

**Oregon Healthy Workforce Center
2012 Partners' Luncheon
Full Table Discussion Summary**

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. Below are the key points extracted from worktable discussions.

OUTCOMES Four tables facilitated by Carol DeFrancesco, OHSU; Mariah Kraner, PSU; Jennifer Smith, OHSU; Diane Rohlman, OHSU

What are some other outcomes that would be good to target to improve TWH and that you think would be worthwhile?

- Getting 30 minutes of activity per day
- Healthy eating
- Individual caloric consumption (measured by some technology)
- Reduced stress
- Fewer Worker's comp claims
- Policy change (including flex time)
- Support for new policies by management
- Attitudinal outcomes (e.g., self-reported stress levels, perceived support)
- Sick leave
- Biometrics
 - Blood Pressure (2 tables)
 - Flexibility
 - Weight/BMI (2 tables)
 - Cardio tests
 - Resting heart rate
- Pedometer program (see concerns/caveats on pedometer programs)

Caveats to outcomes discussed

- Concerns about cost
- Accuracy of reporting measure (2 tables)
 - If measuring physical activity was a consensus choice, then select a better technology than a pedometer, although a specific technology was not identified
 - Questionnaire not good because people overestimate their activity; hard to get valid results

- Stigmatization of overweight/obese individuals
- One table thought that an outcome should be a combination of biometric measures and attitudinal outcomes as some attitudinal measures are easily swayed
- Employing immediate feedback
- Incentivize positive behaviors rather than penalize undesirable behaviors

Other than TWH, what are the most important wellness, health or safety outcomes you would like addressed by an intervention?

- Stress reduction but included in TWH (2 tables).
- Reduce stress level, stressful positions within jobs, dysfunctional home and work life
- FMLA days - people not in best shape are out for longer periods of time
- Include presenteeism, safety questions, and biometrics in health questionnaire
- Nutrition
 - Fruit and veggie consumption
 - Sugar consumption. Have fewer sweet treat events at work (i.e., no cake or pizza) and replace with subway or fruit and veggie tray. Incorporate walking meetings - survey people about different workplace activities, for example walking meetings - however walking meetings have to be careful when walking and talking to not get hurt.
 - Nutrition outcomes were more important than activity outcomes for members at one table
- Reduced sick time
- Workers Comp Costs
- Fit-for-duty type issues
- Yearly preventive care screening
- Yearly behavioral risk factor surveillance surveys, including biometrics

Concerns/Caveats Pedometers:

- Frustration with setting and using a pedometer was expressed (2 tables)
 - Some pedometers reset easily, break when wet or seem so inaccurate that they don't reinforce being more active.
 - Cheap pedometers died and couldn't replace them
- Not sustainable (short-lived program) and difficult to engage participants, but if incentives added then likes the idea better.
- Pedometer something concrete to measure
- Table members liked the cost of pedometers
- Many programs have done pedometer programs but once programs stops the pedometer use stops and activity goes down and falls off quickly
- Pedometer program excludes those who are limited physically, but who would be able to participate in a study otherwise, such as a healthy eating campaign
- If measuring physical activity, one table came to a consensus that they wanted better technology than a pedometer, though they weren't specific on what that technology should be.
- One table member wondered if weight loss might be a better measure, as many of their employees walk thousands of steps at work but still remain obese though they thought that measuring steps was less stigmatizing than measuring weight
- Can be a positive motivator if they are accurate and not frustrating to use

- Ideal if the pedometers had the capability to transfer data to a database
- Important to get highest level of participation get people have haven't traditionally participated e.g., obese

Existing programs that were discussed at tables

- Some like the cost of pedometers, but mentioned that they have had 2 years of pedometer programs and health care costs have not gone down or gone up
- A table member from a larger organization mentioned that they have been using pedometers for about 5 years as part of an employee wellness program and felt that having several years for participants to become familiar with their use increased the acceptability. If no incentive, then pedometer program will die.

MOTIVATION: Four tables facilitated by Donald Truxillo, PSU; Adriana Sleigh, OHSU; Mike Buck, OHSU; Ryan Olson, OHSU

What are some caveats for using incentives and/or lottery style incentives?

