Small Business Worksite Wellness
A Community-Based Approach
Presenters

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Partners

- Maine Health Access Foundation
- Greater Somerset Public Health Collaborative
- MCD Public Health
- HERO
The Challenges

- Micro-businesses (≤5) are neglected by insurance and wellness market
  - Unpredictable—sometimes like individual and sometimes like group
  - No economies of scale
    - almost same work to serve as midsize group
    - one-time/fixed costs don’t get diluted
  - Little margin for workers, employer, resources
  - Many can’t afford insurance
The Opportunities

- Exchange and state-level health reform offers a model for community-based grouping
- Healthy Maine Partnerships (HMPs) doing community-based wellness
- ACA stresses health, not just medical care
- Businesses and brokers need a different option
- Hospital wants to reduce avoidable illness
- Medical homes are building community teams
Somerset County, Maine

- More than half of the businesses (55%) employed fewer than five; 89% 10 or less.
- Poor county health statistics
- High rates of obesity, poor eating habits, smoking...
- Engaged community health partnership (HMP), health and business leadership
- Strong ties among health providers, businesses
The Journey and Destination

From where we began…

to where we are headed.

Small Business Worksite Wellness:  
A Community Based Approach  
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A Community Based Proactive Health Care Model for Small Businesses
(Adapted from the UM, HMRC, 2008)

Worksite Environment
Policies / Environmental Change
For health and safety

Population Programs
Website
Wellnotes newsletter
Marketing tools
Risk Maintenance/Management
Know your numbers
Physical Activity (Move More)
Nutrition Programs
Tobacco (Quit and Win)
Alcohol and Other Drugs (trainings for businesses)
8 Weeks to Wellness
Living Well (Other HMP work)
Wellpoints Challenge

Individual Support
1-1 Coaching/Counseling/support (RFGH and SCARP)
Health Advocates (CAHC)
Primary Care Physician and health care system support
Intrinsic Health Coaching
211 support

PWP/HRA’s (KeepMEWell)

Incentives

Measurement
Assessments
Program Evaluation
HERO Tool

adapted from Dee Edington, Ph.D., University of Michigan Health Management Research Center, “Health Management as a Serious Business Strategy” presentation.
http://www.somersethearthealth.org

Small Business Worksite Wellness: A Community Based Approach
Webinar January 23, 2013
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Getting Started

- **Focus Groups**
  - Talk with employers to identify needs and interest for worksite wellness
  - Relationship with local employers did not start overnight

- **Recruitment of Employers**
  - 6 months
  - 24 of the 40 employers approached committed to participating in the project
Getting Started

- Local Advisory Council
- Wellness Measurement Subcommittee
- Incentive / Rebate Advisory Committee
- CARE Model Group
Getting Started

- Analyzed HERO Scorecard and selected strategies to determine criteria employers would need to meet

- Develop two Tiers
  - Tier 1 – Criteria to meet Tax Credit
  - Tier 2 – Criteria to meet Insurance Rebate
HERO Scorecard

- Inventory of best practices in employee health management
- Indicator of program success
- Normative database for benchmarking and research

Source: http://the-hero.org/scorecard_folder/scorecard.htm
Scorecard Adaptations

- Convert from scoring tool to a set of criteria by which the very small businesses wellness program will be measured
- Modify HERO Scorecard language to better match the communication style of small-businesses
- Wellness program criteria identified as employer responsibility or provided by the community health agency
- Program criteria will be used to...
  - Educate and communicate regarding the best practice approach
  - Inform program planning and setting of targets
  - Measure program attainment annually
The Best Practice Approach

- Approach 1 – Environmental interventions that support healthy lifestyles.
- Approach 2 – Policies and financial incentives that support healthy lifestyles.
- Approach 3 – Frequent and simple prevention messages.
- Approach 4 – Health education classes, workshops, medical self-care.
- Approach 5 – Screenings, HRAs and referral leading to risk factor follow-up education and counseling.

The Best Practice Approach

- Complete an Environmental Scan with Management
  - Modified HERO Scorecard
- Have Employee complete Employee Interest Surveys
- Report back on findings
- Use this report, Scorecard & the HMP Worksite Framework to create a work-plan *WITH* the business.
The Best Practice Approach

- Work plan for Employers
  - 6 month plan
  - Used data from health needs and interest surveys, modified HERO scorecard and Healthy Maine Works Worksite Inventory tool
  - Targeted low hanging fruit
    - Low Cost / Easy Implementation -> Higher Cost / More Complex Implementation
  - Examples include
    - No smoking policies
    - Substance Abuse policies
    - Fire Escape Routes / Smoke detectors
    - Wellness Boards
    - Walking Route Maps
The Best Practice Approach

- Complete an HRA or Personal Wellness Profile with every employee

- Seize the moment!
  - Have community resources available to provide employees
  - This is the time when employees are very eager to make change

- Work the work–plan with the business

- Make sure each business has an identified place to hang/share all resources & community program.
Data – Outcome Slides

Three Data Sources:

- Employee Assessment of Business Wellness Offerings & Own Health Status
- Environmental Scan – Report from Owner and Documentation from GSHC staff on site activities.
- Employee and Owner Personal Wellness Profiles

Presentation of Select Results....
Data – Employee Assessment of Wellness Programming

- Data collected in two time periods;

- 22 businesses represented in the sample to date. 15 businesses are “Level II” and 7 are “Level I”.

- Time two reporting includes follow up data on 73% of the businesses enrolled in the project.

