Best Practices Forum Notes, March 7, 2013

Note: Percentages listed below are those resulting from questions queried to the audience using Turning Point software.

What’s the biggest obstacle to wellness in your org?
Lack of employee engagement 40%
Inadequate resourcing 33%

Moderator: Why is there a lack of employee engagement?
Audience: People don’t have the time
A: We have to target many types of employees, Journeymen, office associates, salesman, need to find a program that works for everyone
Moderator: One of the reasons it takes so much time is because it takes a huge mindset change. One big influence is having upper management involvement.
A: Success stories: an employee emailed that their total cholesterol lowered and their doctor encouraged them to continue the program. Continuous communication is the key.
Moderator: Success stories really help. It’s easier for people to discount data than it is testimonials
A: When I am able to exercise or walk I get so many good ideas.
Moderator: I find that I can solve more problems when I take time to go out for a walk., Walking can be process time. Upper management support is critical to create an atmosphere where this is supported.
A: other big problems: some feel that wellness efforts are a waste of money

Have you linked your wellness and injury prevention efforts?
No 45%
Kind of 36%
Yes 19%

A: In the last year we piloted in assembly lines an onsite physical therapist. In the past, employees stretched when back from breaks but that was it. The physical therapist has them do even more before, during breaks and after work (i.e., stretchy bands). They come out 1x week and employees can schedule an appointment paid by work. They work with the PT about anything from work or home. It has improved injury from repetitive motion among others. They do their stretching in the aisle way straight down the manufacturing floor. For the appointments there is a first aid room. It’s a traveling PT
A: We own nursing homes. We pulled both efforts together (wellness and safety or injury prevention) about a year ago. What you put into your safety you get back on your (mod) rate. We built a best of both programs to understand that it is all about the whole employee to understand whatever they do is better for the whole thing.
Our organization has started regular meetings between leading groups such as risk management, benefits, WC, EH&S to share ideas and problems, in an effort to integrate and avoid silos that may exist in especially large organizations. Firefighters: top 3 injuries back shoulders and knees. Partnered with a PT to develop and injury prevention series of posters. We also have an in house studio where they can watch videos. We can explore a lot of different mediums to get the message out.

Moderator: Another example of opportunities to integrate safety and wellness messages is people in rural areas walking at night in black clothing. So as we are walking we can promote the safety aspect of bright or reflective clothing and beacons for visibility.

A: Our large organization has different wellness and safety committees. These committees overlap quite a bit and they find the need to work together because of the overlap.

Reducing presenteeism:
86% all of the above: improves alertness, prevents injury, increases productivity, reduces errors. Panelist explains presenteeism: lights on, nobody home. They are present but cannot focus.

Moderator: It’s another exposure. We often say they just weren’t paying attention when the reality is that they were distracted by things that we actually have a lot of ability to influence.

My organization is attempting to reduce presenteeism through:
49% none of these
41% wellness program

Moderator: It sounds like many are not actively engaged in trying to reduce presenteeism, is that correct?
A: We trust employee’s self-discipline.
A: Its complicated in a unionized environment.
A: Can be caused from long shifts and being called into work for a graveyard or a double. Panelist: Losses from “presenteeism” are greater than the costs of workers’ compensation, long-term and short-term disability, absenteeism, and medical/pharmacy costs combined. A: An employee has ADD - what tools have been addressed in the workplace? Is there something?
A: probably an ADA qualifying position. They should be offered resources to help them figure out what they need to be successful at work. Job Accommodation Network (JAN). A: There can be a productivity max and then they start to check out.
A: ADA requires process interaction with employee and doctor. Really depends on the individual.

Which was not among the top 5 causes of adult deaths in 2011
43% Injuries (actually the 5th)
Right answer: Diabetes
Moderator: unintended injuries (not suicide) does include motor vehicle accidents

**Overall are your employees engaged?**
48% yes-YES!!!, 32% kind of

*Moderator:* How did you achieve that engagement?
*A:* The general manager of the company is highly engaged and that makes a really big difference
*Moderator:* Some of the things that help tip the scale include getting the CEO involved. There is no “one way” to engage all of your employees. People are all coming from different backgrounds and different mindsets. From a behavioral standpoint, people behave in a way that lines up with what they believe to be true, so often the real work is changing the person’s mindset in order to change their behavior. I’m an example of that. I justified extra pounds and lack of exercise by convincing myself that I wasn’t that bad and that I was too busy to exercise. But my company required me to take a health screening assessment and “know my numbers” along with a lot of other periodical efforts that impacted my thinking. Once I looked at my numbers I knew they were not what I wanted, so I looked at my behavior and knew it had to change. That change takes time, but in my case I eventually changed my mindset and behavior, and got healthier as a result.
*Moderator:* You don’t always see results after the first effort and it is important to be persistent and try again until you start to see the effects. The first effort can often have no visible evidence that you’re being effective. Sometimes you do not know when your effort is working, but keep trying.
*A:* you have to present yourself over and over again to management. Find more and present it again. You may have to go back to the drawing board many times.
*A:* People engage because they know they would rather live longer and not get diabetes and be able to enjoy things. It might be harder to engage young people because they are not aware of health effects yet.
*A:* We have 600 employees and did a job satisfaction survey - one area of dissatisfaction was wellness. We contracted with a vendor to provide coaching and motivational services for crews to talk on a subject and then privately counseling them on a subject (ie: weight or cholesterol or personal problem). We have achieved significant results. The 1 on 1 coaching really helped. We had done something similar 10yrs ago and taking that away make people want it back.

**Our incentives:**
54% are linked to health plan
40% are not

*Moderator:* Do you have incentives? And what works for you?
A: I am in a health plan with incentives. I am reasonably competent with computers and yet I get rather confused with some of these emails and I lose interest. What kind of thought is given to the user friendliness to these things? A: Programs connected with health care want you to be more self-sustaining when it comes to your health. We are now reconnecting the program to the health center. Many are not as comfortable with all the on line activities. We have great success with actually sitting down and talking to a person and not as much with cyber interaction.

Panelist: Kerry Kuehl’s lab is doing Motivational Interviewing. It is expensive but they are using it with people that are at high risk and it has been successful

**What other incentives do you primarily use?**

57% cash/ gift cards

**Are you using assessment tools?**

53% yes

*Moderator:* What types?

A: Hero score card- we do online health assessments to get a personal score, one person and it compares you to the rest of the nation.

A: A vendor scores the HRQ and 20 questions to give a “health age.”

A: Use online assessments (maybe not very effective)

**Our wellness team collaborates primarily with:**

33% Human Resources and benefits

29% safety and risk

16% do not collaborate

A: It will be increasingly important for all state agencies to start working together on this.

**The most useful part of today for me was**

43% all

29% Ron

14% PBJ panel

**What is the best ways for us to deliver information to you?**

58% sessions like this

25% webinars