how many days have you had little interest or pleasure in doing things? (Source: BRFSS)	<input type="checkbox"/> _____ of days (0-14 days) <input type="checkbox"/> None <input type="checkbox"/> Don't know/not sure
49	Do you ever think of hurting yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/not sure
50	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	<input type="checkbox"/> _____ of days (0-30 days)

51	Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good? (Source: BRFSS)	_____ of days (0-30 days)
52	During the past 30 days, for about how many days did your poor physical or mental health keep you from doing your usual activities such as self-care, work, or recreation? (Source: BRFSS)	_____ of days (0-30 days)

**Which of the following best describes you regarding each of these activities?
(For each question check the option that best applies to you.)**

		I am satisfied with the way I am now and have no desire to change	I have considered making healthier choices	I have seriously considered making healthier choices and I am ready to make a change	I have started making healthier choices	I have already made changes for a healthier lifestyle and I am trying to maintain them	Not sure/ Don't know
53	Healthy Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Weight Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Stress Reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wellness Opportunities

**Which of the following health topics would you like information on, if available?
(Check "yes" or "no" for all that apply.)**

		Yes	No
60	Nutrition/healthy eating	<input type="checkbox"/>	<input type="checkbox"/>
61	Weight management	<input type="checkbox"/>	<input type="checkbox"/>
62	Onsite fitness/physical activity opportunities	<input type="checkbox"/>	<input type="checkbox"/>
63	Walking group	<input type="checkbox"/>	<input type="checkbox"/>
64	Cholesterol reduction	<input type="checkbox"/>	<input type="checkbox"/>
65	Blood pressure reduction	<input type="checkbox"/>	<input type="checkbox"/>
66	Diabetes awareness and management	<input type="checkbox"/>	<input type="checkbox"/>
67	Men's health issues	<input type="checkbox"/>	<input type="checkbox"/>
68	Reducing risk of heart disease or stroke	<input type="checkbox"/>	<input type="checkbox"/>
69	Pre-pregnancy planning	<input type="checkbox"/>	<input type="checkbox"/>
70	Women's health issues	<input type="checkbox"/>	<input type="checkbox"/>
71	Back/neck pain management	<input type="checkbox"/>	<input type="checkbox"/>
72	Anxiety/depression awareness and management	<input type="checkbox"/>	<input type="checkbox"/>
73	How to quit tobacco	<input type="checkbox"/>	<input type="checkbox"/>
74	Managing stress	<input type="checkbox"/>	<input type="checkbox"/>
75	Medical self-care	<input type="checkbox"/>	<input type="checkbox"/>
76	Ergonomics (work station or computer set-up, proper lifting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
77	Personal financial management	<input type="checkbox"/>	<input type="checkbox"/>
78	Allergy and asthma management	<input type="checkbox"/>	<input type="checkbox"/>
79	Safe sex	<input type="checkbox"/>	<input type="checkbox"/>
80	We will offer 10-15 minute individual health coaching sessions on a variety of wellness topics. If you attended, when would it be best for you?	<input type="checkbox"/> Immediately before my workday begins <input type="checkbox"/> During my break(s) <input type="checkbox"/> Immediately after my workday ends <input type="checkbox"/> During my workday	
81	How much time during your workday are you able to dedicate to worksite wellness activities?	<input type="checkbox"/> Less than 10 minutes <input type="checkbox"/> 10-20 minutes <input type="checkbox"/> 21-30 minutes <input type="checkbox"/> 31-40 minutes <input type="checkbox"/> 41-50 minutes <input type="checkbox"/> 51-60 minutes <input type="checkbox"/> Don't know/not sure	

Work-related Health History

To what extent do you agree with the following statements?		
82	After work I have enough energy for leisure activities.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
83	More and more often, I talk about my work in a negative way.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
84	At work, I often feel emotionally drained.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
85	In the past 30 days, I had a hard time doing my work because of my health.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
86	In the past 30 days, my health kept me from concentrating on my work.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
In the following questions, consider how much work you have missed because of health problems and how many times you've been injured on the job.		
87	In the past 30 days, how many times did you miss part or all of a workday for any reason?	_____times
88	In the past 30 days, how many times did you miss a half day of work because of problems with your physical or mental health?	_____times
89	In the past 30 days, how many times did you miss a full day of work because of problems with your physical or mental health?	_____times
90	In the past 12 months, how many times have you been injured on the job?	_____times

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3. Gans KM, Ross E, Barner CW, Wylie-Rosett J, McMurray J, Eaton C. REAP and WAVE: new tools to rapidly assess/discuss nutrition with patients. *J Nutr.* 2003 Feb;133(2):556S-62S. Review. PubMed PMID: 12566502.

Appendix A

Activity List for Common Leisure Activities (To be used for Physical Activity Questions as supplemental handout or FAQ sheet)

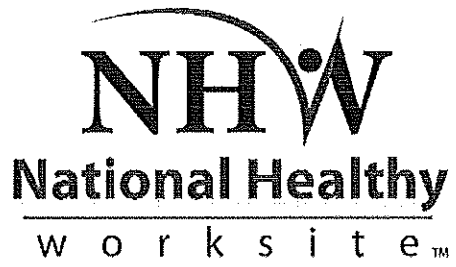
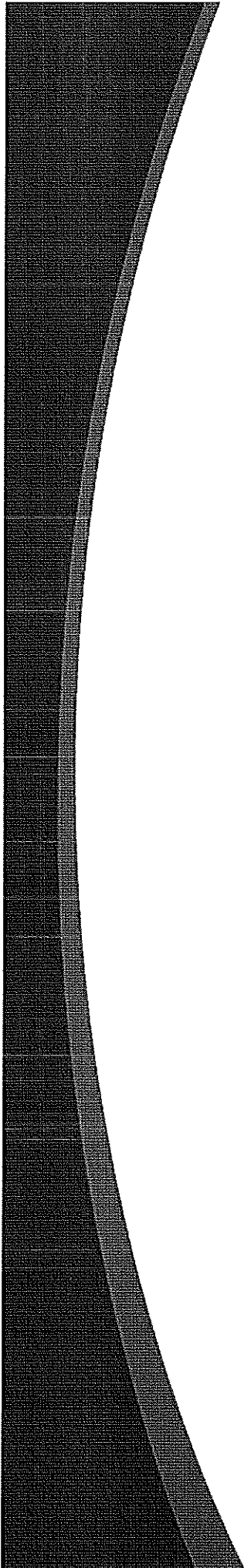
1. Active gaming devices (Wii Fit, Dance Dance revolution)
2. Aerobics video or class
3. Backpacking
4. Badminton
5. Basketball
6. Bicycling machine exercise
7. Bicycling
8. Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
9. Bowling
10. Boxing
11. Calisthenics
12. Canoeing/rowing in competition
13. Carpentry
14. Dancing: ballet, ballroom, Latin, hip hop, etc.
15. Elliptical/EFX machine exercise
16. Frisbee
17. Gardening (spading, weeding, digging, filling)
18. Golf (with motorized cart)
19. Golf (without motorized cart)
20. Handball
21. Hiking – cross-country
22. Hockey
23. Horseback riding
24. Inline Skating
25. Jogging
26. Lacrosse
27. Mountain climbing
28. Mowing the lawn
29. Paddleball
30. Painting/papering house
31. Pilates
32. Racquetball
33. Raking the lawn
34. Running
35. Rock Climbing
36. Rope skipping
37. Rowing machine exercise
38. Rugby
39. Scuba diving
40. Skateboarding
41. Skating – ice or roller
42. Sledding, tobogganing
43. Snorkeling
44. Snow blowing
45. Snow shoveling by hand
46. Snow skiing
47. Snowshoeing
48. Soccer
49. Softball/Baseball
50. Squash
51. Stair climbing/Stair master
52. Surfing
53. Swimming
54. Swimming in laps
55. Table tennis
56. Tai Chi
57. Tennis
58. Touch football
59. Volleyball
60. Walking
61. Waterskiing
62. Weight lifting
63. Wrestling

The Employee Health Assessment (CAPTURE) tool has modified Question #43 from the Brown University Rapid Eating and Activity Assessment for Patients (REAP) tool and received permission to use it in the CDC National Healthy Worksite Program (NHWP).

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**Getting Better All the Time:
The Status of Employee Wellness Programs in North Carolina's Municipalities**

By Claire M. Long

A paper submitted to the faculty of
The University of North Carolina at Chapel Hill
in partial fulfillment of the requirements for the degree
Master of Public Administration

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This paper represents work done by a UNC-Chapel Hill Master of Public Administration student. It is not a formal report of the School of Government, nor is it the work of School of Government faculty.

Executive Summary

Wellness programs are designed to nurture employee health, well-being, and productivity. Although organizations are recognizing the benefits of investing in wellness programs, little is known about what is included under the wide umbrella of "wellness programs." This study explores what wellness program components North Carolina municipalities offer and what information they collect to evaluate these programs. All municipalities offer some wellness program, the most common components being on-site health screenings and seminars. While 86% of municipalities are collecting information on their wellness program, the depth and amount of information varies.

