CDC Worksite Health Promotion Programs and Resources

Jason E. Lang, MPH, MS
Team Lead, Workplace Health Programs
National Center for Chronic Disease Prevention and Health Promotion

5th Annual Maryland Workplace Health and Wellness Symposium
June 6, 2014
Cumulative Increases in Health Insurance Premiums, Workers’ Contributions to Premiums, Inflation, and Workers’ Earnings, 1999-2012

Chronic Diseases Drive Costs of Health Care

- The medical care costs of people with chronic diseases account for more than 75% of the nation’s $2 trillion medical care costs

Lost Productivity

- An estimated 200 million work days lost to depression per year\(^1\)
- An estimated 39 million work days lost to obesity-related illness per year\(^2\)
- 15.3% of U.S. workers report using or being impaired by alcohol at work at least one time during the previous year, including 9% who report being hung over\(^3\)

Excess Costs Due to Excess Health Risks*

*Includes 15 risk factors such as BMI, blood pressure, smoking, safety belt use, stress

The Good News

- The vast majority of cases of chronic disease could be better prevented or delayed\(^1\)
  - 60% of type 2 diabetes\(^2\)

- These improvements could be achieved if Americans were to:
  - Stop tobacco use
  - Eat a healthy diet
  - Be physically active
  - Maintain a healthy weight

- Management of chronic disease could also be significantly improved

- Many prevention initiatives are underfunded

SOURCE:
Among Firms Offering Health Benefits, Percentage Offering a Particular Wellness Program to Their Employees, by Firm Size, 2013

* Estimate is statistically different between All Small Firms and All Large Firms within category (p<.05).

NOTE: Biometric screening is a health examination that measures an employee's risk factors.

Another review of workplace wellness program in mostly large companies with more than 1,000 workers found a return-on-investment of $3.27 to $1 for medical costs and $2.73 to $1 for absenteeism.

Why Have a Workplace Health Promotion Program

Potential benefits to **employers:**
- Reduce employee turnover
- Decrease absenteeism
- Reduce cost for chronic diseases
- Improve worker satisfaction
- Demonstrate concern for your employees
- Enhance organizational commitment to health

Potential benefits to your **employees:**
- Greater productivity
- Improve fitness and health
- Improve morale
- Lower out-of-pocket costs for health care services
- Social opportunity and source of support within the workplace
- Safer work environment
CDC Healthier Worksite Initiative

http://www.cdc.gov/hwi

• Goals
  – For worksite health promotion to become a part of CDC culture
  – Increase “healthy days” among CDC employees

• Strategies
  – Formative research
  – Collaboration
  – Physical Environment modifications
  – Policy modifications
CDC Healthier Worksite Initiative
Garden Market

Fresh fruits and vegetables for sale. Come and check out the selection!

Wednesdays 10:00am - 5:00pm
Koger Center, Columbia Building
Back Parking Lot, Enter from Woodcock Blvd.

Cash Only Please

Garden Market
CDC Healthier Worksite Initiative
StairWELL to Better Health Project

Before

After
CDC Healthier Workplace Initiative
Food at Meetings Guidance

Choosing foods and beverages for healthy meetings, conferences and events

CDC promotes workplace practices and policies that make healthy eating choices available whenever food and beverages are provided at work-related events. Many workers consume a significant portion of food away from home. Foods consumed at cafeterias, vending machines, and in other public food-service establishments often are not as nutritious or healthy as foods prepared at home. In general, Americans eat too much saturated fat and sodium, recommendations, and few Americans are meeting fruit, vegetable, and whole grain recommendations. The Dietary Guidelines for Americans provides guidance on a diet that promotes health and may help prevent the effects of diet-related chronic diseases. Making healthy food available at work is one way to encourage employees to eat a healthy diet.

- In 1995, an estimated $3 billion in lost productivity associated with mortality from coronary heart disease, cancer, stroke, and diabetes was attributed to diet.

- A poor diet is an underlying factor in the development of many conditions such as heart disease, some cancers, stroke, diabetes, and overweight and obesity.

- In 1999-2000, 63% of adults reported being overweight or obese. People who are overweight or obese are more likely to suffer from many chronic illnesses and conditions.

