

# A Worksite Wellness Toolkit for Small Employers

## A Quality Improvement Project Addressing Employee Health Behaviors

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### Project Design:

#### A Quality Improvement Plan for Employee Health

- Community and Occupational Health nursing afford a more holistic approach to health and wellness.
- Worksite Wellness programs in larger companies have shown good program outcomes, reduced costs, and measurable results
- Knowledge of 2010 Patient Protection and Affordable Care Act
- Observed effects of poor health in rural Kentucky
- Essential access to smaller employers, local government agencies

### Statement of the Problem

- Financial Impact of 2010 Patient Protection and Affordable Care Act on employers
- Employer health contributions begin in 2015
- 2012 ACA update guarantees wellness incentives for smaller employers
- Gaps in evidence:
  - Smaller employers lack worksite wellness programs
  - Can worksite wellness programs effectively reduce chronic disease rates with equal success for small employers?
  - Goal: reduce chronic disease rates – in Kentucky and elsewhere
  - Biggest benefits will be realized in poorer, rural counties
- Presume employee + worksite wellness = healthier outcomes
- Benefits: lower costs, better productivity for small employers, worker loyalty

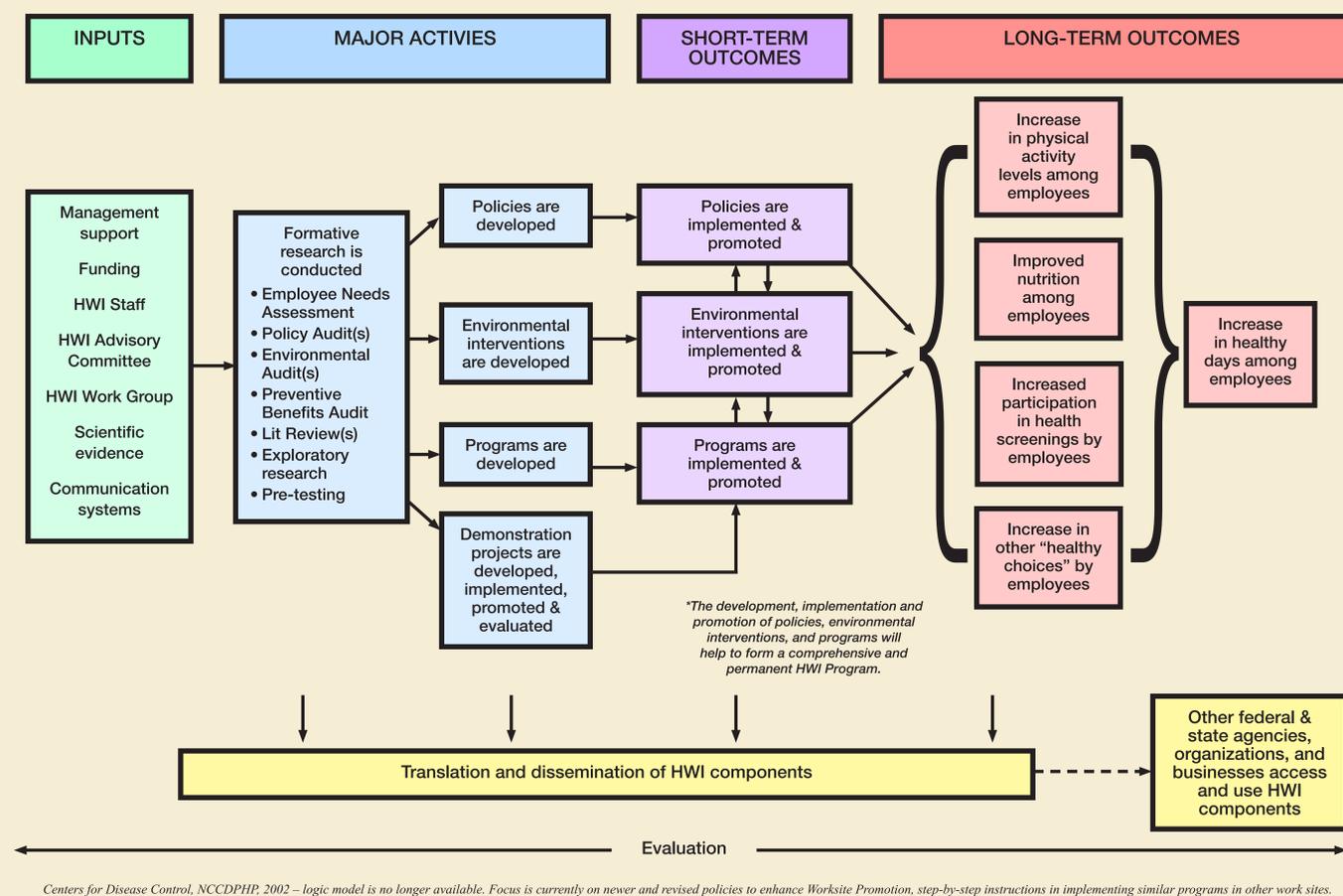
### Synthesis of the Evidence

- Kentucky population = 4.38 million in 2012
- 65,400 small employers in Kentucky in 2010
- 96% firms quite small, < 25 employees, many in rural counties
- Small business employees = 491,860
- **>10% of state population worked for small employers in 2010**
- Impact of chronic disease on society
  - Kentucky ranks 9th highest in cardiovascular deaths, highest in stroke deaths
  - Chronic conditions drive up healthcare costs
  - Nationally an estimated \$9.3 billion in lost productivity linked morbidity of heart disease, cancer, stroke, and diabetes to dietary choices
- Poorer post-recession economy, lower small business profit margins
- Overhead costs rose, reduced insurance coverage, costs were shifted to workers
- **By 2009, out-of-pocket insurance costs rose by an average 687% to \$6,411 per worker.**
- Private health percentages dropped 10% over 10 years
- Fewer small firms able to afford employee health coverage
- ACA Credits – earmarked \$15 billion for small firms over the next 10 years dollars for wellness and prevention
- If < 25 employees, Employer tax credit up to 35%, reduced cost of employer sponsored insurance plans in 2012 and 2013
- **Tax credits rise to 50% in 2014 with Health Marketplace exchanges**

### Purpose of the Project

- Develop low-cost worksite wellness Toolkit Template
- Focus on small employers with < 100 employees
- Pilot study and written report for small employer in South-Central KY
- Toolkit Template – broader application for any small employer
- Collaborate with Kentucky Chamber of Commerce, and Southern Kentucky Area Development Districts (ADDs) seeking low cost resources
- Template on Kentucky Worksite Wellness website at <http://kentucky.stateofwellness.org/> encourages sharing the Toolkit, educational resources, and links to public and government websites
- Regular updates will ensure topical currency

### Healthier Worksite Initiative Logic Model



### Theoretical Framework

- **Transtheoretical Model of Behavioral Change**  