Introduction

Healthy, engaged, and productive employees are a goal of all organizations. The issues of health and engagement have become not just a matter of productivity and morale but one with financial considerations. Wellness programs can promote health and keep down related healthcare costs. Wellness programs can broadly be defined as any action by an organization that “promotes health or seeks to prevent a disease.”¹

Wellness Program Components

The term “wellness programs” can refer to many activities, from health screenings to smoking cessation coaching programs to on-site wellness clinics. While wellness programs can vary greatly in what they include, those with the greatest return on investment include assessment activities, communication materials, self-help materials as well as group programs.² Although more advanced wellness programs require higher initial investments of both time and money, they provide the greatest long term cost savings to employers.³

Wellness Program Outcomes

Wellness programs result in a well-documented return on investment in both direct financial savings as well as employee productivity and commitment. However, the amount of savings may vary depending on the type of program offered and what measures are used to evaluate the program.⁴ Wellness programs can lead to decreased employer health care costs, increased employee productivity,⁵ decreased sick time,⁶ reductions in disability costs,⁷ increased work performance, lower turnover, and higher levels of organizational commitment.⁸ For employees, wellness programs can lead to improvements in blood pressure, cholesterol levels, and other health measures.⁹

Evaluating Wellness Program Outcomes

The highest-performing wellness programs have specific outcome targets and the ability to measure progress to such targets.¹⁰ Thus, it is important that wellness programs collect appropriate metrics to demonstrate a program’s impact. In evaluating programs, multiple levels of metrics are needed; employee reaction is not the only way to measure program impact. Evaluation should also include measurement of employee learning, behavior changes, and organizational results.¹¹ Most wellness programs will not see significant return on investment for at least two years as they attempt to alter basic employee behaviors,¹² but some simple, low-cost changes to workplace setting or education campaigns can impact employee health in the short term.¹³

Information shows increased use of wellness programs in the public sector, with 54% of public sector employees and 46% of local government employees having access in 2008.¹⁴ However, little is known about the actual components of wellness programs among local governments, despite a rise in employer interest in such programs and their benefits. Due to the advanced age of many municipal employees, public sector employers are at an increased risk for dramatically rising health care costs.¹⁵ This research begins to fill that gap in local government knowledge and provide perspective on what is happening in the area of wellness programming for local governments in North Carolina (NC). With a focus on outcomes and calculating return on investment, this research also provides insight into the extent to which municipalities are collecting information to evaluate their wellness program components.

Research Questions and Methodology

This research answers the following questions:

1. What components of employee wellness programs are offered by NC’s municipalities?
2. What type of metrics are these municipalities collecting to evaluate outcomes of these programs?

To answer these questions, an electronic survey was administered to Human Resource Directors from municipalities in NC with populations above 20,000 (43 municipalities in total, see Appendix A for a complete list).¹⁶ The survey addressed a range of wellness activities drawn from both academic and best practice research; a copy of the survey is included in Appendix B. One way to categorize wellness programs that was presented in the literature is four distinct categories (described in Appendix C): assessment (“What do our employees know about themselves? What do we know about our employees?”), self-help (“What can we help our employees’ accomplish on their own?”), communication and policy (“How does our

organization discuss wellness and wellness policies’?), and group wellness (“What do our employees do as a group?”).¹⁷ The survey asked about wellness program components in these four categories and, overall, eleven wellness program components were tested.¹⁸ The survey also evaluated information municipalities collect to evaluate the outcomes of their wellness program.¹⁹ There was a 67% response rate to the survey (n=29).²⁰ Three high-performing survey respondents were then interviewed to provide context to the data collected from the survey.

Findings and Discussion

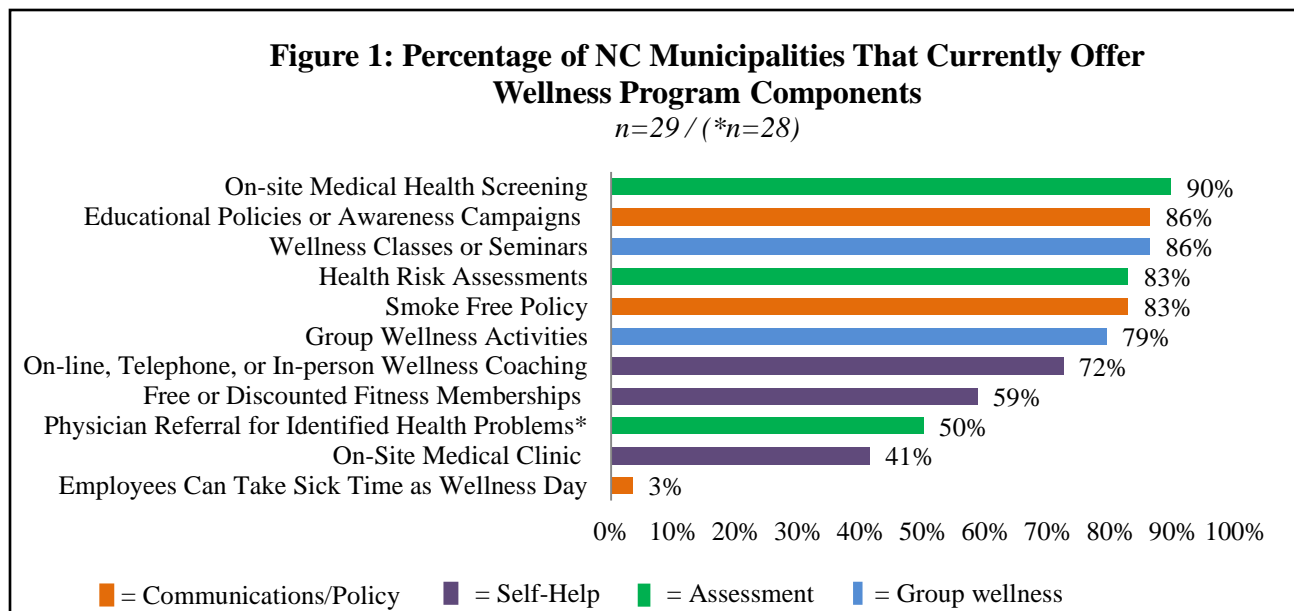
This findings section will first address general findings on wellness program components and then each of the four wellness categories: assessment, self-help, group wellness programs, and communication. The section will conclude with results on the second research question and what information municipalities are collecting about their wellness program.

Research Question One: Wellness Program Components

Survey results reveal that all NC municipalities are actively engaged in wellness programming; all respondents offer at least some wellness activities to their employees.

Overall, 23 of the 29 municipalities offer one component from each of the four wellness categories (79%). The most common wellness program component is on-site medical health screening; the least common component was allowing employees to take a sick day as a wellness day (see Figure 1). Of the eleven identified wellness program components in this survey, municipalities range from offering two to ten components. On average, municipalities offer a little over seven wellness program components.

One area where municipalities varied in the type of program component offered was in employee population. Employers with 401 to 800 employees provide the most assessment, self-help, and group wellness activities, and the least communication and policy activities (see Appendix E for a more detailed discussion of this variation).



Municipalities do not appear to be cutting back on wellness programs in light of economic insecurities and budget cuts. This may be due to employers using wellness programs as a partial solution to increasing healthcare costs.²¹ While 45% of employers (13 municipalities) reported program components that they discontinued within the past three years, these 20 discontinued components pale in comparison to the 211 wellness program components still being offered by municipalities. The survey did not ask municipalities

why they stopped offering program components; it is possible that municipalities found some components not popular or a strong return on investment and chose to discontinue them.

Assessment Wellness Components

Assessments can help employers identify an organization's health profile and areas needing improvement. Employers can then use identified health problem areas, on an aggregate level, to form and guide health areas to focus on as part of the organization's overall wellness program. Three assessment components were tested: health risk assessments, on-site medical health screenings, and physician referral for identified health problems. All 29 municipalities provide at least one assessment activity for their employees, while 11 municipalities provide all three assessment activities (38%) and 13 municipalities provide two assessment activities (45%). The most common assessment activity offered was onsite health assessment, offered by 26 municipalities (90%) (see Figure 1). As wellness programs should be designed around employee needs, it is heartening to see that NC municipalities have begun to evaluate the health of their employees and can then use this information to tailor their wellness programs to the needs of their employees.

Self-Help Wellness Components

Self-help components are opportunities provided by the municipality that the employee must take advantage of on their own. Three self-help components were evaluated: on-site medical health clinic, free or discounted fitness memberships, and on-line, in-person, or telephone wellness coaching. Almost 90% of municipalities (25 municipalities) provide some sort of self-help activity for their employees. The most common component is on-line, telephone, or in-person counseling for health related issues, currently offered by 21 municipalities (72%) (see Figure 1). For the 21 municipalities that provide some sort of health counseling, the most common type of counseling is in-person counseling, offered by 16 municipalities (76%). While some self-help components require an initial higher investment, such as an on-site clinic, others, such as free/reduced fitness memberships, require little investment up front. These low-cost options could be places to start for municipalities looking to implement self-help components before looking to higher cost components.

