

Survey of Employer Worksite Wellness Activities and Health Promotion Programming

Cheryl Larson, Midwest Business Group on Health,
John Crouble-Lilly PhD & Jessica Backous, University of Illinois at Chicago

Table 1. COMPANIES' COMPANY-WIDE SELF-ASSESSMENT

Company	Employee Size	Industry	City/State	Year of Assessment
1	100-499	Manufacturing	Chicago, IL	2009
2	100-499	Health care and social assistance	San Francisco, CA	2009
3	100-499	Health care	San Francisco, CA	2009
4	100-499	Health care and social assistance	San Francisco, CA	2009
5	100-499	Health care and social assistance	San Francisco, CA	2009
6	100-499	Health care and social assistance	San Francisco, CA	2009
7	100-499	Health care and social assistance	San Francisco, CA	2009
8	100-499	Health care and social assistance	San Francisco, CA	2009
9	100-499	Health care and social assistance	San Francisco, CA	2009
10	100-499	Health care and social assistance	San Francisco, CA	2009
11	100-499	Health care and social assistance	San Francisco, CA	2009
12	100-499	Health care and social assistance	San Francisco, CA	2009
13	100-499	Health care and social assistance	San Francisco, CA	2009
14	100-499	Health care and social assistance	San Francisco, CA	2009
15	100-499	Health care and social assistance	San Francisco, CA	2009
16	100-499	Health care and social assistance	San Francisco, CA	2009
17	100-499	Health care and social assistance	San Francisco, CA	2009
18	100-499	Health care and social assistance	San Francisco, CA	2009
19	100-499	Health care and social assistance	San Francisco, CA	2009
20	100-499	Health care and social assistance	San Francisco, CA	2009

Table 1 continues on the next page.

Table 2. Methods of Employee Survey

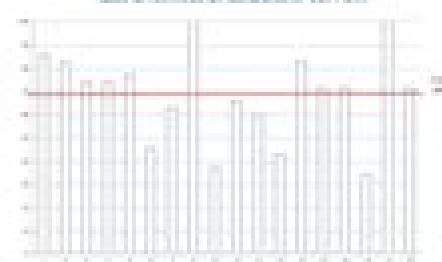


Table 2 shows the percentage of companies using various methods to survey employees.

Table 3. EMPLOYEE PARTICIPATION



Table 3 shows the percentage of employees participating in various health promotion programs.

References:
American Medical Association. (2008). *Health promotion and disease prevention: A national strategy for the 21st century*. Washington, DC: American Medical Association.
Centers for Disease Control and Prevention. (2008). *Health promotion and disease prevention: A national strategy for the 21st century*. Washington, DC: Centers for Disease Control and Prevention.
National Institutes of Health. (2008). *Health promotion and disease prevention: A national strategy for the 21st century*. Washington, DC: National Institutes of Health.

Introduction: The Midwest Business Group on Health (MBGH) is a non-profit, Chicago-based MBGH business coalition. Its members represent over 1,100 large public and private employer organizations and health care stakeholders. MBGH serves as one of the nation's leading employer-focused coalitions and is a recognized leader in offering education, research and community-based activities that increase the value of health benefits and health care services.

Company Wellness Assessment: In 2009 as part of its ongoing effort to encourage employer best practices in health improvement, 20 companies representing a broad range of industries responded to a 44-item self-assessment survey concerning workplace wellness activities and health promotion programming, and to gauge their company. Employers were asked to respond to questions evaluating leadership support, wellness initiatives, programmatic updates, availability of programming, participation, resource allocation, and outcomes measurement.

Assessment Results

Member Descriptions: Companies size ranging from 1,000-25,000, 7 industries: health care, manufacturing, finance and insurance, retail trade, social and health services, professional, scientific and technical services, and other services. (See Table 1).

Programming: The most prominent results showed that the duration of programming ranged from 3-5 years and was provided by vendors, health plans and employers. Companies used leadership support for health program initiatives (i.e., for MBGH) (See Table 2). A substantial significant rate of employee engagement and participation was reported (See Figure 1). Employees participating in health programming ranged over a 24-month period (including health risk assessment/health assessment) (See Table 3). Biometric screening and feedback was a key feature of most health programs (See Table 4). Reducing weight and lowering the effects of metabolic conditions were important for companies with stress management for employees.

Barriers to Employee Engagement: Time to participate, privacy concerns, availability of programming, internal communication effectiveness, perceived low levels of leadership engagement and employee behavioral reinforcement.

