

Oregon Healthy Workforce Center  
Annual Partners' Luncheon  
Summary Report  
September 14th, 2012

## Overview of Luncheon

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Recently, the Oregon Healthy Workforce Center (OHWC) brought together partner organizations from across the state to discuss Total Worker Health (TWH) at our first annual Partners' Luncheon. This year's luncheon opened with a keynote address on Return on Investment from Larry S. Chapman of the Chapman Institute followed by worktable discussions.

Worktable discussions were facilitated by OHWC staff with the goal of determining if there is a Total Worker Health (health/safety/wellness) intervention that would be of interest to and benefit partner organizations. Worktable topics included: Health/Safety/Wellness Outcomes; Motivating employees to change behavior; Return on Investment; and Funding. Attendees chose a worktable based on their topic of interest. Following the luncheon, all worktable discussion points were compiled and summarized.

As partners registered for the luncheon, they were directed to a short online survey on their organizational safety, health, and wellness needs, as well as expectations of the OHWC. There were 107 registrants who completed the survey. Some questions and responses from the Registration Survey, along with Worktable Discussion key points, are highlighted in the Summary of Findings below.

## Goals

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- Learn what our partners want from the Oregon Healthy Workforce Center.
- Provide information about total worker health that is of interest to our partners.
- Determine the most important safety, health, and wellness issues to our partners.
- Identify the problems in safety, health, or wellness that an intervention could easily solve in your organization.
- Build interest in developing an Oregon-wide research program that studies the effectiveness of intervention programs designed to improve total worker health.

## Industries in Attendance

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|--------------------------------|-------------------|---------------|
| • City/State/County Government | • Real Estate     | • Consulting  |
| • Insurance                    | • Staffing        | • Education   |
| • Construction                 | • Manufacturing   | • Trucking    |
| • Healthcare                   | • Service Private | • Labor Union |

## Summary of Findings

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### ***Health, Safety, and Wellness Outcomes***

Four worktables discussed outcomes as they related to a TWH intervention. Groups were guided to discuss health, safety, and wellness outcomes important to their organization and increased activity measured by pedometers, in particular, as a targeted outcome. Findings indicate that a combination of Biometric outcomes (i.e., blood pressure; flexibility; BMI; heart rate) and survey outcomes (self-reported stress; attitudinal outcomes; behavioral risk factor surveillance surveys) were preferred over using a single-method of measurement in order to capture a full picture of outcomes. Though table members liked that steps measured by pedometers have the benefit of being a concrete and cheap measurement option, there were concerns expressed over sustainability of a pedometer program as well as potential frustrations and obstacles with setting and using pedometers.

Other outcomes discussed include safety, nutrition, Workers Compensation claims, sick leave, and yearly preventive care screenings.

In the Registration Survey, we asked luncheon registrants to list the two greatest needs in safety, health, and wellness at their organization. Eleven categories were extracted from the responses with the following topics receiving the largest number of responses: Wellness Program Design and Administration (34%); Culture (32%); Cost and Tracking (17%); and Stress (15%). Additionally we asked registrants to list two problems in safety, health, and wellness at their organization that could be solved with an inexpensive intervention (per employee affected). The categories with the largest number of responses include: Ergonomics (27%); Increase Physical Activity/Fitness (25%); Improving overall health/wellness; and Improving Nutrition (23%).

### ***Motivating Change in Employees***

Four worktables discussed ways to motivate employee behavior change and focused on incentives and lottery-style incentives as motivators. Overall, tables thought that incentives were needed for a program but thought that they need to be easy to administer. Attendees echoed that lottery-style incentives are probably best for motivating short-term participation in a single event, but not for sustained activity changes over months. Some potential problems with lottery-style incentives were noted including possibility of creating a biased sample; limits on public employees; suspicion of being tracked; and the lack of a guaranteed reward. A combination of smaller incentives, which allows everyone to get basic incentives, with an added larger lottery incentive was recommended as a compromise.

Members at one table thought that incentives could potentially become viewed as an entitlement over time resulting in upset if removed. For this reason, creating social motivation and social commitments for health was important to consider as well. All tables recommended competition as a motivator and team-based interventions, in particular, were recommended. Examples of team-based interventions recommended include those that incorporate peer acknowledgement/pressure and accountability through social media, social walking buddy programs, or wellness teams.

### ***Funding Discussion***

One worktable discussed who would fund a TWH intervention. The table came to a consensus that a consortium is the preferred method of funding. A consortium of companies might be established with a sliding scale based on size to join. If the consortium was set up as a non-profit, then joining the profit might be a write-off, even though it ultimately might be an investment on an inside track on evidence-based wellness science. Although donors and foundation would be unlikely to fund a project directly, they might be willing to partner with a consortium to add to the resources.

It also was mentioned that there could be a consortium of organizations like the nurses association and teachers associations to fund a program, but it would need to be perceived as directly benefitting those constituencies. Insurers were also mentioned as a potential funding source.

### ***Return on Investment***

Three worktables discussed ROI and focused specifically on ROI measures that will convince an organization that an intervention is worth the investment. Table facilitators also asked attendees to categorize sick leave, FMLA days, and insurance premiums as excellent, good, average, fair or poor ROI measures. Overall, sick leave and FMLA days were seen as poor measures of ROI. Some attendees felt that insurance or insurance premiums would be an excellent ROI to convince a company, however some felt that health claims costs were a better reflection of impact than premiums.

Biometrics (blood pressure, cholesterol, glucose, Body Mass Index) and cost benefit associated with these reductions were seen as better leading indicators than many of the other ideas being discussed as ROI measures. There was recognition that it would be more expensive and complex to collect biometrics but some felt that they would be more meaningful than the administrative measures that were discussed.