Group Wellness Components

Group activities can be an opportunity for employees to encourage each other's participation and commitment to health goals.²² Two group wellness program components were evaluated: wellness classes or seminars and group wellness activities. Of the 29 municipalities, 26 offer at least one group wellness component (90%), while 21 municipalities offer both components (72%) (See Figure 1). Wellness classes or seminars are the most common group wellness activity offered. Weight loss competitions (70%, n=23), were slightly more common than group exercise classes (67%). It is possible that employers find economy of scale savings with group activities that they do not see with individual program components.

Communication and Policy Components

Three communication and policy components were tested: having a smoke-free policy of any sort, offering educational policies or awareness campaigns, and allowing employees to take sick time as a wellness day. All 29 municipalities have at least one communication or policy component as part of their wellness program while one municipality offers all three components. As seen in Figure 1, educational policies or awareness campaigns are the most common component, offered by 25 municipalities (86%). Between the 25 organizations that offer some sort of educational policies or awareness campaigns, bulletin boards are the most common method that municipalities use to create awareness, with 22 municipalities having one set up (88%). Only one organization has a policy of not serving junk food at meetings (4%). Municipalities appear to be sticking to low-cost communication activities, without actually implementing policies that may actively change employee behavior. One interpretation is that these policy changes may be outside control of Human Resources and would require involving other stakeholders in organizational decisions.

Research Question Two: Information Collected About Wellness Programs

To determine what type of metrics municipalities use to evaluate their wellness programs, the survey asked municipalities about 11 types of information they were collecting on their wellness program. Types of

information collected were grouped into basic employee reaction data and more complex behavioral data. Overall, 86% of municipalities collect information on their wellness program.²³ Municipalities collect an average of five types of information about their wellness program, with some collecting as many as nine.

Employee Reaction Information

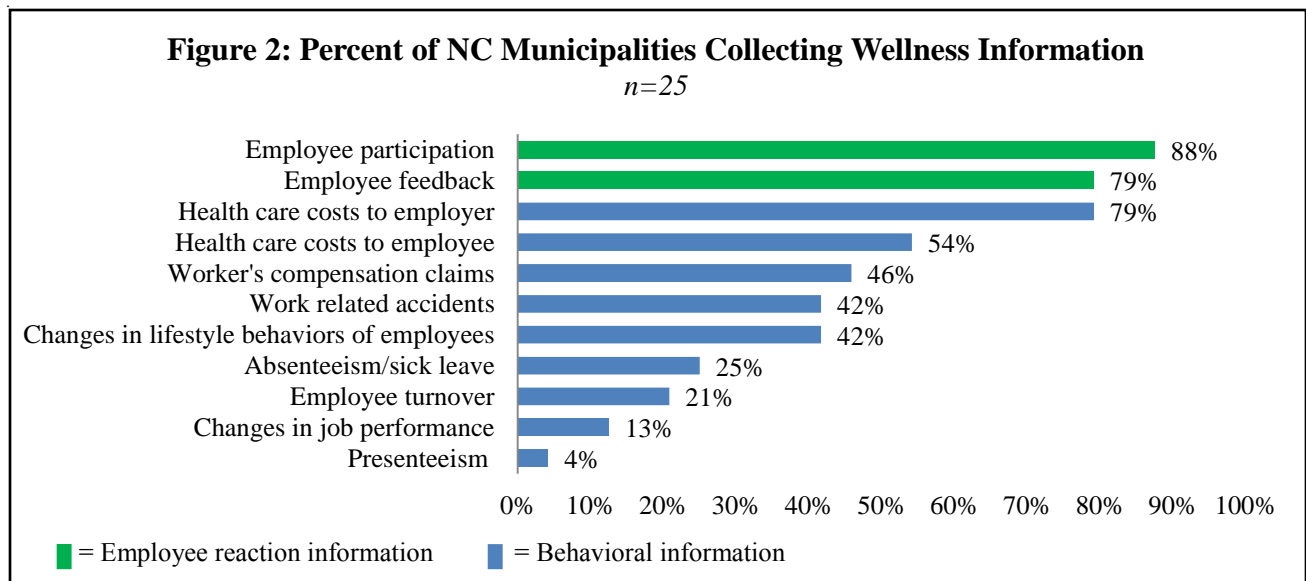
The survey asked about two types of basic employee reaction information: employee feedback and employee participation levels. All employers collecting information are capturing at least one piece of basic employee reactions to their wellness programs; 75% of municipalities are collecting both pieces of information. While the information municipalities are collecting may be useful in ensuring future wellness sessions are relevant to employees, this basic level of analysis does not allow organizations to evaluate either return on investment or health impact of wellness program components.

Behavioral Evaluation Information

The survey asked about nine pieces of additional behavioral evaluation information:

- changes in lifestyle behavior of employees
- absenteeism/sick leave
- presenteeism (working while sick)
- worker’s compensation claims
- work related accidents
- health care costs to employer
- health care costs to employee
- changes in job performance
- employee turnover

When considering how to evaluate wellness programs, having multiple levels of assessment can provide more information and greater ability to use the data to inform decision making in a meaningful way.²⁴ On average, municipalities collect just over three pieces of behavioral evaluation information and none are collecting more than seven. As seen in Figure 2, the most common type of behavioral being collected is health care costs to employer, collected by 79% of municipalities. The two pieces of information being collected most infrequently were presenteeism, (collected by only one municipality) and changes in job performance (collected by only three municipalities). While employers appear to be collecting hard data directly related to healthcare costs, presenteeism, employee turnover, absenteeism/sick leave, and changes in job performance information can also impact both healthcare and productivity costs. This information can also be used to more fully measure return on investment of wellness program components, a useful strategy when determining the impact of high dollar wellness investments.



In addition to collecting information, it is important to then use the collected information to make strategic human resource decisions. The City of Mooresville launched their wellness program with an

advanced set of performance metrics in October 2011. They are monitoring health care claims on a quarterly basis for services that their nurse offers in their on-site clinic and will benchmark expected changes against their previous year's health claims to evaluate the clinic's impact. The full set of Mooresville's advanced metric definitions is included in Appendix F as an example of strong performance metrics.

Recommendations/Policy Implications

NC's municipalities offer many, diverse wellness components. Although almost 80% of municipalities offer one component from each of the four wellness categories, the few municipalities that do not offer at least one component in each category should first look to the category that they are missing when considering expansion of their wellness program. This will ensure that their wellness program reflects current best practices for wellness programs. These new components should be designed with specific health or employee behavior change outcome targets in mind.²⁵

Municipalities committed to their wellness program looking for a direct return on investment for their wellness program may look to offering an on-site wellness clinic.²⁶ Currently, only 41% of municipalities offer an on-site wellness clinic. This can be a high-cost initial investment that can generate significant cost savings in the long run, as demonstrated in both literature and practice. Asheboro's on-site health clinic is profiled in Appendix G.²⁷

Municipalities indicate that they are collecting multiple types of information on their wellness program, which is promising. However, collecting information on wellness programs does not in and of itself lead to strategic healthcare decisions.²⁸ The next step is to compare the collected information to existing data within or outside the organization to understand the context in which changes are happening. Organizations can then use human capital analytics to analyze and understand the data and ultimately make forward thinking data-driven decisions. These data driven decisions should not be focused solely on the short term, as seeing documented healthcare savings can often take two or more years.²⁹ This survey did not capture how municipalities are using the data collected to evaluate their wellness program (such as dashboards, scorecards or even analytical tools); a follow-up study could measure how municipalities are using the data collected. It is especially important to collect high level performance metrics on a wellness clinic or any other high-cost investment in order to be better positioned to evaluate the program component's effectiveness and determine whether it is generating desired cost-savings and health improvements. In addition to moving towards collecting higher end behavioral change metrics, municipalities that want to expand and improve their wellness program can consider more advanced analysis of their existing data.

This study did not address the length of time different wellness program components have been offered by municipalities. From follow-up interviews, it appears that high-performing programs evolved and grew over time in response to both changing employee needs and municipality's growing healthcare costs. Often this growth was the result of one specific employee serving as a program advocate. A follow-up study could provide lessons on how municipalities successfully anticipated changing needs and health conditions.

Wellness programs, when evaluated comprehensively, have the opportunity to produce cost savings for employers while also increasing the health and productivity of employees. NC municipalities provide many wellness program options for their employees. However, as employers move to strategic human resource decisions based on healthcare analytics, municipalities can expand the information collected to evaluate these programs and how they demonstrate cost savings and productivity improvements.

¹ Chancey, A.K. (2009). Getting Healthy: Issues to Consider Before Implementing a Wellness Program. *Journal of Health & Life Sciences Law*, 2(3), 49.