Conclusion: Table 1 demonstrates leadership support is positive and is consistent with evidence showing a positive of implementation across workplace wellness programming (Frank & Linn, 2008). The programming rate (See Table 1 & 4) of employee completion of biometric screening with feedback is consistent with the 2008 PHS gateway to improved employee participation, engagement and health outcomes (Dolan et al., 2008). Companies measuring and providing feedback to employees is also the "three-year success" concept (Frank & Linn, 2008). Table 3 shows reported barriers to employee participation and suggests solutions companies could make to increase employee participation and engagement. A study conducted for better at a 2008 evaluated participation in an employee wellness program (Frank & Linn, 2008) and found similar barriers to participation in health programming and supported the solutions suggested. Companies have scope for growth in health culture development, employee engagement and program integration. Figure 1 shows the complexity of stakeholder relationships engaged with program planning, printing, implementation and evaluation, however, complexity of support, delivery and evaluation should be considered as a regular occurrence given the nature of the health and business outcomes targeted for improvement (Reardon et al., 2008). This sample of companies are using best practice solutions by (Frank & Linn, 2008), these include but are not limited to leadership and management commitment, diverse program offerings, multi-channel and multi-level approaches.

Future Directions: The assessment (i) companies should conduct an annual organizational self-assessment and benchmarking process against the national Worksite Health Promotion Survey (Linn et al., 2008) and other members of the MBGH; (ii) identify key strategic business initiatives with employee health needs and (iii) consolidate their efforts in increasing employee participation and engagement.

FIGURE 1. EMPLOYERS CONCERNED WITH WORKSITE HEALTH PROMOTION PROGRAMMING



The figure shows the percentage of employers concerned with workplace health promotion programming. The figure shows the percentage of employers concerned with workplace health promotion programming.

Table 4. BIOMETRIC SCREENING PARTICIPATION

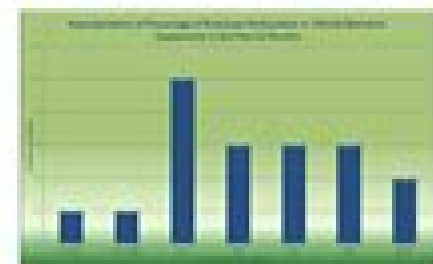


Table 4 shows the percentage of employees participating in biometric screening.

FIGURE 1. EMPLOYEE AND PARTICIPATION



Figure 1 shows the percentage of employees participating in health promotion programming.

TABLE 5. BARRIERS AND SOLUTIONS

Barrier	Solution
Lack of time to participate in health promotion programming	Developing and implementing a health promotion program that is consistent with the organization's mission and vision.
Lack of employee participation in health promotion programming	Developing and implementing a health promotion program that is consistent with the organization's mission and vision.
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Table 5 shows the percentage of employees participating in health promotion programming.

National Survey Of Worksite Health Promotion Activities

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Table of Contents National Survey Of Worksite Health Promotion Activities

1. Understanding the eBook National Survey Of Worksite Health Promotion Activities
 - The Rise of Digital Reading National Survey Of Worksite Health Promotion Activities
 - Advantages of eBooks Over Traditional Books
2. Identifying National Survey Of Worksite Health Promotion Activities
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an National Survey Of Worksite Health Promotion Activities
 - User-Friendly Interface
4. Exploring eBook Recommendations from National Survey Of Worksite Health Promotion Activities
 - Personalized Recommendations
 - National Survey Of Worksite Health Promotion Activities User Reviews and Ratings
 - National Survey Of Worksite Health Promotion Activities and Bestseller Lists
5. Accessing National Survey Of Worksite Health Promotion Activities Free and Paid eBooks
 - National Survey Of Worksite Health Promotion Activities Public Domain eBooks
 - National Survey Of Worksite Health Promotion Activities eBook Subscription Services
 - National Survey Of Worksite Health Promotion Activities Budget-Friendly Options

6. Navigating National Survey Of Worksite Health Promotion Activities eBook Formats
 - ePub, PDF, MOBI, and More
 - National Survey Of Worksite Health Promotion Activities Compatibility with Devices
 - National Survey Of Worksite Health Promotion Activities Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of National Survey Of Worksite Health Promotion Activities
 - Highlighting and Note-Taking National Survey Of Worksite Health Promotion Activities
 - Interactive Elements National Survey Of Worksite Health Promotion Activities
8. Staying Engaged with National Survey Of Worksite Health Promotion Activities
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers National Survey Of Worksite Health Promotion Activities
9. Balancing eBooks and Physical Books National Survey Of Worksite Health Promotion Activities
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection National Survey Of Worksite Health Promotion Activities
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine National Survey Of Worksite Health Promotion Activities
 - Setting Reading Goals National Survey Of Worksite Health Promotion Activities
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of National Survey Of Worksite Health Promotion Activities
 - Fact-Checking eBook Content of National Survey Of Worksite Health Promotion Activities
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
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14. Embracing eBook Trends
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