CRITERIA FOR WORKSITE HEALTH PROGRAMS:

Guidelines from the Maine Leadership
Group for Worksite Wellness

The Maine Leadership Group for Worksite Wellness
Criteria for Worksite Health Programs

Acknowledgements

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Background

Maine's State Health Plan called for the Maine Leadership Group for Worksite Wellness (MLGWW) to develop a set of evidence-based criteria that will be adopted and used statewide to guide the development of employer sponsored worksite wellness programs. The criteria developed can be used for numerous efforts, including state and local level recognition models, aiding future efforts by insurance carriers to link employer wellness programs to premium reductions, and in guiding the work of Healthy Maine Partnerships and others who provide worksite wellness assistance to employers. In developing and categorizing the criteria, MLGWW utilized the following framework to foster use of best practice, systematic approaches to quality worksite health promotion for Maine employers.

1. Building Structure
2. Gathering Information
3. Designing a Program
4. Implementing a Program
5. Conducting Evaluations and Measuring Results

This framework and the corresponding criteria encourage a proactive approach to supporting employee health, with responsibility shared between employees and employers alike. It is critical for worksites to measure the impact of the wellness program, with the ultimate goal to improve the health and productivity of employees. This is achieved by engaging the workforce and measuring the results of what you do. It is also important for worksites to connect employees to local community resources, and to coordinate and collaborate with other employers and community partners to address identified needs and interests.

1. Building Structure

Businesses with effective health and productivity management programs have strong leadership support and involvement, cultures that value health as a critical part of company performance, and an infrastructure to develop and implement health related programs. The following items are critical in building a structure for supporting employee health.

Leadership Support - Strategies
- Standard #1 - <u>Policy</u>: The organization's core values include employee wellness as an integral part of the company mission.
  o Management creates a formalized wellness program using best practice interventions and generally accepted lifestyle risk factors on chronic disease
  o Employees involved in the organization's wellness infrastructure shall be trained in basic health promotion tenets of behavior change, adult learning theory and social education techniques
  o New employees are oriented to the wellness program during the hiring and orientation processes; participation in wellness programming is part of each job description without respect to position assignment
  o Employer will provide necessary resources to meet the goals, objectives and expectations of the wellness program

- Standard #2 - <u>Policy</u>: Leaders constantly look for opportunities to incorporate the issue of employee wellness into the organization's practices.
  o The performance review process for management level staff includes objectives or expectations related to supporting employee health (See MSAD 11 case study in Appendix 1.1)
  o Wellness becomes a standard agenda item at regularly scheduled leadership team and other organization/company meetings
  o Every effort is made to assure that each employee, on each shift, without regard to health status, is provided with equal opportunities to participate in company supported wellness offerings
  o Managers and supervisors encourage employee wellness participation by example

- Standard #3 - <u>Environmental Support</u>: The organizational culture and physical plant exemplifies a healthy work environment.

- o Worksite facility is in good repair, supports appropriate ergonomic practices and encourages employees to participate in wellness activities on work time
- o Leaders create an environment that supports the health and well-being of employees (see physical activity, weight management, tobacco use)
- o Management supports modification of physical plant and grounds to support employee health and safety related activities

- Standard #4 - <u>Awareness and Education</u>: Worksite raises awareness of the importance of employee health.
  - o Worksite uses at least 3 methods/channels, including lectures, videos, newsletters, letter/e-mail from CEO, and workshops, to increase awareness of the importance of healthy lifestyles on quality of life and the bottom line
  - o Worksite utilizes education/awareness materials or messages that are appropriate for the educational level and culture/ethnicity of the workforce

- Standard #5 - <u>Awareness and Education</u>: Employers will promote opportunities to access community based resources for free or low-cost prevention and health care for employees and their family members, such as:
  - o 211 to access Maine specific resources (See Appendix 1.2)
  - o Local health care clinics and providers, hospital or community based social services and MaineCare resources. See the following Appendix resources:
    - Appendix 1.3: Consumers for Affordable HealthCare (CAHC) - Navigating Maine's Health Care System
    - http://www.mainecahc.org/healthcare/Appendix 1.4: List of Federally Qualified Health Centers (FQHCs)
    - Appendix 1.5: List of local Healthy Maine Partnerships
    - Appendix 1.6: Maine Hospital Association Health Care Resource Links
  - o Education on Maine's health care system and ways to access care

- Standard #6 - <u>Behavior change</u>: Employees can access resources to facilitate health behavior change supported by:
  - o Primary care physician (PCP) services and/or local health care clinics
  - o Health insurance benefits promoting the use of risk factor reduction and disease management resources
  - o Community programs promoting the use of risk factor reduction and disease management resources
  - o A work environment that acknowledges the importance of reducing risk factors

Wellness Team/Employee Health Structure – Strategies
Organizations will benefit from coordinating health, wellness and safety. If the organization has separate committees, a system should be put in place to ensure communication and collaboration between committees.