Guidance for Healthier Eating at Work

The guidelines listed below can be used for selecting foods and beverages for breaks or meals at meetings, conferences, and other work-related events. When planning menus, consider providing options that accommodate various dietary preferences and needs.

1. Offer a variety of grains—especially whole-grain foods—and fruits and vegetables. Examples include fresh fruit and salads, fresh and cooked vegetables, whole grain breads, pastas, and cereals, and nuts, whole grain breads, or grain-based pasta.

2. Provide fat-free, low-fat, or low-calorie foods and beverages. Ideas include fat-free or low-fat dressings or toppings such as salsa, low-fat yogurt dressing, sweet mustard, low-fat or calorie desserts such as angel food cake, low-fat milk, low-fat yogurt or cream, and lean meats, poultry or fish, cooked and dried beans, peas, and lentils.

3. Offer foods and beverages low in added sugars. You could serve unsweetened cereals, fruit spreads, cereal bars, water, 100% fruit juice, and regular and decaffeinated coffee or tea.

4. Serve foods that are low in salt and sodium, such as unsalted pretzels, popcorn, or braided chips; grilled or roasted entrées; and entrees cooked with spices and herbs instead of salt.

5. Include smaller portions such as mini-muffins or mini-calories and 1-inch low-fat cheese slices.

6. Consider offering only beverages at mid-meeting and mid-afternoon breaks.

For more information on offering healthy foods at meetings, please see:


Tobacco Free Campus

- Significant policy change in 2005
  - Completely smoke free campuses, indoors and out
- Collaboration of health promotion, clinical, EAP staff and “quit-lines”
- Personal quit plan, free nicotine replacement
- Support for multiple quit attempts
- Link annually with the Great American Smokeout®
Building Diverse Partnerships
A Purchaser’s Guide to Clinical Preventive Services: Moving Science into Action

- NBGH product developed with CDC and AHRQ
- Recommended clinical preventive services for health benefits design
- Comprehensive: 46 conditions, 50% address chronic diseases
- Targeted to all health care purchasers (public and private)
- Written with contract language (Summary Plan Description – SPD)

http://www.businessgrouphealth.org/preventive
**Workplace Health Model**

**Assessment**
- Individual (e.g., demographics, health risks, use of services)
- Organizational (e.g., current practices, work environment, infrastructure)
- Community (e.g., transportation, food and retail, parks and recreation)

**Planning/Implementation**
- Programs (e.g., education and counseling)
- Policies (e.g., organizational rules)
- Health Benefits (e.g., insurance, incentives)
- Environmental Support (e.g., access, opportunity, physical/social)

**Evaluation**
- Worker Productivity (e.g., absenteeism, presenteeism)
- Healthcare Costs (e.g., quality of care, performance standards)
- Improved Health Outcomes (e.g., reduced disease and disability)
- Organizational Change “Culture of Health” (e.g., morale, recruitment/retention, alignment of health and business objectives)

**Workplace Governance**
(e.g., leadership support, dedicated resources, health improvement plan, staffing, partners/vendors, communications, informatics)

**Contextual Factors**
(e.g., company size, company sector, capacity, geography)
CDC Workplace Health Promotion Toolkit

www.cdc.gov/whp
CDC Workplace Tools and Resources

- Investing in Health: Proven Health Promotion Practices for Workplace
- Healthcare Provider Reminder Systems, Provider Education, and Patient Education
- Working with Healthcare Delivery Systems to Improve the Delivery of Tobacco-Use Treatment to Patients: An Action Guide
- Steps to Wellness: A Guide to Implementing the 2008 Physical Activity Guidelines for Americans in the Workplace
- Successful Business Strategies to Prevent Heart Disease and Stroke
- Tobacco Cessation Benefit Coverage and Consumer Engagement Strategies: A California Perspective
- Heart-Healthy and Stroke-Free Worksites
The CDC Worksite Health ScoreCard

http://www.cdc.gov/workplacehealthpromotion
http://www.cdc.gov/nationalhealthyworksite
http://www.cdc.gov/dhdsp/pubs/worksite_scorecard.htm
What is The CDC Worksite Health ScoreCard?

• A 125 item tool designed to help employers assess evidence-based health promotion interventions in their worksites to prevent heart disease, stroke, and related chronic conditions.