Caveats

- Public Employee restrictions (2 tables)
 - There is a restriction on the gift amount (\$50) for government employees
 - Public employee access
- Fairness (2 tables)
 - Perceived injustice if a person with low engagement wins big prize while high-engaged people don't
 - Fairness was raised as an issue, in the context of monitoring whether a person really did participate. If a person wins a lottery or gets reimbursed for participation, but everyone knows they somehow faked it or gamed the system, it is de-motivating for employees as a whole.
- Administration (2 tables)
 - Incentives are good but require follow-up, training, education, and assistance with the program over the long-term for the program to be effective
 - The incentive/lottery needs to be easy to administer
 - The use of anonymous surveys can make dispensing incentives difficult
- Competition (2 tables)
 - For some populations, competition is as much an incentive as either a lottery or a direct incentive. For example, the pay and education level of employees affects whether lotteries or direct payments matter.
 - Incentives tend to work better with a game-like focus (competitions)
- Gambling (2 tables)
 - Some people do not like lotteries, as they seem like gambling
- Younger workers tend to want instant gratification and do not want to wait for the prize
- Incentives should be related to the content of the program in question
- Incentives, and the program in general, should be tied to the participants cognitive & personality type. For example, some people like numbers so a free pedometer works well for them, but might not work so well with more creative types.

- It is difficult to decide what a group, or individual group members, might find incentivizing. In general we use money to solve this problem.
- Taxes
- Demographics
- Finite – no more prize, no more participation
- Create a biased sample - people participate because of the incentive
- May become perceived as an entitlement over time - if it goes away creates upset, or people feel they should get it for just showing up
- Buy in from labor before launch critical before roll out - where do people perceive the program came from
- People may be suspicious about being tracked or losing privacy and opt out even with big incentives.

List other ways to motivate behavior change that you think would be worthwhile:

- Competition (3 tables)
 - Hold competitions within and between groups of workers
 - One person at the table described a program they had for walking, using pedometers. For their employees, the big motivator was competition, rather than extrinsic motivators.
 - Competition
- Peer acknowledgement and pressure (4 tables)
 - Wellness teams to increase social reinforcement/pressure and build morale
 - Feedback about what your friends are doing, like Facebook, tells you if your friends have voted
 - Social walking buddy programs and programs that create social pressure to try new healthy things
 - Team and buddy – accountability
 - Another way to increase participation in health programs is to create a community of people who all participate together
- Paid time off
- Monetary/gift cards family values & emotion
- Living well in retirement
- Education
- Shock value education
- Combination incentives where everyone gets basic small incentive, with added big lottery on top
- Company and management support - people get engaged with what management and company thinks is important
- Another incentive raised by one participant was asking employees to put up a small amount of money (\$50) to participate. Her company had done this, and it seemed to get employee buy-in.
- Reductions in health insurance premiums and/or copays
- Pedometers (though these may not be used)
- Nike fuel bands (measure physical activity; cost \$150)
- Clothing
- Gift cards

- Peer acknowledgement & pressure
- Family involvement (this could extend the reach of the program & its benefits, and also increase worker efforts during off times. It might also help to set up ongoing reinforcers to maintain the behavior changes).
- Make participation in the program part of the employee's/manager's performance evaluation (which is tied to pay raises).
- Tie wellness to business costs, i.e., A healthier workforce lowers health insurance premiums & these costs are passed on to workers.
- Use deadlines for program completion.
- Use random emails for health activities, e.g. time to get up and stretch.

Do you think we should consider an intervention that does not focus on incentives?

- Members at two tables thought that we should not consider an intervention that doesn't focus on incentives.
 - Some people at one table believed that not using incentives might reduce participation by those who need the program the most
- Members at two tables thought that we should consider all types of programs. Some of the suggestions included:
 - Focus on motivating management rather than workers
 - Health promotion should be in the written strategic plan for the organization; this might involve policy changes
 - People can also be motivated by fear. For example, the hand washing/sanitizing campaign in the City of Portland a few years ago was primarily motivated by a fear of getting sick. A focus on personal pain and inconvenience of being unhealthy might work along similar lines.
 - Provide education and tools that workers can use to improve their health
 - Not using incentives would reduce the amount of resources devoted to managing incentives
 - Impact family and children
 - Education
 - Changing culture
 - Ongoing

FUNDING: One table facilitated by Diane Elliot, OHSU

The Funding table had six participants.