- Number of workers/owners reporting in time one was 110 and an additional 56 respondents are represented in the time two period. Across the two time periods a total of 166 responses collected to date.
## Data – Employee Assessments

<table>
<thead>
<tr>
<th>All Who have taken Assessment Only One Time – responding “yes”…</th>
<th>(n=110)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Program</td>
<td>17%</td>
</tr>
<tr>
<td>Provided Opportunity for Health Risk Appraisal</td>
<td>14%</td>
</tr>
<tr>
<td>Health Plan Covers Preventative Screenings</td>
<td>32%</td>
</tr>
<tr>
<td>Business has Written Policies for Tobacco</td>
<td>50%</td>
</tr>
<tr>
<td>Policies for Substance Abuse</td>
<td>32%</td>
</tr>
<tr>
<td>I would participate in a wellness program…</td>
<td>82%</td>
</tr>
</tbody>
</table>
## Data – Employee Assessments

<table>
<thead>
<tr>
<th>Respondents to two sets of Assessments – “Level II” Sites – responding “yes”…</th>
<th>BASELINE (n=65)</th>
<th>FOLLOW UP (n=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Program</td>
<td>20%</td>
<td>73%</td>
</tr>
<tr>
<td>Provided Opportunity for Health Risk Appraisal</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Health Plan Covers Preventative Screenings</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>Business has Written Policies for Tobacco</td>
<td>43%</td>
<td>75%</td>
</tr>
<tr>
<td>Policies for Substance Abuse</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>I would participate in a wellness program…</td>
<td>75%</td>
<td>83%</td>
</tr>
</tbody>
</table>
### Data – Employee Assessments

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Who have taken Assessment Only One Time – responding “yes”… (n=110)</td>
<td></td>
</tr>
<tr>
<td>Have health coverage for myself…</td>
<td>76%</td>
</tr>
<tr>
<td>All family members have health care coverage…</td>
<td>66%</td>
</tr>
<tr>
<td>Have a primary care physician…</td>
<td>93%</td>
</tr>
<tr>
<td>Had an annual exam in past 12 months…</td>
<td>69%</td>
</tr>
</tbody>
</table>
### Data – Employee Assessments

<table>
<thead>
<tr>
<th>Those responding “yes”…</th>
<th>BASELINE (n=65)</th>
<th>FOLLOW UP (n=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have health coverage for myself…</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>All family members have health care coverage…</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>Have a primary care physician…</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td>Had an annual exam in past 12 months…</td>
<td>49%</td>
<td>51%</td>
</tr>
</tbody>
</table>
Data is also organized into two time periods for reporting – as previous slide.

Total of 38 scans done by GSHC staff:
- 23 businesses scanned in time one period.
- 15 businesses scanned in time two period.
- Total of 13 businesses have baseline and follow up data.
## Data – Environmental Scan

<table>
<thead>
<tr>
<th></th>
<th>BASELINE (n=14)</th>
<th>FOLLOW UP (n=13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer has a written tobacco policy...</td>
<td>29%</td>
<td>100%</td>
</tr>
<tr>
<td>Employer participates in an EAP program...</td>
<td>7%</td>
<td>31%</td>
</tr>
<tr>
<td>Designated (staff) for wellness...</td>
<td>57%</td>
<td>92%</td>
</tr>
<tr>
<td>Worksite has health insurance plan for employees...</td>
<td>29%</td>
<td>31%</td>
</tr>
</tbody>
</table>
Data – Personal Wellness Profiles...

- A total of 69% of those eligible completed Personal Wellness Profile during first time period.
- 62% of those eligible have completed Personal Wellness Profiles during current time period – only six months into data collection period.
- At both time periods, the average score across all business sites was in the “Doing Well” range (65 at time one and 68 at time two).
- Over half, 52%, of the respondents who took the Profile twice made improvements in their overall wellness scores.

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Common Areas of Focus for Future Programming Based on Results from All Respondents:
- Nutrition
- Fitness Promotion
- Osteoporosis

Biggest Areas of Improvement Comparing Same Respondents at Two Time Periods:
- Safety Issues – now have 6+ good safety indicators
- Diabetes – now have less than 3 major risks
- Cancer – now have either no cancer or less than 3 risks
- Nutrition – now have 10+ good eating indicators. Particularly in increase intake in fruit and vegetables, and increase in whole grain intake.
- Weight Loss
Estimated Total Savings per Risk Factor Reduction

- **Excess Health Claims**
  - No Reduction: $0
  - 20%: $10,061
  - 30%: $15,091
  - 40%: $20,122
  - 50%: $25,152

- **Productivity Loss**
  - No Reduction: $1,475
  - 20%: $2,212
  - 30%: $2,949

- **Absenteeism**
  - No Reduction: $1,475
  - 20%: $2,212
  - 30%: $2,949

Productivity and Economic Benefits Report, Personal Wellness Profile Advantage, 2012 Wellsource, Inc. All rights reserved
Gains and Challenges to Implementation...

Challenges...
- Turnover
- Time to Implement
- Nature of Small Business Development / Seasonal Nature of the Business

Gains...
- Policy Implementation
- Environmental Focus
- Community Resources
Achievements so far

- 100% of Business now have bulletin boards
- 100% have Wellness toolkits and wellness newsletters
- Smoke detectors have been installed
- Fire escape routes posted
- Walking trails built on the property
- Healthy snacks made available to employees
- CSA Program for employees
- Tobacco and substance abuse policies added
- Increased incentives for employee engagement
Next Steps

- Wellness Tax Credit
- Insurance Rebate
- Insurance Exchange / COOP
- Replication of Model – Healthy Maine Streets
Questions