**Five temporal stages of individual decision-making:**  
 1) Pre-contemplation, 2) Contemplation, 3) Preparation, 4) Action, and 5) Maintenance  
*Relapse* (can overlap any of the five stages)  
*Cyclic* (nonlinear progression through stages)
- **Reciprocation Model and Nursing Process**  
 Focus on bidirectional interaction of an Advanced Practice Nurse with each level of the Corporate structure: Management, Wellness Committee and with workers in goal setting and follow-through

### Strategic Workplace Wellness Plan



### Project Goals and Key Objectives

- **Short-term goals:**
  - Needs Assessment as pilot study
  - Vanderbilt Dayani Center- Personal Health Survey
  - Engage all sectors, use culturally relevant programs
  - Kentucky employers will encourage more sustainable, healthier and less costly workforce
- **Long-term goals:**
  - Improve overall health of Kentuckians
  - Reduce frequency of chronic conditions
  - Reduce preventable adult morbidity and mortality
  - Reduced cost of insuring healthier employees

### Pilot Project Implementation 2013

- Participation recruited by flyers, retail gift card incentives
- Needs assessment included conducting two Focus Groups
  - Management team – Delphi type
  - Wellness Committee – Scripted discussion format
  - Identified Social Support networks, Survey format
- Identified Stakeholder commitment for Sustainability
- Reviewed Health Claims
- Personalized goal-oriented initiatives for best outcomes
- Identified readiness to change and help to set goals (TTM)
- Organizational and Individual Programs implemented
- Utilized community resources in Program Planning to keep wellness costs low

### Ethical Considerations in Creating a Wellness Program

Privacy – HIPAA compliance critical to survey participation	Medical standard of care, with emergent transfer or referral, as appropriate
Autonomy	Informed Consent
Risk Assessment	Veracity
Benevolence	Nonmaleficence
Financial transparency	

### Evaluation

- Data entry of survey results, statistical analysis and reporting of simple Descriptive statistics, HIPAA secure aggregated reports
- Timely transcription of Focus Group video tapes and notes
- Evaluate policies, built environment to promote Physical Activity
- Encourage Program Sustainability for Small Employer Wellness
  - Management support
  - Collaboration within local business community

### Pilot Project Outcomes

- 94 employees (60% of workers) completed a Dayani Center Health Survey in a small manufacturing employer site in South-Central Kentucky
- Results included risk of developing comorbidities from diagnostic or behavioral indicators, even as employees confirmed both healthy behaviors and health insurance options are very important to them
- Participation in Focus Groups = 90 Percent for each
- On-site Wellness Committee will rally continued wellness program interest
- Management identified major opportunities to create change with Project
- Employees completed self-report survey on perception of health risks.
- A Resource Template for Worksite Wellness was developed from the toolkit developed for this company, while a tabulated format is currently being developed.
- Formal presentations on DNP Wellness Project
  - A comprehensive multidimensional report to the Pilot company and Stakeholders was prepared, pending its review with upper management
  - Dissemination (Poster and podium presentations, scholarly publications) as means of sharing insights within professional Community of Inquiry