² This study will explain wellness program programs through the lenses of these four categories. These are the original categories put forth by Powell in 1999; I have adjusted the titles of the categories to be more clear in their description in light of wellness program changes in the last 12 years. Powell, D.R. (1999). Characteristics of Successful Wellness Programs. *Employee Benefits Journal*, 24(3), 15-21. Benavides, A. D., & David, H. (2010). Local government wellness programs: A viable option to decrease healthcare costs and improve productivity. *Public Personnel Management*, 39(4), 291-306.

³ Serxner, S.A., Gold, D.B., Grossmeier, J.J. & Anderson, D.R. (2003). The Relationship Between Health Promotion Program Participation and Medical Costs: A Dose Response. *Journal of Occupational and Environmental Medicine*, 45(11), 1196-1200.

⁴ Benavides, A. D., & David, H. (2010). Nyman, J.A., Barleen, N.A. & Dowd, B.E. (2009). A Return-on-Investment Analysis of the Health Promotions Program At the University of Minnesota. *Journal of Occupational and Environmental Medicine*, 51(1),54-65.

⁵ Benavides, A. D., & David, H. (2010). Kocakulah, M. & Joseforsky, H. (2002). Wellness Programs: A Remedy for Reducing Healthcare Costs. *Hospital Topics: Research and Perspectives on Healthcare*, 80(2), 26-30. Parker, K., Wilson, M.G., Vandenberg, R.J., DeJoy, D.M. & Orpinas, P. (2009). Association of Comorbid Mental Health Symptoms and Physical Health Conditions With Employee Productivity. *Journal of Occupational and Environmental Medicine*, 51(10), 1137-1144.

⁶ Benavides, A. D., & David, H. (2010). Schultz, A., Lu, C., Barnett, T.E., Yen, L.T., McDonald, T., Hirschland, D. & Edington, D.W. (2002). Influence of Participation in a Worksite Health-Promotion Program on Disability Days. *Journal of Occupational and Environmental Medicine*, 44(8):776-780.

⁷ Schultz, A., Lu, C., Barnett, T.E., Yen, L.T., McDonald, T., Hirschland, D. & Edington, D.W. (2002). Influence of Participation in a Worksite Health-Promotion Program on Disability Days. *Journal of Occupational and Environmental Medicine*, 44(8):776-780. Bertera, R.L. (1990). The Effects of Workplace Health Promotions on Absenteeism and Employment Costs in a Large Industrial Population. *American Journal of Public Health*, 80(9), 1101-1105.

⁸ Roberts, G.E. (2001). Employee Benefits Cost Control Strategies in Municipal Government. *Public Performance & Management Review*, 24(4), 389-402.

⁹ Hochart, C. & Lange, M. (2011).

¹⁰ Shourie, A. (2001). Spotlight on Success: Implementing Effective Health Promotion Programs. *Occupational Health Tracker*, 4(1), 6-8.

¹¹ The Kirkpatrick Model is a nationally known method of evaluating training program. This model indicates that measuring employee reaction is not the only way to measure training programs and that solid evaluation models should include evaluation of employee's learning, behavior changes, and organizational results as well as their reaction. The same is true of any program evaluation of outcomes. Faerman, S. & Ban, C. (1993). Trainee Satisfaction and Training Impact: Issues in Training Evaluation. *Public Productivity & Management Review*. 16(3), 299-314.

¹² Faerman, S. & Ban, C. (1993). Trainee Satisfaction and Training Impact: Issues in Training Evaluation. *Public Productivity & Management Review*. 16(3), 299-314. Bertera, R.L. (1990). The Effects of Workplace Health Promotions on Absenteeism and Employment Costs in a Large Industrial Population. *American Journal of Public Health*, 80(9), 1101-1105.

¹³ Powell, D.R. (1999).

¹⁴ Stolfus, E.R. (2009). Access to Wellness and Employee Assistance Programs in the United States. *Bureau of Labor and Statistics*. Retrieved from <http://www.bls.gov/opub/cwc/cm20090416ar01p1.htm>

¹⁵ Benavides, A. D., & David, H. (2010).

¹⁶ To better ensure that municipalities would have a designated Human Resource Director, the survey was sent to the 43 municipalities across North Carolina with 2010 populations above 20,000.

¹⁷ Benavides, A. D., & David, H. (2010).

¹⁸ Appendix C includes a detailed description and justification for each wellness components' categorization.

¹⁹ The survey was pre-tested with two representatives from municipalities under 20,000 people and one former municipal Human Resource Director.

²⁰ Based on municipal population and geographic location in North Carolina (Western, Piedmont, and Coastal), there was no statistical difference between organizations that opted to respond and organizations that did not respond. This reduces concern of sample bias in the results and increases confidence that the results are

generalizable to all municipalities in North Carolina with populations above 20,000 people. A table of survey responses is included in Appendix D.

²¹ During follow-up interviews, a desire to control rising healthcare costs was given as one reason for expanding wellness program.

²² Carrell, S. (2011). Is Poor Fitness Contagious? *Journal of Public Economics*, 95(7-8), 657-663.

²³ A table of survey responses is included in Appendix D.

²⁴ The Kirkpatrick Model indicates that measuring employee reaction is not the only way to measure training programs and that solid evaluation models should include evaluation of employee's learning, behavior changes, and organizational results as well as their reaction. The same is true of any program evaluation of outcomes.

²⁵ Shourie, A. (2001).

²⁶ Miller, S. (2011). Employers Accelerate Efforts to Control Health Plan Costs.

²⁷ Serxner, S.A., Gold, D.B., Grossmeier, J.J. & Anderson, D.R. (2003).

²⁸ Selden, S. (2008). *Human Capital: Tools and Strategies for the Public Sector*. Washington, DC: CQ Press, 165.

²⁹ Bowden, D., Fry, L, Powell, D.R, Rosene, P.M & Shewanown, M. (2010).

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I am also thankful to the Human Resource Directors from across North Carolina that took the time to patiently take my survey and answer my questions.

Appendix A
List of NC Municipalities in Sample Population

Apex	Jacksonville
Asheboro	Kannapolis
Asheville	Kernersville
Burlington	Kinston
Cary	Lexington
Chapel Hill	Lumberton
Charlotte	Matthews
Concord	Mint Hill
Cornelius	Monroe
Durham	Mooresville
Fayetteville	New Bern
Garner	Raleigh
Gastonia	Rocky Mount
Goldsboro	Salisbury
Greensboro	Sanford
Greenville	Shelby
Havelock	Statesville
Hickory	Thomasville
High Point	Wake Forest
Holly Springs	Wilmington
Huntersville	Wilson
Indian Trail	Winston-Salem

Appendix B Qualtrics Survey Distributed to Municipalities

Q1 Does your municipality offer any wellness programs or practices to its employees? A wellness program is defined as "any action by an organization that promotes health or seeks to prevent a disease." For the purpose of this study, wellness programs do not include programs associated with an EAP.

- Yes (1)
- No (3)
- Not currently, but have offered within the last three years (2)

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected Or Does your municipality offer any wellness programs or pra... Not currently, but have offered within the last three years Is Selected

Q42 Does your municipality offer wellness classes or seminars for your employees (such as "Lunch and Learns")?

- Yes (1)
- Not currently, but have within the last three years (2)
- No (3)

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected Or Does your municipality offer any wellness programs or pra... Not currently, but have offered within the last three years Is Selected

Q19 Does your municipality's wellness program include educational policies or awareness campaigns? These campaigns may include items or components as varied as a policy of not serving junk food at meetings, a bulletin board campaign encouraging sunscreen use, or an electronic calendar of upcoming health related event in the community.

- Yes (1)
- Not currently, but have offered within the last three years (2)
- No (3)

Answer If Does your municipality's wellness program include educati... Yes Is Selected Or Does your municipality's wellness program include educati... Not currently, but have offered within the last three years Is Selected

Q20 What type of educational policies or awareness campaigns has your municipality put into place?

- Wellness calendar with upcoming wellness events, either internally or externally (1)
- Wellness newsletter with health articles or health column in organization newsletter (2)
- Bulletin boards with health information (3)
- Health education awareness campaigns (around what topic(s)?) (4) _____
- Stated policy of not serving junk food at meetings (5)
- Stated policy to increase healthy food choices in vending machines and/or the cafeteria (6)
- Other (please indicate below) (7) _____

Q36 Does your municipality have a smoke-free policy?

- Yes, it covers facilities, vehicles, and public spaces (1)
- Yes, it covers facilities and vehicles (2)
- Not currently, but did within the last three years (4)
- No (5)
- Yes, it covers facilities (3)

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected Or Does your municipality offer any wellness programs or pra... Not currently, but have offered within the last three years Is Selected

Q10 Does your municipality offer free or discounted fitness memberships for your employees?