• Types of interventions:
  • individual risk reduction
  • policies
  • wellness activities
  • environmental supports
How is the CDC Worksite Health Scorecard Organized?

Assesses best practice health promotion interventions for 16 domains

- Organizational supports
- Tobacco control
- Nutrition
- Lactation Support
- Physical activity
- Weight management
- Stress management
- Depression
- High blood pressure
- High cholesterol

- Diabetes
- Signs and symptoms of heart attack and stroke
- Emergency response to heart attack and stroke
- Occupational Health and Safety
- Vaccine-Preventable Diseases
- Community Resources
The Health ScoreCard scoring system was developed to reflect the relative impact of proven health promotion strategies.

Each item on the HSC survey has been assigned a point value between 1 and 3 (where 1=good, 2=better, and 3=best)

This point value reflects the level of impact that the strategy has on the intended health behaviors or outcomes and the strength of scientific evidence supporting this impact.

Published manuscript:


For example, awareness-building materials such as brochures (1 point) have less of an affect on employee health than lifestyle counseling or self-management programs (3 points).
Health ScoreCard Web Application
The National Healthy Worksite Program (NHWP) is designed to assist employers in implementing science and practice-based prevention and health promotion strategies that will lead to specific, measurable health outcomes to reduce chronic disease rates. The NHWP seeks to promote good health through prevention, reduce chronic illness and disability, and improve productivity outcomes that contribute to employers’ competitiveness.
NHWP Goals

• Reduce the risk of chronic disease among employees
• Promote sustainable and replicable workplace health activities
• Promote peer-to-peer business mentoring
• Provide a sustainable community model
NHWP Communities

- Somerset County, ME
- Pierce County, WA
- Kern County, CA
- Shelby County, TN
- Harris County, TX
- Marion County, IN
- Buchanan County, MO
- Philadelphia County, PA
- Somerset County, ME
- Kern County, CA
- Harris County, TX
- Marion County, IN
- Buchanan County, MO
Each employer will build a core workplace health program including the following components:

- **Assessment** of employer and employee needs, interests, health risks and existing capacity
- A **planning** process resulting in a workplace health improvement plan to guide the worksite through program development
- **Implementation** of programs, policies, and practices to address employee lifestyle risk factors related to physical activity, nutrition, and tobacco use
- Building a **program infrastructure** within each worksite for long-term sustainability including evaluation, wellness committees, program champions, and leadership (CEO/C-Suite) support
- Participation in programmatic activities, training, and technical assistance
- An **evaluation** of individual employee and organizational changes
Program Strategies and Interventions

- Leadership support
- Culture
- Work climate
- Facilities that support health
- Access and opportunities
- Relationship with management / coworkers
- Social support
- Health behaviors
- Risk factors
- Current health status
- Leadership support
- Culture
- Work climate
Scores for All Employers (N=102):

- Median Employer Score: 78
- Highest Employer Score: 201
- Lowest Score: 0
- Mean Employer Score: 83
- Total Possible Points: 264

Mean Scores by Employer Size:

- Small (N=50): 80
- Mid-Sized (N=35): 75
- Large (N=17): 109
<table>
<thead>
<tr>
<th>HSC Module (Health Topic)</th>
<th>Total Possible Score</th>
<th>Mean Score</th>
<th>Std Dev</th>
<th>Range</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Supports</td>
<td>33</td>
<td>8.01</td>
<td>7.08</td>
<td>0-29</td>
<td>7</td>
</tr>
<tr>
<td>Tobacco Control</td>
<td>19</td>
<td>7.94</td>
<td>4.30</td>
<td>0-17</td>
<td>8</td>
</tr>
<tr>
<td>Nutrition</td>
<td>21</td>
<td>3.86</td>
<td>3.27</td>
<td>0-12</td>
<td>3</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>24</td>
<td>4.88</td>
<td>4.95</td>
<td>0-21</td>
<td>3.5</td>
</tr>
<tr>
<td>Weight Management</td>
<td>12</td>
<td>1.88</td>
<td>3.01</td>
<td>0-10</td>
<td>0</td>
</tr>
<tr>
<td>Stress Management</td>
<td>14</td>
<td>5.24</td>
<td>3.82</td>
<td>0-14</td>
<td>4</td>
</tr>
<tr>
<td>Depression</td>
<td>18</td>
<td>5.34</td>
<td>4.21</td>
<td>0-18</td>
<td>3</td>
</tr>
<tr>
<td>Occupational Health &amp; Safety</td>
<td>22</td>
<td>12.7</td>
<td>6.29</td>
<td>0-21</td>
<td>14</td>
</tr>
<tr>
<td>Diabetes</td>
<td>15</td>
<td>3.39</td>
<td>3.18</td>
<td>0-15</td>
<td>2</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>17</td>
<td>3.79</td>
<td>3.62</td>
<td>0-17</td>
<td>2</td>
</tr>
<tr>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Total Combined Score</td>
<td>264</td>
<td>82.80</td>
<td>34.67</td>
<td>0-201</td>
<td>78</td>
</tr>
</tbody>
</table>
## NHWP Employee – Baseline Health Status