- Standard #1 – <u>Policy</u>: Employer commits to developing an infrastructure to support employee health and wellness efforts.
  - o Each worksite will have a designated wellness champion

- o Organizations with 10 or more employees will establish a wellness committee or expand the focus of an existing safety committee to incorporate employee health and wellness

- Standard #2 – <u>Policy</u>: Employers with 10 or more employees will have a functioning wellness/safety committee. Where multiple committees exist, employer will establish procedures that facilitate communication, collaboration and coordination.
    - o Wellness/safety committee will have representatives from both labor and management
    - o The wellness/safety committee will have representation from each of the organization's major divisions or work units
    - o The wellness/safety committee will meet at least quarterly
    - o The wellness/safety committee will develop an annual operating plan
    - o Wellness/safety committee members will have job descriptions that include committee duties

- Standard #3 – <u>Policy</u>: Organizations with 50 or more employees will have a designated Wellness Coordinator.
    - o Wellness coordinator's duties will be incorporated into that individual's job description
    - o Designated wellness coordinator will have at least 10% of their scheduled work time devoted to employee health and wellness related duties

2. Gathering Information

To best plan for new initiatives, information should be gathered at individual and organizational levels. The information gathering process gives businesses and organizations a baseline understanding about employee interests and health behaviors, as well as support for healthy lifestyles. This data guides the development of new initiatives to support employee health and is critical for future evaluation of program goals and objectives. For further information, see Section 3 on Designing a Program.

Employee Data: The following data sources provide information about employee needs, interests, and health behaviors. Employee information can be collected through surveys, interviews, and focus groups and should at all times assure confidentiality. For a list of sample worksite wellness tools, see Appendix 2.1.

- Standard #1 – <u>Policy</u>: Organization will collect employee data on annual basis, including:
    - o Interests, perceived needs, barriers
    - o Self-reported health status and stage of change
    - o Presenteeism and/or productivity to measure the impact of health conditions on work performance
    - o Participation and satisfaction regarding existing benefits, services, programs, policies, and work environment

Organizational Information: Baseline data should include organizational information on policies, programs, benefits and services offered by the organization to support employee health. In addition to the items listed above, below are additional key sources of information:

- Standard #2 – <u>Policy</u>: Employer will collect organizational data on annual basis.
  - o Inventory of programs, policies, environmental changes, and health benefits
  - o Claims data (Health care, Workers Compensation, Disability, EAP, OSHA)
  - o Sick leave, absentee data, and turnover rates
  - o Demographics (wage, job type, educational requirements, age, gender)
  - o Cultural/facility assessment (Leadership modeling, organizational readiness, vending, cafeteria, hazards, etc.)

3. Designing a Program:

Program priorities, identified through the analyses of above data sources, can take many forms when it comes to planning and implementation. Effective programs combine policies, environmental support, awareness/education, and behavior change strategies.

Planning, Design and Budget

- Standard #1 - <u>Policy</u>: Employer creates a worksite wellness mission and vision statement to guide goal setting.

- Standard #2 – <u>Policy</u>: Data collected is used to identify employee health priorities.

- Standard #3 – <u>Policy</u>: An annual work plan is produced with the following:
  - o Determine goals with specific, measurable objectives
  - o Design evidence-based strategies with detailed action steps and evaluation
  - o Set a timeline for implementation/completion of each activity
  - o Individual responsible for each activity with clearly defined roles
  - o A budget with all anticipated operational expenses
  - o Marketing and communication plan
  - o An evaluation plan to measure outcomes
  - o Senior management approval and support

Strategies and Interventions

The MLGWW believes that employers should implement programs, practices and activities that are evidence based. The MLGWW recognizes that evidence based programs, practices and activities do not exist for all programmatic areas a worksite wellness program might engage in. Tools will acknowledge and address the literacy level of the employee population. For a list of sources for evidence based best practices, national guidelines and accepted best practices, please see Appendix 3.1.

Health Benefits Plan: When the organization provides health insurance coverage to employees and their dependents, employers will consider the following:

- Standard #1 – <u>Policy:</u> Employer will encourage all employees to have a primary care physician (PCP).

- Standard #2 – <u>Policy</u>: Employer will provide coverage support for age appropriate preventive services based on national guidelines (See Appendix 3.2).
  - o Employers should make these prevention benefits available to employees and dependents at 100% coverage, requiring no out of pocket expense by employees or their dependents
  - o If the employer is unable to institute all the U.S. Preventive Services Task Force Guidelines (USPSTF) and Advisory Committee on Immunization Practices (ACIP) recommendations, the employer will match the clinical preventive services offered to the risks and needs identified by employee surveys and health risk assessments

- Standard #3 – <u>Policy</u>: Where possible, employer will review aggregate utilization data to target preventive services and optimize employee health.