- Yes, at an on-site gym (1)
- Yes, at an off-site gym (2)
- Not currently, but have offered within the last three years (3)
- No (4)

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected

Q15 Does your municipality organize group wellness activities for your employees? These activities may include components as varied as after work walking groups or weight loss competitions.

- Yes (1)
- Not currently, but have offered within the last three years (2)
- No (3)

Answer If Does your municipality organize group wellness activities... Yes Is Selected Or Does your municipality organize group wellness activities... Not currently, but have offered within the last three years Is Selected

Q17 What types of group activities does your municipality organize for its employees?

- Group exercise classes (such as walking groups, gym classes) (1)
- Dieting or weight loss clubs/competitions (such as a Weight Watchers lunch program or The Biggest Loser competition) (2)
- Other (please indicate below) (4) _____

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected

Q3 Does your municipality offer an on-site medical health screening session to your employees?

- Yes (1)
- Not currently, but have offered within the last three years (2)
- No (3)

Answer If Does your municipality offer an on-site medical heal... Yes Is Selected Or Does your municipality offer an on-site medical heal... Not currently, but have offered within the last three years Is Selected

Q4 What tests are offered during this medical health screening?

- Cholesterol levels (1)
- Weight and BMI (2)
- Body fat percentage (3)
- Blood sugar levels (4)
- Blood pressure levels (5)
- Hearing tests (6)
- Vision exams (7)
- Mammograms (8)
- Others (please list below) (9) _____

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected

Q5 Does your municipality offer health risk assessments for your employees? A health risk assessment is a screening questionnaire that employees can take to evaluate their health status and risk level.

- Yes (1)
- Not currently, but have offered within the last three years (2)
- No (3)

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected

Q6 Does your municipality offer telephone, on-line, or in-person wellness coaching to your employees? This does not include components of your municipality's EAP program.

- Yes (1)
- No (3)
- Not currently, but have offered within the last three years (2)

Answer If Does your municipality offer telephone, on-line, or in-pe... Yes Is Selected Or Does your municipality offer telephone, on-line, or in-pe... Not currently, but have offered within the last three years Is Selected

Q7 What specific health areas are employees able to seek wellness coaching for? Please check all methods of coaching that apply. If your municipality no longer provides wellness coaching, indicate what the municipality used to provide.

	Offered Online (1)	Offered By Telephone (2)	Offered In-person (3)
Blood pressure management (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol control (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet or nutrition (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise/fitness (including providing personal trainers) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please list below) (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease management (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-natal instruction (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer If Does your municipality offer health risk assessments for ... Yes Is Selected Or Does your municipality offer health risk assessments for ... Not currently, but have offered within the last three years Is Selected Or Does your municipality offer telephone, on-line, or in-pe... Yes Is Selected Or Does your municipality offer telephone, on-line, or in-pe... Not currently, but have offered within the last three years Is Selected

Q9 Does your municipality offer physician referral programs for employee health issues identified during health screenings or coaching session? This does not include components of your municipality's EAP program.

- Yes (1)
- Not currently, but have offered within the last three years (2)
- No (3)

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected Or Does your municipality offer any wellness programs or pra... Not currently, but have offered within the last three years Is Selected

Q11 Does your municipality offer an on-site health clinic for employees?

- Yes (1)
- Not currently, but have offered within the last three years (2)
- No (3)

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected Or Does your municipality offer any wellness programs or pra... Not currently, but have offered within the last three years Is Selected

Q35 Does your municipality allow employees to take any of their sick days as paid "wellness" days?

- Yes (1)
- Not currently, but have offered within the last three years (2)
- No (3)
- We offer personal days that cover both sick and vacation days; this does not apply (4)

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected Or Does your municipality offer any wellness programs or pra... Not currently, but have offered within the last three years Is Selected

Q21 Please indicate any additional practices or components of your wellness program.

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected Or Does your municipality offer any wellness programs or pra... Not currently, but have offered within the last three years Is Selected

Q29 Does your municipality collect any information related to its wellness program? This information may include efforts to count employee participation, employee feedback, changes in health care costs, and changes in absenteeism, as well as other information.

- Yes (1)
- Not currently, but have offered within the last three years (2)
- No (3)

Answer If Does your municipality collect any information rela... Yes Is Selected Or Does your municipality collect any information rela... Not currently, but have offered within the last three years Is Selected

Q30 What type of information does your municipality collect related to its wellness program?

- Rate of employee participation in programs (1)
- Employee feedback on programs (2)
- Changes in lifestyle behaviors of employee (11)
- Absenteeism/sick leave (Employee misses work due to personal illness or stress) (3)
- Presenteeism (Employee is at work, but due to illness, not fully functioning) (4)
- Worker's compensation claims (5)
- Work related accidents (6)
- Health care costs to employer (8)
- Health care costs to employee (9)
- Changes in job performance (10)
- Employee turnover (12)
- Other (please indicate below) (13) _____

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected Or Does your municipality offer any wellness programs or pra... Not currently, but have offered within the last three years Is Selected

Q23 Can employees' dependents participate in your municipality's wellness program?

- Yes, all dependents can participate in all components (1)
- Yes, some dependents can participate in some components (please indicate which ones below) (2)

- Not currently, but have offered within the past three years (3)
- No (4)

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected Or Does your municipality offer any wellness programs or pra... Not currently, but have offered within the last three years Is Selected

Q22 Does your municipality offer any incentives to employees for participating in any part of its wellness program? These incentives may also be offered in partnership with your insurance company or another organization.

- Yes (1)
- Not currently, but have offered within the last three years (2)
- No (3)

Answer If Does your municipality offer any incentives to ... Yes Is Selected Or Does your municipality offer any incentives to ... Not currently, but have offered within the last three years Is Selected

Q33 What type of incentives does your municipality provide for its employees for participating in your wellness program? Please describe both free and subsidized incentives offered by your municipality or in partnership with your insurance company or another organization.

Q39 How does your municipality provide insurance to its employees?

- Self-insured (1)
- Private insurance (please indicate from which company) (2) _____
- We do not offer health insurance to our employees (3)

Q27 Please indicate the name of your municipality. While results will be kept confidential, collecting the names of municipalities will help assess how reflective the final results are of North Carolina's diversity in municipal size and geographical regions.

Answer If Does your municipality offer any wellness programs or pra... Yes Is Selected Or Does your municipality offer any wellness programs or pra... Not currently, but have offered within the last three years Is Selected

Q25 How many employees does your municipality have?

Permanent full-time (1)

Permanent part-time, eligible for some wellness benefits (2)

Answer If Does your municipality offer any wellness programs or pra... No Is Selected

Q45 How many employees does your municipality have?

Permanent full-time (1)

Permanent part-time (2)

Q28 Do you have any additional feedback and comments on wellness programs you would like to share?

Q45 Would you like to receive a copy of the final report of this survey?

Yes (1)

No (2)

Q44 May the investigator contact you will follow-up questions?

Yes (1)

No (2)

Answer If Can the investigator contact you will follow-up questions? Yes Is Selected Or Are you interested in receiving a copy of the final repor... Yes Is Selected

Q38 What is the best way to contact you?

Name (3)

Email (1)

Phone number (2)

Appendix C
Wellness Survey Groupings

Wellness Program Component	Explanation of Categorization
Group Programming	What do our employees do as a group?
Wellness Classes or Seminars	Employees attend classes or seminars together and participate in group discussions
Group Wellness Activities	Employees engage in physical fitness activities together
Assessment	What do our employees know about themselves? What do we know about our employees?
On-site Medical Health Screening	Informs employer about aggregated health of employees through biometric screenings; informs employees about individual medical attention
Health Risk Assessments	Completed online or on paper, informs employees about health risks and areas to work on; informs employer about aggregated health concerns of employees
Physician Referral for Identified Health Problems	Employer is recommended for further follow-up of health problems identified during medical screening or health risk assessment (such as high blood pressure, diabetes, depression, etc.)
Self-Help	What can we help our employees accomplish on their own?
On-line, Telephone, or In-person Wellness Coaching	Employees can choose to take advantage of health coaching to help them start or improve some sort of health related habit
Free or Discounted Fitness Memberships	Employees can choose to take advantage of fitness memberships
On-Site Medical Clinic	Employees can choose to seek treatment for covered ailments onsite (employees are still eligible and covered if they seek treatment at another location)
Communication	How does our organization discuss wellness and wellness policies?
Educational Policies or Awareness Campaigns	Statements about health and wellness from the organization
Smoke Free Policy	Stated policy about importance of being smoke-free
Employees Can Take Some Sick Time as a Wellness Day	Policy that rewards employees for preventative care and staying healthy by giving them “sick” time to use if they do not use sick time during a set period