Initial discussion was about why fund a study if Chapman says worksite wellness already has a documented ROI, so what's to study? Discussion was more about, now effort needs to be more about making it fit and getting it out there.

Who would fund a study such as this?

The Foundation folks did not think that big donors or Foundations were likely to fund a project. However, if there was a consortium of business or organizations, then a Foundation might come up

with some matching funds. Funding by large companies was viewed as unlikely. If the ROI is already established, why fund a study; the question is more about what to do and how to make it work for my company.

There was a thought about funding something to Asian employers locally as Nike has many Asian workers overseas. Or perhaps they would do something with their overseas workers, although it was thought that the overseas workers would rather have the money than a health promotion program.

A consortium seemed to be the preferred method of funding. A consortium of companies might be established with some sort of sliding scale to join, based on their size. An additional incentive for the companies joining might be having the consortium organized as a non-profit, where joining might be a write off.

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

Finally, insurers also were mentioned as a potential funding source.

Ultimately, the final answer to whether large companies were likely to fund a research project was "it depends," and for small companies, unlikely.

RETURN ON INVESTMENT: Three tables facilitated by Dede Montgomery, OHSU; Steve Hecker, LERC, Kerry Kuehl, OHSU

What other ROI measures would convince a company that an intervention is worth their investment? What caveats go along with these measures?

- Sick leave and FMLA seen as poor measures by all tables
- Biometrics – BP, glucose, cholesterol, BMI – (2 tables)
 - One table's members coalesced somewhat around biometrics as better leading indicators than many of the other ideas being discussed. (Steve)
 - Aggregate summary of bio marker data for employees showing reduction in BP, cholesterol, glucose, BMI, and cost benefit associated with these reductions (Steve)
- Insurance or insurance premiums would be an excellent ROI to convince a company, since health costs are staggering and of great concern
- One group felt that actual health claims costs were a better reflection of impact than premiums. There was general agreement that workers comp premiums were a more sensitive measure than group health insurance premiums, but in either case this would not work well as a measure for small employers.
- Disability costs (both in health insurance and Workers' Compensation) might also be something that could be tracked, although it is also a lagging indicator
- Worker comp claims
- Job satisfaction
- Medical utilization and pharmaceutical use data (depression meds/diabetes drugs)
- Productivity

- Nicotine – measure
- How to translate to money? Correlate with absenteeism.

Sick leave caveats

- One table's members had major concern about the use of sick leave as an ROI measure.
- Table member felt that FMLA would be a poor measure. Most folks couldn't imagine how this really relates, especially since it isn't required to be a paid leave. Also, as one large employer shared, most of their FMLA is taken for pregnancy, so its not resulting from what would consider an undesirable outcome.
- Sick leave is not universally applied within all employers. Many organizations are moving toward using "paid time off" rather than distinguishing between sick and vacation, which would make the tracking of sick leave impossible.
- Many employees do not have benefits that include sick or other leave
- Industry types will vary greatly on if sick leave is administered or how, meaning that this would not translate well universally between industries (2 tables)
- Exempt versus non-exempt work force
- Cultural implications of who takes sick leave, even when you have it
- You don't really want people to come to work when they are ill, so may be sending mixed message and not easy to manage

Caveats for insurance or insurance premiums

- Not all employers offer health insurance
- All employers are required to cover work compensation insurance, so this would be a universally relevant insurance premium, even for small employers
- Premiums are not based solely on your performance, especially in health insurance. Costs may escalate, at least to some degree, no matter what you do as an employer.
- Premiums are a lagging indicator
- There is a huge variation in worker compensation coverage types, which can be a good measure for some employers and not for others
- Using one large municipality as an example – the reason they are supporting wellness is with the hope of finding a way to better contain insurance costs
- Many felt that even just keeping insurance costs level would be a huge gain for health benefits. Health benefits cost organizations 10X (or more) worker compensation costs

Other comments

- Disability costs (both in health insurance and Workers' Compensation) might also be something that could be tracked, although it is also a lagging indicator
- Overtime is sometimes affected by negative health outcomes for others, though will vary much by industry
- ROI is only one factor. Most companies also do have missions and values that are in line with worker health. Worker well being is part of "who they are." Some felt that ROI wasn't as important as a "sell" as some would think.