- Standard #4 – <u>Policy</u>: Employers will make a conscious effort to eliminate or reduce barriers to employee and dependent use of health insurance benefits and the wellness related benefits included as part of the health insurer's services.
  - o Employer should offer incentives (financial and otherwise) for participation
  - o Employer should facilitate access to these services by bringing them to the worksite where possible
  - o Employer could encourage employees to access preventive services during work time

- Standard #5 – <u>Awareness and Education</u>: Employers will institute a multi-prong communications program to make employees aware of and to encourage the use of available preventive benefits and services.
  - o Educate employees about appropriate use of the healthcare services

Tobacco
- Standard #1 - <u>Policy</u>: Worksite has a written policy that provides guidelines and procedures for tobacco use in the workplace that meets the requirements of Maine's Workplace Smoking Law which includes company vehicles (See Appendix 3.3.1).
  - o Written tobacco use policy allows smoking only in designated areas located at least 20 feet from building entrances, windows and air intakes for HVAC systems
  - o Written tobacco use policy bans smoking in employer-owned or leased vehicles
  - o Written tobacco use policy bans smoking in employee owned vehicles whenever other employees, or another person, is in the vehicle for work related reasons

- Standard #2 - <u>Policy</u>: Worksite has a written policy that meets and exceeds Maine law and provides guidelines and procedures for restricting the use of all tobacco products in the workplace.

o Written tobacco use policy bans the use of all tobacco products on all company property both indoors and outdoors
o Written tobacco use policy bans the use of all tobacco products in all parking lots and within all personal vehicles on company property

- Standard #3 - <u>Policy</u>: Employers providing health insurance will include tobacco cessation benefits in the health plan
  o Screening for tobacco use is a covered benefit for all covered individuals over age 18. Screening may be conducted at any clinical encounter
  o Brief counseling (in person) and intensive counseling (in person or telephone) are covered benefits for tobacco-use treatment. Coverage includes 2 courses of 6 treatments per calendar year
  o All FDA approved nicotine replacement products and tobacco cessation medications are covered

- Standard #4 - <u>Policy</u>: Employers who do not provide health insurance will provide information and referral resources related to tobacco cessation (i.e., Maine Tobacco Helpline 1-800-207-1230).

- Standard #5 - <u>Environmental Support</u>: Worksite utilizes appropriate signage to create awareness of written tobacco use policy, including clear compliance rules, and provides information regarding the policy to all new employees and to anyone who requests a copy.

- Standard #6 - <u>Awareness and Education</u>: Worksite raises awareness and provides education on the impact of tobacco use on employee health.
  o Worksite uses at least 3 methods/channels, including lectures, videos, newsletters, letter/e-mail from CEO, and workshops, to increase awareness of the impact of tobacco use on health
  o Worksite utilizes tobacco use education/awareness materials or messages that are appropriate for the educational level of the workforce
  o Worksite will increase awareness of tobacco cessation resources (See Appendix 3.3.2)

- Standard #7 - <u>Behavior change</u>: Employees are provided with counseling, coaching and coordinated risk factor management.
  o Provide onsite services by qualified vendors
  o Provide incentives for employees who participate in smoking cessation programs
  o Worksite provides tools, community resources and social support opportunities (See Appendix 3.3.3)

Physical Activity
- Standard #1 – <u>Policy</u>: Worksite has policies that support and present opportunities for physical activity.
  o Worksite has a written policy supporting employees to participate in physical activity on company time or with flex-time

- o Employer and/or health insurance carrier provides subsidies and/or promotes discounts for employee memberships to fitness centers or other physical activity related programs or supplies

- Standard #2 – <u>Environmental Support:</u> The work environment is modified to support and encourage physical activity.
  - o Employer utilizes prompts and signage encouraging employees to incorporate physical activity into the workday
  - o Worksite creates/identifies/promotes indoor and outdoor walking routes and public places for physical activity

- Standard #3 – <u>Awareness/Education</u>: Worksite provides opportunities to educate employees and increase awareness of the impact of physical activity on employee health.
  - o Employer distributes information and materials to educate employees and to support and encourage daily physical activity (fact sheets, local physical activity programs, walking groups, web-based programs, and public places for physical activity)
  - o Worksite uses at least three different methods of communication, including lectures, workshops, videos, letter/e-mail from management, and newsletters to increase awareness

- Standard #4 – <u>Behavior Change:</u> Employees are provided with counseling, coaching and coordinated risk factor management.
  - o Provide onsite services by qualified vendors
  - o Provide incentives for reaching predetermined physical activity goals
  - o Provide tools, community resources and social support opportunities over a long enough period of time to allow employees to develop healthy behaviors

For a list of Physical Activity Resources, see Appendix 3.4

Nutrition/Weight Management
- Standard #1 – <u>Policy:</u> Worksite has written policies that provide guidelines and procedures for addressing nutrition and weight management.
  - o Provides guidelines for food served at meetings, in cafeteria, company events, and includes employee travel
  - o Provides a nutrition counseling benefit through health insurance coverage
  - o Provides a health insurance credit/incentive for employees that meet or exceed predetermined BMI/body fat standards

- Standard #2 – <u>Environmental Support:</u> The work environment is modified to support and encourage healthy eating.
  - o Increase access to healthy choices with honor system healthy snack programs
  - o Worksite offers improved ratio of healthy to unhealthy foods in all vending machines and cafeterias

- o Worksite identifies healthy items on vending machines and cafeterias and/or posts nutrition information on or near the vending machines
  - o Worksite offers onsite refrigerators, microwaves, and cold vending machines

- Standard #3 – Awareness/Education: Worksite provides opportunities to educate employees and increase awareness of the impact of healthy food choices on employee health and weight management.
  - o Worksite promotes general information on nutrition/weight management to employees, including events, programs, and resources
  - o Worksite uses at least three different methods of communication, including lectures, workshops, videos, letter/e-mail from management, and newsletters to increase awareness