Appendix D Survey Responses

Wellness Program Components

	<i>Group Programming</i>		<i>Communications and Policy</i>			<i>Assessment</i>			<i>Self Help</i>		
Municipality	Wellness classes or seminars for your employees	Group wellness activities for your employees	Educational policies or awareness campaigns	Smoke-free policy	Employees can take any of their sick time as paid "wellness" days	On-site medical health screening session?	Health risk assessments	Physician referral programs for identified health issues	On-site health clinic	On-site or off-site fitness memberships	Wellness coaching
1	Yes	Yes	Yes	Facilities and vehicles	No	Yes	Yes	No	No	No	Yes
2	Yes	Not now but within past three years	Yes	Facilities and vehicles	No	Yes	Not now but within three years	Yes	Yes	On-site	Yes
3	Yes	No	Yes	No	No	Yes	Yes	No	No	No	Yes
4	Not now but within 3 years	Yes	Yes	Facilities	No	Yes	Yes	No	No	No	Yes
5	Yes	Yes	Yes	Facilities and vehicles	No	Yes	Yes	No	No	On-site	No
6	Not now but within 3 years	No	No	Facilities and vehicles	No	No	Yes	No	No	Not now but within three years	Not now but within three years
7	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Off-site	Not now but within three years
8	Yes	Yes	Yes	Facilities	No	Not now but within three years	Yes	Not now but within three years	No	Off-site	Yes
9	Yes	Yes	Yes	Facilities and vehicles	No	Yes	No	9999	No	No	No
10	Yes	Yes	Yes	Facilities	No	Yes	No	No	No	Off-site	Yes

11	No	Yes	Yes	Facilities	No	Yes	Yes	Yes	No	No	Yes
12	Yes	Yes	Yes	Facilities, vehicles, and public spaces	No	Yes	Yes	No	No	Off-site	Yes
13	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Off-site	No
14	Yes	Yes	Yes	Facilities and vehicles	No	Yes	Yes	Yes	Yes	On-site	Yes
15	Yes	Yes	Yes	Not now but within the past three years	Offer PTO; not applicable	Yes	Yes	Yes	Yes	Off-site	Yes
16	Yes	Yes	Yes	Facilities and vehicles	No	Yes	Yes	Yes	Yes	No	Yes
17	Yes	Yes	Yes	Facilities and vehicles	No	Yes	Yes	Yes	Not now but within three years	No	Not now but within three years
18	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Off-site	No
19	Yes	Yes	Yes	Facilities and vehicles	No	Yes	Yes	Yes	No	Off-site	Yes
20	Yes	Yes	Yes	Facilities	No	Yes	Not now but within three years	Yes	Yes	Off-site	Yes
21	Yes	Yes	Not now but within three years	Facilities and vehicles	No	Yes	Yes	Yes	Yes	On-site	Yes
22	Yes	Not now but within past three years	Yes	Facilities and vehicles	No	Not now but within past three years	Yes	No	Yes	On-site	Yes
23	Not now but within past three years	Not now but within past three years	No	Facilities and vehicles	No	Yes	Yes	Yes	Yes	No	Yes
24	Yes	Yes	Yes	Facilities and vehicles	No	Yes	Yes	No	Yes	Off-site	Yes

25	Yes	Yes	Yes	Facilities, vehicles, and public spaces	No	Yes	Yes	No	No	Not now but within three years	Yes
26	Not now but within past three years	No	No	Facilities and vehicles	No	Yes	Yes	No	No	No	Yes
27	Yes	Yes	Yes	Facilities, vehicles, and public spaces	No	Yes	Yes	No	No	No	No
28	Yes	Yes	Yes	Facilities, vehicles, and public spaces	Yes	Yes	Yes	Yes	No	Off-site	Yes
29	Yes	Yes	Yes	Facilities and vehicles	No	Yes	Yes	No	No	On-site	Yes

Information Collected About Wellness Programs

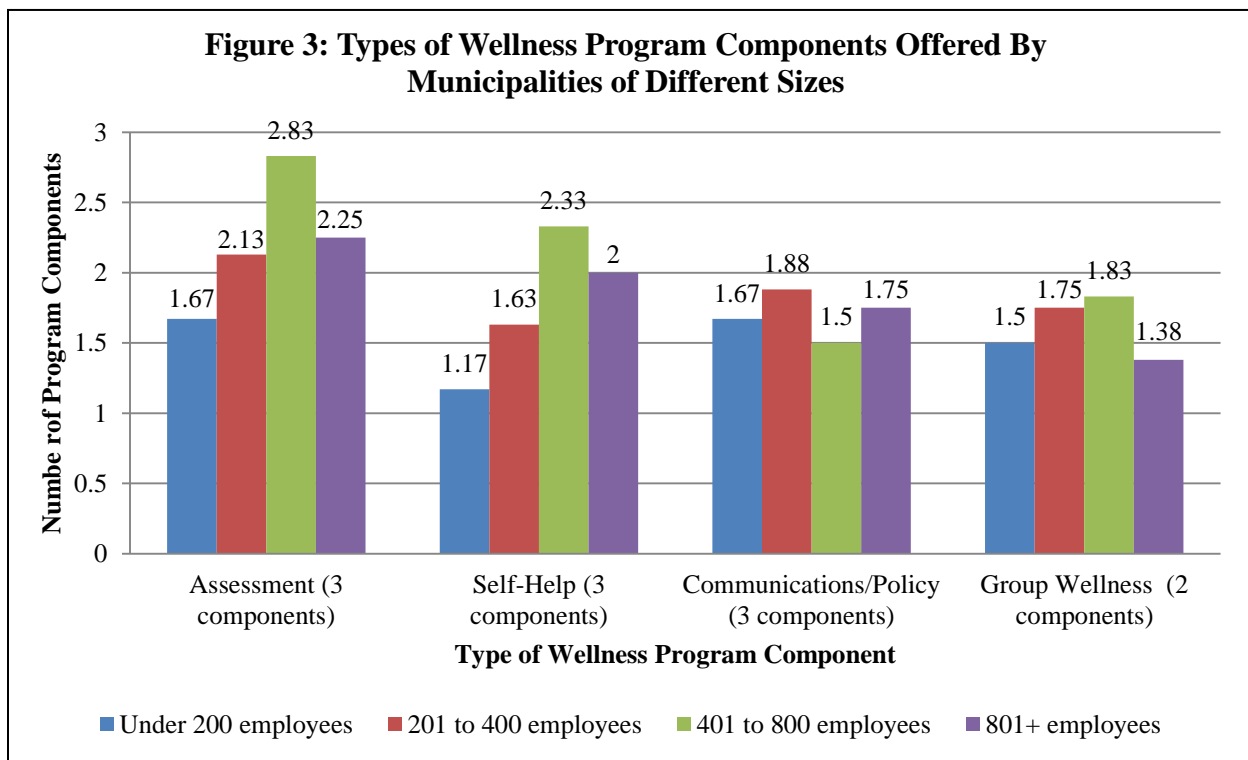
Municipality	Employee Reaction			Employee Behavioral Change							
	Rate of employee participation in programs	Employee feedback on programs	Changes in lifestyle behaviors of employee	Absenteeism / sick leave	Presenteeism	Worker's compensation claims	Work related accidents	Health care costs to employer	Health care costs to employee	Changes in job performance	Employee turnover
1	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	No
2	Yes	No	No	No	No	No	No	No	No	No	No
3	Yes	Yes	No	No	No	No	No	No	No	No	No
4	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes	No	No
5	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	No
6	Yes	No	No	No	No	Yes	Yes	Yes	Yes	No	Yes
7	Yes	Yes	Yes	No	No	No	No	Yes	Yes	No	No
8	Yes	Yes	Yes	No	No	No	No	Yes	Yes	No	No
9	Yes	Yes	Yes	No	No	No	No	Yes	Yes	No	No
10	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No

11	Yes	No	Yes	No	No	No	No	Yes	Yes	No	No
12	Yes	Yes	No	Yes	No	No	No	Yes	No	No	Yes
13	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No
14	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No
16	Yes	No	No	No	No	Yes	Yes	Yes	Yes	No	No
17	Yes	Yes	Yes	No	No	No	No	Yes	No	No	No
18	No	Yes	No	No	No	Yes	No	Yes	Yes	No	No
19	Yes	No	No	No	No	No	No	No	No	No	No
20	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	Yes
21	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	No	No
22	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No	Yes
23	Yes	Yes	Yes	No	No	No	No	No	No	Yes	No
24	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No

Appendix E Survey Findings Based on Number of Employees of Municipality

Wellness Program Components

As seen in Figure 3 below, the number of wellness program components offered by different sized municipalities varies by size of the organization. Municipalities with between 401 and 800 full-time employees provide the most number of assessment, self-help, and group wellness activities, but the fewest number of communication/policy activities. The municipalities with the most employees offer the fewest group wellness components, while the smallest municipalities offer the fewest self-help components. The self-help component with the strongest demonstrated return on investment is an on-site medical health clinic. Further research may identify whether it is high initial monetary investment that is preventing smaller sized municipalities from investing in this self-help wellness program component or the concern that it will not be a significant return on investment for smaller organizations.¹



Information Collected About Wellness Programs

As seen in Table 1 below, municipalities with under 200 employees are the most likely to collect both pieces of employee reaction information; while interesting, these differences are not statistically significant and may just be due to chance. Municipalities with under 200 employees are also the most likely to collect the most pieces of behavioral change information, with an average of 4.33 pieces of information collected. The largest employers, those with over 800 employees, were least likely to collect this type of behavioral information. Differences in these means were also not statistically significant and

¹ Chenoweth, D. (2011). Promoting Employee Well-Being. *SHRM Foundation*. Retrieved from <http://www.shrm.org/about/foundation/products/Documents/6-11%20Promoting%20Well%20Being%20EPG-%20FINAL.pdf>

may just be due to chance. Further research could investigate why smaller municipalities are more likely to collect behavioral information on their wellness programs.