### Risk Stratification and Risk Variable

<table>
<thead>
<tr>
<th>Risk Variables</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Unknown</th>
<th>N=5442</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td>1231</td>
<td>2331</td>
<td>1842</td>
<td>38</td>
<td>0.70%</td>
</tr>
<tr>
<td><strong>Tobacco</strong></td>
<td>4262</td>
<td>0</td>
<td>900</td>
<td>280</td>
<td>5.15%</td>
</tr>
<tr>
<td><strong>Body Weight</strong></td>
<td>2582</td>
<td>670</td>
<td>2098</td>
<td>92</td>
<td>1.69%</td>
</tr>
<tr>
<td><strong>Blood Pressure</strong></td>
<td>2009</td>
<td>2388</td>
<td>991</td>
<td>54</td>
<td>0.99%</td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
<td>1924</td>
<td>1013</td>
<td>2135</td>
<td>370</td>
<td>6.80%</td>
</tr>
</tbody>
</table>

**Overall** - 0-1 Moderate Risk; 1-2 High Risk Indicators OR 2-3 Moderate Risk Indicators; Personal Medical History for chronic disease and 1+ High Risk Indicators OR Tobacco User OR 3+ High Risk Factor OR 4+ Moderate Risk Factors

**Tobacco Use** – Y/N

**Body Weight** – BMI >18.5 - <24.9 (Low); >25.0 – <29.9 (Mod); ≥ 30.0 (High)

**Blood Pressure** - <120 mmHg/<80 mmHg (Low); >121 and <139 mmHg/≥81 and <89 mmHg (Mod); ≥140 mmHg/ ≥ 90 mmHg (High)

**Cholesterol** - TC/HDL Ratio: <3.9 (Low); TC/HDL Ratio: > 4.0 and <4.4 (Mod); TC/HDL Ratio: ≥4.5 (High)
Employer Health Improvement Plans

- NHWP employers developed health improvement plans to address the needs and interests of their employees.

<table>
<thead>
<tr>
<th>Health Topics Addressed</th>
<th>Number of Employers Addressing Each Topic</th>
<th>Percentage of Employers Addressing Each Topic*</th>
<th>Number of Possible Interventions in HSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Activity</td>
<td>44</td>
<td>86.3%</td>
<td>9</td>
</tr>
<tr>
<td>Nutrition</td>
<td>42</td>
<td>82.4%</td>
<td>13</td>
</tr>
<tr>
<td>Organizational Supports</td>
<td>36</td>
<td>70.6%</td>
<td>18</td>
</tr>
<tr>
<td>Stress Management</td>
<td>24</td>
<td>47.1%</td>
<td>6</td>
</tr>
<tr>
<td>Community Resources</td>
<td>24</td>
<td>47.1%</td>
<td>3</td>
</tr>
<tr>
<td>Weight Management</td>
<td>22</td>
<td>43.1%</td>
<td>5</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>8</td>
<td>15.7%</td>
<td>7</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>7</td>
<td>13.7%</td>
<td>6</td>
</tr>
<tr>
<td>Occupational Health &amp; Safety</td>
<td>6</td>
<td>11.8%</td>
<td>10</td>
</tr>
<tr>
<td>Tobacco Control</td>
<td>5</td>
<td>9.8%</td>
<td>10</td>
</tr>
<tr>
<td>Depression</td>
<td>1</td>
<td>2.0%</td>
<td>7</td>
</tr>
<tr>
<td>Signs &amp; Symptoms of Heart Attack &amp; Stroke</td>
<td>1</td>
<td>2.0%</td>
<td>4</td>
</tr>
</tbody>
</table>

*51 employer plans were included in this analysis.