- Standard #4 – Behavior Change: Employees are provided with counseling, coaching and coordinated risk factor management
  - o Provide onsite services by qualified vendors
  - o Provide incentives for reaching predetermined nutrition/weight management goals
  - o Provide tools, community resources and social support opportunities over a long enough period of time to allow employees to develop healthy behaviors

For a list of Nutrition Resources, see Appendix 3.5

Work Related Stress
- Standard #1 – <u>Policy</u>: Worksite has a written policy that provides guidelines and procedures for addressing work related stress
  - o Policy addresses several, but not all of the components below
  - o Worksite has a comprehensive stress management policy that includes all of the following components:
    - Preventive measures at the organizational level
    - Stress related identification and management strategies
    - Provision of supportive measures for employees
    - Identification of individual employee and management responsibilities
    - Monitoring and evaluating the level of worksite stress experienced, the procedures implemented and their outcomes and the effectiveness of the policy

- Standard #2 – <u>Policy:</u> Worksite offers employees and family members the opportunity to participate in an Employee Assistance Program (EAP).

- Standard #3 – <u>Policy:</u> Worksite provides employees with flexible scheduling options.

- Standard #4 – <u>Environmental Supports:</u> The work environment is modified to support and encourage management of work related stress.
  - o Worksite offers employees the opportunity to take periodic stress and resiliency related assessments

- o Worksite provides managers with the tools, advice and support to help them identify tasks or structures that may create stress, including job design and controls
- o Provides a work environment that supports trust, inclusion and open communication

- Standard #5 – <u>Awareness/Education</u>: Worksite provides opportunities to educate employees and increase awareness of the impact of stress on employee health and productivity.
  - o Worksite provides opportunities for employees and managers to become aware of the stress policy
  - o Worksite promotes general information and resources on stress management
  - o Worksite uses at least three different methods of communication, including lectures, workshops, videos, letter/e-mail from management, and newsletters to increase awareness about stress, resiliency and stress management techniques and sources of assistance

- Standard #6 – <u>Behavior Change</u>: Employers and employees are provided with counseling, coaching and coordinated risk factor management.
  - o Provide onsite services by qualified vendors
  - o Provide tools, community resources and social support opportunities over a long enough period of time to allow employees to develop healthy behaviors

Depression
- Standard #1 – <u>Policy</u>: Worksite has written policies that provide guidelines and procedures for addressing behavioral health.
  - o Written policy addresses several, but not all of the components below
  - o Worksite comprehensive behavioral health policy includes:
    - Promote a positive working environment
    - Statement that the employer will not discriminate based on mental health status
    - Taking actions to reduce or eliminate the stigma associated with mental health status
    - Facilitating an employee to receiving treatment
    - Facilitating a disabled employee returning to work as quickly as possible

- Standard #2 - <u>Policy</u>: Worksites providing behavioral health benefits will comply with the federal Mental Health Parity Act of 2008.

- Standard #3 - <u>Policy</u>: Employers who do not provide health insurance will provide information and referral resources related to behavioral health.

- Standard #4 - <u>Policy</u>: Worksite offers employees and family members the opportunity to participate in an Employee Assistance Program (EAP).

- Standard #5 - <u>Environmental Support</u>: The work environment supports the prevention and/or management of employee depression.
  o Worksite offers employees the opportunity to periodically take either a telephonic or Web based depression screening
  o Worksite provides managers with the tools, advice and support to help them successfully address behavioral health

- Standard #6 – <u>Awareness/Education</u>: Worksite provides opportunities to educate employees and increase awareness of the impact of depression on employee health and productivity.
  o Worksite provides opportunities for employees and managers to become aware of the behavioral health policy
  o If available, information about behavioral health treatment benefits available through the health insurance plan
  o Worksite provides a range of awareness and educational opportunities for employees and managers to learn about behavioral health, behavioral health management techniques and sources of assistance
  o Worksite participates in annual Depression Screening Day

- Standard #7 – <u>Behavior Change</u>: Employers and employees are provided with counseling, coaching and coordinated risk factor management.
  o Provide onsite services by qualified vendors
  o Provide tools, community resources and social support opportunities over a long enough period of time to allow employees to develop healthy behaviors

For a list of worksite based depression program resources, see Appendix 3.6

Substance Abuse
- Standard #1 – <u>Policy</u>: Worksite has a written Drug Free Worksite policy that provides guidelines and procedures for addressing worksite substance use and abuse issues.
  o Worksite has a policy that addresses several, but not all of the components below
  o Worksite has a comprehensive Drug Free Workplace policy that includes:
    - Why the policy is being implemented
    - A clear description of prohibited behaviors
    - An explanation of the consequences for violating the policy
    - Supervisor training
    - Employee education
    - Employee assistance
    - Drug testing
    - Crisis management
  o If required, worksite drug free workplace policy is in compliance with the federal Drug Free Workplace Act of 1996

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- Worksite will not reimburse for purchase of alcoholic beverages

- Standard #2 – <u>Policy</u>: Worksites with drug testing policies will be in compliance with Maine state law, unless otherwise exempted.