Larger municipalities should not shy away from collecting more complex, detailed information on their wellness program; based on the size of their organization and the project’s associated cost savings, they may be able to document a return on investment faster.

Table 1: Wellness Program Information Collected by Municipalities			
Number of Full-Time Municipal Employees	Employee Reaction Information (2 pieces)	Behavioral Change Information (9 pieces)	Total information (11 pieces)
Under 200 employees	2	4.33	6.33
201 to 400 employees	1.57	3	4.57
401 to 800 employees	1.67	3.67	5.33
801+ employees	1.71	2.43	4.14

Appendix F
Mooresville, North Carolina

<p>2010 Population: 32,711 Number of Employees: 367 permanent full-time employees Geographic Location: Piedmont</p>
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Mooresville launched a comprehensive wellness program, including a wellness nurse to staff an onsite clinic, in late October 2011. Mooresville shared the performance measures they have put in place to evaluate their wellness program components. As Mooresville is a new program, they had limited results to share. This may be a good organization to contact for follow-up study.

Wellness Program Components

- Group exercise classes
- Wellness calendar
- Offsite fitness membership
- Onsite health screenings
- Health risk assessments
- Onsite clinic with nurse and health management programs since October 2011
- Physician referral for health problem management

Performance Measures

Decrease in worker's comp claims: Compare changes in worker's comp claims to pre-program data on semi-annual and annual basis

Decrease in health insurance claims directly related to wellness activities: Compare health care claims on a quarterly basis for wellness related activities. Claims related to weight management, hypertension, diabetes and other services provided by nurse.

Decrease in absenteeism: Compare sick leave usage and lost work days to pre-program data on quarterly and annual basis

Employee participation rates: Track employee participation on a quarterly basis for problem focus nurse visits, health assessments, health interventions, and physician referrals

Appendix G Asheboro, North Carolina

2010 Population: 25,012

Number of Employees: 341 permanent full-time employees

Geographic Location: Piedmont

Onsite Clinic

The onsite clinic started in 1996 with a full-time nurse; a part-time Nurse Practitioner (NP) started in 2005. There is no co-pay to visit the clinic and employee dependents are also eligible to visit clinic. For legal reasons, the clinic does not provide care for worker's compensation cases.

Clinic Services

Nurse Services

- Annual physicals
- Required annual hearing tests
- General first-aid
- Dispenses over-the-counter medications
- Annual lab work-ups and when needed
- Responsible for the city's overall health/wellness program

Goal of wellness clinic: "We're really working to get employees healthy"

Nurse Practitioner Services

- Allergy care
- Asthma treatment
- Sinus infections
- Headaches
- Muscle and joint pain treatment
- Pap smears
- Prescription medications
- Shots
- Blood tests

Challenges of wellness program: "[The wellness clinic] was a rough start at first because employees didn't really trust the nurse or understand why we were doing it. Luckily our nurse is a real people person, real down to earth, so gradually she earned their trust."

Costs of Wellness Program

Direct Costs

- Maintaining and stocking clinic (most of original equipment was donated by community)
- Salary of nurse and NP:
 - Full-time nurse: \$66,036 for salary/benefits
 - NP: \$77/hour for 24 hours a week

Indirect Costs

- Staff time to go to clinic

Performance Measures

Asheboro tracks visits to on-site clinic compared to community health care clinic and estimates cost savings from reduced cost of clinic visit and staff time saved. Table 2 includes estimated cost savings from wellness programs that Asheboro saw in 2008. In 2008, the clinic had 9537 visits. Asheboro also tracks employee feedback, absenteeism/sick leave, worker's compensation and work related accidents, and overall health care costs.

Table 2: 2008 Estimated Cost Savings from Wellness in Asheboro	
Estimated time savings	\$176,434
Estimated medical visit savings	\$58,271
Total estimated cost savings	\$234,705

Appendix H Incentives and Wellness Programs

Although not discussed in this report, the survey of NC municipalities included several questions on wellness incentives that yielded interesting findings on incentives, in light of recent healthcare developments.

Wellness incentives are important because financial rewards can increase employee participation in health assessments, medical screenings, and overall health improvement programs.² The 2011 National Survey of Employer-Sponsored Health Plans identified the use of incentives as a wellness best practices that see a high dollar return on investment.³

Almost all – twenty seven – of NC municipalities surveyed offer some sort of incentive for participating in their wellness program (93%). The type and magnitude of incentives offered by municipalities or how tied they were to specific employee behavior changes was not investigated in the survey. Research shows national wellness program trends moving from small prize incentives to reductions in employee's health care premiums. Further research in North Carolina could evaluate whether municipalities are following this trend and what impact high-dollar or behavior-change focused incentives have on return on investment.⁴

Based on the Patient Protection and Affordable Care Act of 2010, by 2014, employers can use up to 30% of the total amount of individual employees' health insurance premiums to provide outcome based wellness incentives programs.⁵ Currently, the most popular covered incentives are likely to be premium differences for employees who met certain health standards. However, as employers work to develop more comprehensive wellness programs, covered incentives are shifting. Incentives can now include participation based incentives, where employees earn rewards for participation in wellness programs, outcome based incentives, where employees earn incentives or rewards for reaching agreed upon health targets, and progress-based incentives, where employees earn rewards for moving towards health outcomes. These new incentive programs should be designed with specific health or employee behavior change outcome targets in mind.⁶

² Noyce, J. (2011). Finding Success with Progress-Based Health Incentives. *Society for Human Resource Management*. Retrieved from <http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/HealthIncentives.aspx>

³ Bowden, D., Fry, L, Powell, D.R, Rosene, P.M & Shewanown, M. (2010).

⁴ Miller, S. (2011). Employers Accelerate Efforts to Control Health Plan Costs. *Society for Human Resource Management*. Retrieved from <http://www.shrm.org/hrdisciplines/benefits/Articles/Pages/CostControl.aspx>

⁵ Volpp, K.G, Asch, D.A. Galvin, R., & Loewenstein, G. (2011). Redesigning Employee Health Incentives – Lessons from Behavior Economics. *New England Journal of Medicine*, 365(5), 388-390.

⁶ Shourie, A. (2001). Spotlight on Success: Implementing Effective Health Promotion Programs. *Occupational Health Tracker*, 4(1), 6-8.

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General Workplace Mission Statements that Support Wellness

A wellness mission is a statement that summarizes the purpose and objectives of an organization's commitment to a worksite wellness program. Taking the time to clarify and describe the wellness mission will help provide a focus and consistent direction for the workplace's wellness initiatives.

Sample Statements

1. (Name of workplace) will establish and maintain a workplace that encourages environmental and social support for a healthy lifestyle.
2. (Name of workplace)'s wellness program will assist employees in increasing and/or sustaining optimal health.
3. (Name of workplace) will enhance physical, emotional, and intellectual health of our employee population and their spouses through means of awareness, education and onsite health promotion programs.
4. To improve the health and well-being of the employees at (name of workplace) through health education and programs that will support positive lifestyle change thereby resulting in improved employee health, productivity, retention and healthcare cost savings.
5. (Name of workplace) will actively improve the health of its employees through a wellness program that increases awareness and self-efficacy to ultimately improve employee morale and job satisfaction.
6. To encourage employees' personal productivity, and physical and mental well-being, (name of workplace) shall promote a worksite culture that supports employees' desire to make healthy lifestyle choices.
7. Because employees spend 40 hours a week at work, it is important that the worksite be a healthy place to work and support healthy choices for employees. (name of workplace) will work toward implementing policies that support a healthy worksite and healthy employees.
8. (name of workplace) will work to provide opportunities for employees to develop healthier lifestyles by supporting the adoption of habits and attitudes that contribute to their positive well-being.

A mission statement is a concise statement of the general values and principles that will guide the committee or program. It defines the broad purpose that the program aims to achieve. It helps the committee select strategies and projects that stay within the original intent of the program.

Several examples of committee mission statements are provided below.