Note: Employer can report more than 1 strategy
Most Popular Interventions

- **Physical Activity (n=158 interventions)**
  - 17% Physical Activity Challenges (2 points)
  - 16% Walking/Running Programs (3 points)
  - 13% Links to Community Resources (not scored)

- **Nutrition (n=167 interventions)**
  - 27% Nutrition Education (2 points)
  - 14% Increase Access to Healthy Foods (3 points)
  - 12% Healthy Eating Challenge (2 points)

- **Stress Management (n=73 interventions)**
  - 17% Stress Management Education (3 points)
  - 11% Stress Breaks (2 points)
  - 8% Sponsor/Organize Social Events (1 point)
Overview

• Work@Health™ is an employer based training program

• The Work@Health™ Program will build employer knowledge and skill as well as capacity to implement, grow and sustain effective workplace health promotion and protection strategies.

• The program will enroll approximately 600 employers and other organizations across the country to participate in trainings beginning in 2014.
Program Structure

• There are two basic ways to get involved:

• Work@HealthTM Employer training
  • Designed to train U.S. employers of all sizes and types how to establish, expand and improve science- and practice-based health promotion strategies that will lead to specific, measureable means to reduce chronic disease rates in the workplace.

• Work@HealthTM Train-the-Trainer (certified) training
  • Will provide employers and other participants with the knowledge and tools to train employers using the Work@HealthTM curricula how to promote good health in their workplaces to prevent or reduce chronic illness and disability, thereby improving productivity and the competitiveness of employers participating in this training program.
Professional Training and Support

• Formal Training
• Technical Assistance
• Seed Funding Support
Benefits to Employers

What you receive:

• Professional training at no cost to the participant.
• Complete organizational health and safety assessment to define existing needs.
• Expert technical assistance and consultation.
• Seed funding up to $5,000.
• Opportunity to network with peers.
• Participation recognition.
Training Modalities

Employer Training Model

**Online**
Seminars, case studies and practical demonstrations delivered through distance-based mechanisms such as webinars.

**Hands-On**
Employers participate in in-person interactive workshops that provide content through a variety of approaches, including lectures and case studies.

**Blended**
Involves a combination of distance-based or e-learning (online model) and in-person classroom sessions (hands-on model).
Technical Assistance

Core Training

Work@Health™ Technical Assistance Learning Community

Structured Technical Assistance

Organic Technical Assistance

ASSESSMENT
PLANNING
IMPLEMENTATION
EVALUATION
Benefits to Certified Trainers

What you receive:

• Professional training at no cost to the participant.
• Enhanced knowledge and skills necessary to deliver comprehensive workplace health training.
• Enhanced skill at using integrated social media and professional training tools.
• Seed funding up to $2,500.
• Expansion of professional network.
• Certificate of achievement.
Module 1: Understanding the Landscape
Module 2: Building the Roadmap
Module 3: Preparing for Delivery
Module 4: Evaluating for Results
Module 5: Supporting Technical Assistance
Module 6: Completing a Training Lab
2014 Training Dates and Locations

OAKLAND
Online – March 29 – April 19
In-person, blended, T3 – April 22-24

ATLANTA
Online – April 12 – May 2
In-person, blended, T3 – May 6-8

BALTIMORE
Online – March 16 – April 5
In-person, blended, T3 – April 8-10

CHICAGO
Online – May 3-23
In-person, blended, T3 – May 27-29

ATLANTA
Online – April 12 – May 2
In-person, blended, T3 – May 6-8
CDC Worksite Health Promotion Programs

www.cdc.gov/workathealth

www.cdc.gov/NationalHealthyWorksite
Thank You

For more information please contact Centers for Disease Control and Prevention

E-mail: jlang@cdc.gov  Web: http://www.cdc.gov/workplacehealthpromotion
                             http://www.cdc.gov/NationalHealthyWorksite
                             http://www.cdc.gov/workathealth

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.