- Standard #3 – <u>Policy</u>: Worksite with substance abuse treatment benefits will be in compliance with the federal Mental Health Parity Act of 2008.

- Standard #4 – <u>Environmental Support</u>: The work environment supports the prevention and/or identification of employee substance abuse.
  - Where appropriate, worksite offers Screenings and Brief Interventions
  - Worksite participates in activities such as national Drug Free Work Week, alcohol screening day, and telephonic or Web based alcohol screening
  - Worksite offers substance abuse treatment as part of its health insurance benefit package
  - Worksite provides managers with the tools, advice and support to help them successfully address substance use

- Standard #5 – <u>Awareness/Education</u>: Worksite provides opportunities to educate employees and managers on the impact of substance abuse on employee health and productivity.
  - Opportunities to raise awareness about substance use and abuse are provided to employees and managers
  - Supervisors receive training in the following specific areas:
    - Details of the drug-free workplace policy
    - Ways to recognize and deal with employees who have performance problems that may be related to alcohol and other drugs
    - How to refer employees to available assistance
  - Employees receive education about the following topics:
    - Details of the drug-free workplace policy
    - Information about the substance abuse treatment benefits available through the health insurance plan
    - Generalized information about the nature of alcohol and drug addiction; its impact on work performance, health and personal life
    - Help available to people affected by substance abuse

- Standard #6 – <u>Behavior Change</u>: Employers and employees are provided with counseling, coaching and coordinated risk factor management.
  - Provide onsite services by qualified vendors
  - Provide tools, community resources and social support opportunities over a period of time to allow employees to develop healthy behaviors

For a list of worksite substance abuse best practice resources, see Appendix 3.7

Safety – Injury Risk

- Standard #1 – <u>Policy</u>: All worksites have a policy in compliance with applicable OSHA standards and applicable State of Maine laws.

- Standard #2 – <u>Policy</u>: Worksite has a written policy that provides guidelines and procedures for the prevention of work related injuries.
  - Worksite has a policy that addresses several, but not all of the below components
  - Worksite has a comprehensive safety policy that includes:
    - objectives of the safety program
    - persons responsible for various safety practices
    - consequences of not following established procedures
    - reporting of unsafe conditions
    - reporting of accidents
    - list of specific safety rules and guidelines
    - list of safety hazards
    - safety clothing and equipment
    - use of seat belts
    - facility maintenance or housekeeping standards
    - safety training
    - appropriate sections based on hazards identified at the worksite
  - Worksite has a safety policy that incorporates the elements of the Healthy People 2010 Objectives, Chapter 15, Injury and Violence Prevention (See Appendix 3.8)

- Standard #3 – <u>Environmental Support</u>: The work environment supports the prevention and/or identification of employee substance abuse.
  - Worksite provides first aid kits as required by OSHA and identified worksite hazards
  - Worksite provides mechanical aids where employees lift objects repetitively or the lift exceeds the maximum weight allowed by the National Institute of Occupational Safety and Health lifting formula
  - Worksite conducts routine, periodic safety inspections

- Standard #4 – <u>Awareness/Education:</u> Worksite provides appropriate safety related awareness and education to senior managers, supervisors, managers, and employees as required by OSHA and identified worksite hazards.

- Standard #5 – <u>Behavior Change</u>: Employers and employees are provided with coaching and coordinated safety and injury risk management.
  - Provide tools, community resources and social support opportunities over a period of time to allow employees to develop safe behaviors
  - Worksite adopts a behavioral safety program

Ergonomics
- Standard #1 – <u>Policy</u>: Worksite has a written policy that meets or exceeds all the requirements of Maine's Video Display Terminal (VDT) Law (MRSA Title: 26 Section: 251). See Appendix 3.9.

- o Employer only purchases ergonomically sound equipment
- o Worksite provides workstation evaluations for employees
- o Worksite, at a minimum, provides stretch breaks and encourages employees to participate

- Standard #2 – <u>Awareness and Education</u>: Worksite provides ergonomic injury awareness and education opportunities to employees through multiple information delivery methods.
  - o Worksite provides materials and opportunities for employees to become aware of and knowledgeable about ergonomic related risks and injuries
  - o Worksite provides annual VDT (ergonomic) education to employees

- Standard #3 – <u>Behavior Change</u>: Worksite provides stretch break opportunities.
  - o Worksite incorporates and promotes stretch breaks throughout the work day and, at a minimum, encourages employees to participate

Health Risk Assessment and Screening

- Standard 1 – <u>Policy:</u> Worksites will utilize Health Risk Assessments (HRAs) to benefit both employers and employees as a means to increase awareness, educate, target interventions, measure health indicators, motivate behavioral change and evaluate outcomes.
  - o Where cost is an issue, free online HRA tools are available to any size employer to provide individuals with personal health risk information
  - o Organizations should utilize an HRA that provides aggregate data, where privacy can be assured
  - o Individual risk factor follow-up education and counseling is conducted as part of the HRA process