- 1) To encourage employees' personal and professional productivity, and physical and mental well-being, the mission of the Wellness Committee shall be to foster a worksite culture that supports anyone's desire to make healthy lifestyle choices.
- 2) The mission of our wellness committee is to establish and maintain a workplace that encourages environmental and social support for a healthy lifestyle.
- 3) The mission of the _____ Wellness Committee is to promote and support programs that encourage the wellness of [name of organization] employees.
- 4) It is the mission of the _____ Wellness Committee to promote the health and wellness of staff through education and initiatives that:
 - Encourage habits of wellness
 - Increase awareness of factors and resources contributing to well-being
 - Inspire and empower individuals to take responsibility for their own health
 - Support a sense of community
- 5) The _____ School Wellness Committee is dedicated to establishing and maintaining an environment that promotes general health by supporting the adoption of attitudes that contribute to positive well-being and providing information, activities and services designed to support healthy lifestyle choices.
- 6) The mission of the _____ Public Schools Employee Wellness Committee is to enhance organizational health by fostering interest and encouraging employees to initiate or expand healthier lifestyles, provide diverse wellness programs to meet a wide range of personal health needs, recognize employees for participating in healthier lifestyles activities, decrease absenteeism due to illness and stress, and develop a positive school culture that is focused on celebrating and improving the quality of life for all employees.
- 7) To support employees in making healthy choices with their work and home lives.
- 8) Encourage Habits of wellness,
Increase Awareness of factors and resources contributing to well being,
Inspire Individuals to take responsibility for their own health.

Sample Wellness Committee Mission Statements

- 9) The _____ Wellness Committee promotes physical, mental and spiritual health* as a sustainable value of our community.**
*or growth, or wellness, or wellbeing... **through an innovative approach to wellness

Final:

“The _____ Wellness Committee promotes well-being as a sustainable value of our community.”

- 10) To support employees in making healthy choices with their work and home lives. Encourage Habits of wellness, Increase Awareness of factors and resources contributing to well being, Inspire Individuals to take responsibility for their own health.
- 11) The mission of the Wellness Committee is to inspire, create and maintain a workplace and environment that supports each person's healthy lifestyle choices. (draft)

EMPLOYEE WELLNESS PROGRAM

Town of Ithaca

The goal is to provide the opportunity to the employees to improve their health and well being, by supporting a wellness program. This program is designed to educate the employees on good nutrition, emphasize regular exercise and safe work practices, and offer stress management and health improvement programs. It has been proven that physically fit employees are more productive, more creative, more competitive, and less stressed. A wellness program offers the employees the opportunity to lead a healthier and more productive lifestyle.

This wellness program is a three sided program including fitness, nutrition and general health. The Town and Commission is providing the support and opportunity to the employees to increase their physical activity, participate in a weight management program, or participate in smoking cessation classes. Many of these types of programs require a monetary contribution on top of a physical and mental commitment. As part of the employer's commitment to the employees they will assist with some of the financial burden as an incentive for employees to participate and improve their total health.

Fitness:

Employees will reimburse for a contract with a health club of choice based on the schedule below. The employee must complete at least one half of the contract before requesting reimbursement and must submit proof that the membership is still intact. (Copy of contract, proof of payment)

12 month contract 50% of contract up to a maximum of \$250
6 month contract 50% of contract up to a maximum of \$100

As a reminder, one does not have to join a gym to increase their physical fitness. Other programs that can be reimbursable are ones that increase your heart rate for a minimum of twenty consecutive minutes; i.e. martial arts, aerobic or dance classes, and organized walking programs.

It is also possible to increase ones fitness level without making any financial commitment except for a good pair of walking shoes.

Nutrition:

Nutrition includes any program that would focus on improving ones diet. To qualify for reimbursement, the program would require seeing a medical representative for advice and checkups periodically. For example, commercial programs such as Weight Watchers, LA Weight Loss, Jenny Craig, licensed dietician, or any healthy heart program. The main focus is improving ones diet for a long period of time.

Employees are reimbursed up to \$250 in any calendar year for the program enrolled in as long as they fully participate in the program.

General Health:

General Health includes an array of topics such as; health risk appraisals, healthy back programs, blood pressure screenings, cholesterol testing, glucose testing, body fat analysis, smoking cessation, and stress management programs such as yoga. The town as part of the annual wellness fair covers many of these topics.

Reimbursement Program:

The reimbursement program requires an employee to complete at least one half of the program before requesting reimbursement. This program will pay only one half of the program of your choice up to \$250. For example, if you join Weight Watchers for the 16-week program, which costs \$200, the maximum you may receive from the town is \$100, with proof of attending all the classes.

The total maximum reimbursement per employee per calendar year is as follows:

Full time employees (working 37.5 to 40 hours per week)	Maximum \$250
Part time employees (working at least 18 hours per week)	Maximum \$125
Part time employees (working less than 18 hours per week)	Maximum \$ 75

Reimbursement requests should be directed to the Human Resources Office with the appropriate documentation attached. Reimbursements will be disbursed twice per year (March and September) through a separate payroll check as the reimbursement is a taxable benefit.

There also may be other additional wellness programs developed, which will be paid for through the Wellness Program, and will not need to be included in the reimbursement program. Examples of such programs include health screenings, the flu shot, and health education sessions.

Approved by Town Board 12/13/99: Update: 1/2/08

Workplace Health Program Definition and Description

DEFINITION

Workplace health programs are a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite that includes programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees.

DESCRIPTION

A comprehensive approach puts policies and interventions in place that address multiple risk factors and health conditions concurrently and recognizes that the interventions and strategies chosen may influence multiple organization levels including individual employee behavior change, organizational culture, and the worksite environment. It is important for the overall workplace health program to contain a combination of individual and organizational level strategies and interventions to influence health. The strategies and interventions available fall into four major categories:

- Health-related programs—opportunities available to employees at the workplace or through outside organizations to begin, change, or maintain health behaviors.
- Health-related policies—formal or informal written statements that are designed to protect or promote employee health. They affect large groups of employees simultaneously.
- Health benefits—part of an overall compensation package including health insurance coverage and other services or discounts regarding health.
- Environmental supports— refer to the physical factors at and nearby the workplace that help protect and enhance employee health.

Additionally, comprehensive workplace health programs can benefit from community linkages that are partnerships with surrounding community organizations to offer health-related programs and services to employees when the employer does not have the capacity or expertise to do so or provide support for healthy lifestyles to employees when not at the workplace.

Within this framework and approach any number of specific health risks (e.g., physical inactivity, poor nutrition, tobacco use, stress), conditions (e.g., obesity, musculoskeletal disorders, mental health), and diseases (e.g., heart disease and stroke, diabetes, cancer, arthritis) can be addressed.

RESOURCES AVAILABLE FOR COMPREHENSIVE PLANNING

- *Healthy People* (www.healthypeople.gov) provides science-based, 10-year national objectives for improving the health of all Americans. Comprehensive workplace health programs as defined by *Healthy People* contain the following five elements:
 1. Health education, which focuses on skill development and lifestyle behavior change along with information dissemination and awareness building, preferably tailored to employees' interests and needs.
 2. Supportive social and physical environments that include an organization's expectations regarding healthy behaviors and policies that promote health and reduce risk of disease.
 3. Integrating the worksite program into your organization's structure.
 4. Linkage to related programs like employee assistance programs (EAPs) and programs to help employees balance work and family.
 5. Worksite screening programs ideally linked to medical care to ensure follow-up and appropriate treatment as necessary.
- CDC Workplace Health Model (<http://www.cdc.gov/workplacehealthpromotion/pdfs/WorkplaceHealthModel.pdf>) a systematic and stepwise process of building a workplace health promotion program that emphasizes four main steps:
 1. An assessment to define employee health and safety risks and concerns and describe current health promotion activities, capacity, needs, and barriers.
 2. A planning process to develop the components of a workplace health programs including goal determination; selecting priority interventions; and building an organizational infrastructure.
 3. Program implementation involving all the steps needed to put health promotion strategies and interventions into place and making them available to employees.
 4. An evaluation of efforts to systematically investigate the merit (e.g., quality), worth (e.g., effectiveness), and significance (e.g., importance) of an organized health promotion action/activity.
- NIOSH Essential Elements (<http://www.cdc.gov/niosh/docs/2010-140/pdfs/2010-140.pdf>) identifies 20 components of a comprehensive work-based health protection and health promotion program and includes both guiding principles and practical direction for organizations seeking to develop effective workplace programs. The Essential Element's 20 components are divided into four areas: Organizational Culture and Leadership; Program Design; Program Implementation and Resources; and Program Evaluation.

For Individual Employees and Workers

Wellness is defined as a dynamic process of learning new life skills and becoming aware of and making conscious choices toward a more balanced and healthy lifestyle across seven dimensions: Social, Physical, Emotional, Career, Intellectual, Environmental, Spiritual (Adapted from WHO: The Seven Dimensions of Wellness). (<http://www.paho.org/English/AD/dpc/nc/7-dimensions-wellness.pdf>). Through a balance in these seven dimensions, individuals develop their own resources and capacity to continue a healthy lifestyle and positively engage in all facets of their life (e.g., work, community, family).