- Standard # 2 - <u>Policy:</u> Worksites develop incentives to achieve high participation in screening programs offered at the worksite.
  - o Worksites set a participation goal which can be attained by offering merchandise, raffles, gift cards, cash, etc.
  - o Worksites develop incentive programs in their health plan design to achieve high participation in annual preventative and age appropriate screenings ordered through health care provider visits. May include medical premium discounts, health savings accounts and health reimbursement arrangement contributions, deductible credits and/or co-pay reductions

- Standard # 3 – <u>Awareness and Education:</u> Worksites educate employees on the value of screenings, opportunities to get screened, and the importance of sharing screening results with their primary care physician.
  - o Worksites encourage employees to have age/gender appropriate screenings onsite, in the community, or as part of annual physicals, and discuss results with their health care provider

- o Worksites educate employees on how to advocate for themselves and know their personal health indicators (i.e., blood pressure, cholesterol, glucose, height, weight, etc.)
- o Worksites encourage employees to have their annual physical exams and discuss, with their health care provider, which screenings are appropriate for their age and risk status

- Standard # 4 – <u>Behavior Change</u>: Organizations support and track how employees utilize HRA, screening information, and available resources to manage their individual risk levels.
  - o Worksite ties incentives to managing risk factors
  - o Conducts or promotes periodic HRAs and screenings to measure behavioral changes and help individuals manage risk factors

For the key components and resources for HRA implementation, see Appendix 3.10

Medical Self-Care
- Standard #1 – <u>Policy</u>: Worksites have written policies and/or procedures that provide guidelines for the implementation and sustainability of an employee medical self-care program.

- Standard #2 – <u>Environmental Support</u>: The work environment supports optimal medical self-care practices.
  - o Managers/supervisors periodically remind employees of the value for them and their families to be wiser consumers of health care products and services
  - o Worksites support/reinforce medical self-care policies during annual benefit enrollment periods
  - o Worksites support medical self-care via internal marketing outlets (ie. bulletin boards, newsletters etc.)

- Standard #3 - <u>Awareness/Education</u>: Worksites educate employees on optimal medical self-care practices to include available tools, resources and programs.
  - o All employees are provided with written and/or online educational materials
  - o Worksites provide incentives to encourage the use of medical self-care tools and materials
  - o Self-care workshops are provided onsite to educate and inform employees/dependents on the use and value of medical self care materials
  - o If available, nurse hotlines should be promoted to support employee health care needs on a 24/7 basis.
  - o Employees are educated about chronic disease management and self-management programs or resources, including the health plan benefit coverage related to chronic disease

- Standard #4 – <u>Behavior Change</u>: Worksites develop strategies that increase use of optimal medical self-care practices.

- Worksites should promote/support the value and use of medical self-care and chronic disease self-management tools on a consistent basis as a means to influence/modify employee behavior
- Where possible, use multiple data sources to monitor utilization and cost changes

4. Implementing a Program

This phase of your worksite health promotion process now puts your assessment and planning into practice. The engagement of employees and staff for this phase is critical and can be accomplished through good marketing and communication of your product/plan. Successful health interventions require two key elements:

- A well designed intervention that participants find effective in reaching *their* goals, and
- A high rate of participation for those needing intervention

No matter how much time you put into planning, if few people participate, the overall results will be ineffective. If your planning has been done right your implementation will include some or all of the following strategies:

- Utilize effective marketing principles
- Build interest
- Reduce roadblocks
- Provide incentives
- Help people see the value
- Provide recognition and celebrate that you care

For details on implementation, see Appendix 4.1

5. Conducting evaluations and measuring results: Is Your Program Doing Any Good?

Every worksite wellness program needs to have an evaluation component built into it. Evaluating your program should not be something you start to think about after your program has been completed. Properly evaluating your program means you need to be thinking about and planning for your evaluation strategies as you design and implement your program.

Program evaluation is the use of scientific methods to collect data about your program. Some of this data focuses on the process of monitoring your program, while other data can be used to inform program managers and key policy makers about how well a program is meeting its goals and objectives.

Evaluating your program will help you to:

- Identify how your program should be modified to better meet employee needs
- See if your intervention worked
- Determine the value of what you have done
- Measure changes in attitudes, behaviors and health risk factors
- Measure changes to organizational and individual baseline data

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o Give feedback to participants and to excite and inspire others to participate

You can evaluate your program at three different levels:
1. The process level
2. Outputs and impacts
3. The outcome level

See Appendix 5.1 for further details

Just as the levels of program evaluation vary, so should how you use them. New programs should initially focus on process and output type evaluations. After gaining some evaluation experience, maturing programs should add impact type evaluations to their existing process and output evaluation strategies. Having an identified evaluation track record gives mature programs the evaluation background necessary to tackle outcome type evaluations. Outcome type evaluations often need the guidance of a professional or academic evaluator and tend to be expensive to conduct.

When designing your evaluation strategy, consider the following:
o What types of data will you need?
o From what sources will the data come?
o How will you collect the data?
o In what format(s) will the data be collected?
o How will you store the data until you are ready to use it?
o What are your IT capabilities?
o How will you report out the data and your evaluation results?

No matter which evaluation strategies you undertake, keep in mind that your evaluation process should:
1. Be useful
2. Be feasible given your program's size, scope and available resources
3. Use proper evaluative techniques
4. Be accurate

APPENDICES

APPENDIX 1 – Building Structure
1.1 MSAD 11 Performance Review Case Study – See link below
http://healthymainepartnerships.org/pdfs/Good_Work/Performance_Objective.pdf
1.2 211 Maine
http://www.211maine.org/
1.3 Consumers for Affordable HealthCare (CAHC) – Navigating Maine's Health Care System
http://www.mainecahc.org/healthcare/
1.4 Federally Qualified Health Centers (FQHCs)
http://www.mepca.org/locationsHC.php

1.5 Healthy Maine Partnerships
http://healthymainepartnerships.org/Local_Partnerships.aspx
1.6 Maine Hospital Association Resource Links
http://www.themha.org/resources/hcresources.htm

APPENDIX 2 – Gathering Information

2.1 List of sample toolkits available through the U.S. Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov/nccdphp/dnpa/hwi/index.htm

APPENDIX 3 – Designing a Program

3.1 Evidence Based Practices and National Guidelines
Currently there is no repository or centralized database of evidence based or best practice worksite based physical health/wellness strategies in U.S. The following resources contain evidence based best practices:

- U.S. CDC Guide to Community Preventive Services
  http://www.thecommunityguide.org/
- Keeping America Healthy: A Catalog of Successful Programs - Partnership to Fight Chronic Disease
  http://promisingpractices.fightchronicdisease.org/programs

3.2 U.S. Preventive Services Task Force Guidelines on clinical preventive services. According to the research from the U.S. Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP), the following clinical prevention benefits are either cost saving or cost effective. A partial listing is provided in the table below. For the full document, visit the following link:
http://www.businessgrouphealth.org/benefitstopics/topics/purchasers/index.cfm

Benefit	Priority Ranking
Childhood Immunizations	High
Flu vaccine	High
Colorectal cancer screening	High
Tobacco cessation services	High
Adult alcohol screening and Brief intervention	High
Cholesterol screening	Medium
Chlamydia screening	Medium
Breast cancer screening	Medium
Cervical cancer screening	Medium
Pneumococcal immunization	Medium

3.3 Tobacco
3.3.1 Legal and Policy Resources

- Good Work - Creating a Smoke-Free Workplace
  http://www.tobaccofreemaine.org/PDF/25-011-04%20worksite%20kit.pdf

- Partnership For A Tobacco-Free Maine
  http://www.tobaccofreemaine.org/channels/workplaces/

3.3.2 Tobacco Cessation Resources
- WELCOA: The Burden of Tobacco Use
  http://welcoa.org/freeresources/pdf/aa_quit_smoking1.pdf
- U.S. CDC: Cessation Program Materials
  http://www.cdc.gov/tobacco/quit_smoking/cessation/index.htm

3.3.3 Tobacco Prevention Resources
- Partnership For A Tobacco-Free Maine
  http://www.tobaccofreemaine.org/channels/communities/index.php

3.4 Physical Activity
- U.S. CDC: Physical Activity for Everyone
  http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html

- Physical Activity Guidelines for Americans
  http://www.health.gov/PAGuidelines/

- American Heart Association: Physical Activity in Your Daily Life
  http://www.americanheart.org/presenter.jhtml?identifier=2155

3.5 Nutrition/Weight Management
- U.S. CDC: It's not a diet, it's a lifestyle!
  http://www.cdc.gov/healthyweight/index.html
- U.S. Department of Health and Human Services: Dietary Guidelines for Americans
  http://www.health.gov/dietaryguidelines/
- U.S. CDC Nutrition
  http://www.cdc.gov/nutrition/index.html

3.6 Depression
- American Psychiatric Association - Employer Innovations, Facilitating Practical Applications at the Workplace Database
  http://www.workplacementalhealth.org/search.aspx

3.7 Substance Abuse – Best Practices
- The Substance Abuse Mental Health Services Administration in the U.S. Department of Health and Human Services maintains a database of evidence based programs, including worksite programs, known as the National Registry of Evidence-based Programs and Practices (NREPP). The link is:
  http://www.nrepp.samhsa.gov

- The Substance Abuse Mental Health Services Administration in the U.S. Department of Health and Human Services also maintains a database of model programs. This site has been superseded by the NREPP but is still active. The link is:
  http://modelprograms.samhsa.gov/

3.8 Safety – Injury Risk
- Healthy People 2010 Objectives – Injury and Violence Prevention
  http://www.healthypeople.gov/Document/html/volume2/15injury.htm

3.9 Ergonomics
- Maine's Video Display Terminal (VDT) Law (MRSA Title: 26 Section: 251)
  http://www.mainelegislature.org/legis/Statutes/26/title26sec251.html

3.10 Health Risk Assessment and Screening
- Key components for HRA implementation
  o Organize a planning team to budget, design, market, implement and evaluate an HRA campaign
  o Draft a set of goals and objectives to guide the planning process that address needs of both employer and employee
  o Privacy protection and confidentiality policies need to be built into all facets of the campaign
  o A determination needs to made on eligibility. Will spouses, domestic partners or dependents be allowed to participate?
  o Develop an incentive model as a tool to maximize participation.
  o Select an HRA tool that meets your goals, budget, employee educational levels etc. Use the " HRA Features Prioritization Checklist" in the referenced website : http://www.nbch.org/documents/HRA_Updated_080303.pdf
  o Determine the systems for employee feedback. What reports will they receive? Will they have group feedback sessions or one-on-one wellness coaching?
  o Determine interventions to support employee needs and interests, ie weight management classes, physical activity programs etc.
  o Conduct an evaluation process to determine employee satisfaction etc. with the HRA campaign

APPENDIX 4 – Implementing a Program

4.1 Implementation strategies
- Strategy #1 – Utilize effective marketing principles
  o *Product* - what you will exchange with your employees for a benefit or behavior change
  o *Price* - costs to implement can be financial they can also be time, effort, public opinion or psychological cost
  o *Place* - where the program/intervention is best positioned

- o *Promotion* - methods you will use to communicate with your employees
- o *Politics* - utilize policy and environmental changes that reward positive behaviors, not punish bad ones

- Strategy #2 - Build interest
  - o Allow for several weeks to build up interest in your wellness program
  - o Educate through announcements, fliers, posters, a letter from the business leader, newsletters, check stuffers, and/or by doing a presentation

- Strategy #3 - Reduce roadblocks
  - o Form a small focus group of employees to determine if there are any roadblocks or concerns that might block participation.
  - o Address issues that can impact success, including the time you hold the program, confidentiality of data gathered, lengthy questionnaires, lack of perceived value, lack of participation incentives, location of the event/intervention and stage of change of participants regarding the topic (i.e. tobacco use)

- Strategy #4 - Provide incentives
  - o Offer special incentives for people to participate, including money, prizes, a deduction in employee share of health insurance premium and/or copays, etc.
  - o Use prize drawings, discounts to fitness centers, awards for meeting health goals at 6 or 12 months and financial assistance to attend educational events
  - o Provide support to groups who wish to participate in a fund raising event like Relay for Life

- Strategy #5 - Help people see the value
  - o Health profiles and screenings are valuable services. Seek creative ways to demonstrate the value to employees.
  - o Find creative ways to engage people in activities that provide value while also having an element of fun.
  - o Traditionally, worksite wellness programs have been voluntary in nature. Recently there has been an increase in the number of programs where participation is mandated as part of the benefit structure. Regardless of whether you choose to mandate or not, focus on strategies that result in willing participants.
  - o Consider making some of your benefits contingent on participation in the wellness program.
  - o Consider inviting family members to attend, which may boost employee participation.
  - o A great way to demonstrate value is to have active leadership support and participation from all levels of the organization to help set the tone and expectation that the program is important.

- Strategy # 6 - Provide recognition and celebrate that you care
  - o Since wellness programs take time to produce results, as a motivator, it is important to provide recognition and celebration at strategic, periodic points in

your wellness program. Providing recognition for individuals who take steps to improve their health, and for businesses and organizations that support healthy lifestyles, will help to sustain the effort until desired results are seen.
- o It is important to take the time to thank individuals for the many random acts of kindness and care that go into making the work environment a healthy and safe place. *Celebration* can be as simple as having a bravo board where people write notes of thanks for colleagues to read, the celebration of special days or events, or taking time to have a meal together as a team. No two words contribute more to the health of your workplace than "*Thank You***."**

 (Source: Taken from 2003 Wellsource Inc 4/15/03 Increasing Participation Rates in Health Promotion Programs.)

APPENDIX 5 – Conducting evaluations and measuring results
5.1 Levels of Evaluation

The three levels of program evaluation are:
1. Process level
2. Outputs and impacts
3. Outcome level

- **Process level** - Process evaluations help you to assess how the implementation of your program or specific interventions is going.   They can also measure your program's quality and consistency. Process evaluations can use either qualitative or quantitative data. Qualitative data can be generated from questionnaires, verbal discussions, focus groups and suggestion boxes. Quantitative data comes from things you can count such as:
  - o Number of classes held
  - o Numbers and types of resources used such as handouts, posters, pamphlets, etc.
  - o Amount of time spent delivering the program or intervention

- **Output and Impact evaluations** – Output and impact evaluations help you to determine if your program is meeting its goals and objectives, the effects of the program, including the degree of change resulting from the program. Output and impact evaluations also measure things that can be counted as well as changes in knowledge, attitudes, skills and behaviors. Examples of data sources include:
  - o Participation rates
  - o Participation satisfaction
  - o Web site hits
  - o Observations and tracking sheets such as logs and journals
  - o Pre/Post tests and surveys designed to measure changes in attitudes, skills, knowledge and behaviors

- **Outcome level -** Outcome evaluations determine and quantify cost savings associated with your program. Outcome evaluations also seek to answer the following questions:
  - o Did the program or intervention cause the changes that occurred?
  - o Were the financial costs associated with the change beneficial?

  Some examples from an organizational perspective might include:
  - o Economic
    - Decreased healthcare, disability and workers' compensation costs
    - Return on investment (ROI)
    - Cost-benefit ratio
    - Cost-effectiveness ratio
    - Increased productivity
  - o Non-Economic
    - Changes in recruitment and retention levels
    - Changes in morale, absenteeism and presenteeism
    - Changes in corporate culture