HOSPITALS: LEADING THE WAY IN WORKPLACE WELLNESS

AN INITIAL REPORT OF WORKPLACE WELLNESS PRACTICES IN HOSPITALS USING WORKHEALTHY AMERICA℠

July 2013
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OVERVIEW

The purpose of this report is to describe the current workplace wellness practices of hospitals participating in the National Hospital Employee Wellness Initiative. This early data snapshot will inform what implementation support is most needed to help hospitals reach the highest level of excellence in providing wellness support to their employees. Prevention Partners is honored to facilitate this national effort in partnership with the American Heart Association.

Since 1998, Prevention Partners has been dedicated to its goal: to reduce preventable illness and early death caused by tobacco use, poor nutrition and physical inactivity in North Carolina and nationwide. We accomplish this through partnering with schools, hospitals, faith communities, colleges and universities, businesses, local governments and others in order to help organizations to improve benefits, policies, and environments through voluntary efforts.

Healthy hospitals are a cornerstone of a healthy community. As one of the largest industries in many communities, hospitals can affect the health behaviors of thousands of employees, in addition to providing healthcare to patients. Hospitals are also moral leaders and can help establish a community commitment to health. Prevention Partners has been working with hospitals as workplaces since 2006 to help reduce tobacco use, improve nutrition and encourage physical activity for workers.

Since 2006, Prevention Partners and North Carolina hospitals have worked together to build a culture of wellness to support healthy hospital employee behaviors and create new norms. As a result, North Carolina was the first state in the nation to declare all of its hospitals 100% tobacco-free. Prevention Partners also developed the first comprehensive worksite approach to transforming the food environment\(^1\), as recognized by the Centers for Disease Control and Prevention\(^2\) and the US Department of Health and Human Services.\(^3\) Successes throughout North Carolina have helped Prevention Partners expand its reach to hospitals and hospital associations across the country. To date, more than 200 hospitals are participating in state or association campaigns to engage hospitals as leaders in employee health.

This report was prepared as a contract deliverable to the Centers for Disease Control and Prevention.

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\(^1\) Okun, M. F., Thornhill, A., & Molloy, M. (2010). Hospital, heath thyself: North Carolina hospitals make prevention a priority to support health of their workforce, patients, and communities. North Carolina medical journal, 71(1), 96


One of Prevention Partners’ primary tools to help businesses and hospitals improve their wellness policies, benefits and environments is WorkHealthy America\textsuperscript{SM}, a proprietary, evidence-based assessment and planning program. WorkHealthy America\textsuperscript{SM} helps organizations build a sustainable support system for employee wellness and meet a high bar of wellness excellence. The core elements of WorkHealthy America\textsuperscript{SM} include online assessments to help organizations evaluate and benchmark their wellness policies, benefits and environments; tailored reports; recommendations; and improvement resources including case studies, implementation guides and access to online training sessions. WorkHealthy America\textsuperscript{SM} focuses on the areas of Culture of Wellness, Tobacco-Free, Nutrition and Physical Activity.

Hundreds of hospitals now have access to WorkHealthy America\textsuperscript{SM} through partnerships with their state or national hospital associations and health departments. Right now, hospitals improving their employees’ health with WorkHealthy America\textsuperscript{SM} can be found in North Carolina, South Carolina, New York City, Virginia, and Oklahoma, as well as in Children’s Hospitals nationwide. Prevention Partners continues to expand its reach into other states to assist them in building sustainable hospital-employee wellness support systems.

**NATIONAL HOSPITAL WORKSITE WELLNESS INITIATIVE**

Since 2012, with funding from the Centers for Disease Control and Prevention (CDC), Prevention Partners have been convening a National Hospital Employee Wellness Advisory Board to provide input and shape to a national approach to improve employee health in hospitals. This initiative was born out of an Expert Panel convened by the CDC in 2010 on the topic of promoting healthy hospital food, physical activity, breastfeeding and lactation support, and tobacco-free choices. During this gathering, experts provided input on creating healthy hospitals, including generating collaborations between hospital teams and public health to develop a monitoring system to track policy and environmental changes, and developing easy-to-use tools that benchmark changes in hospital policies and environments and provide actionable items for improvement.\textsuperscript{4}

The CDC contracted Prevention Partners to convene a group of public health and hospital leaders to think through a national strategy for hospital employee wellness. This Advisory Body includes a diverse group of experts from organizations such as the American Heart Association, American Hospital Association, Children’s Hospital Association, Kaiser Permanente, Partnership for a Healthier America, Healthier Hospital Initiative, and various divisions and centers within the CDC, as well as topical experts. See the side panel for a full listing of current participants.

\textsuperscript{4} Centers for Disease Control and Prevention (2011). *Healthy Hospital Choices: Promoting Healthy Hospital Food, Physical Activity, Breastfeeding and Lactation Support and Tobacco-free Choices.*

This group convened four times during 2012 to provide consultation on the development of this initiative. First, the group identified core principles and essential elements of a national hospital wellness campaign, then discussed the infrastructure that would need to be developed to sustain a large scale initiative. They next created, revised and operationalized a model for large scale initiatives that uses a collaborative of existing organizations to support hospitals with implementation and includes a single, comprehensive national recognition. The group decided to continue to use WorkHealthy AmericaSM as a surveillance and implementation resource to hospitals nationwide. In 2013 the group met to discuss preparations for the formal launch of this initiative.

WHY HOSPITALS?

Hospitals play an important role in communities as respected leaders and role models in health and wellness in the communities they serve. In many communities, hospitals are the largest local employers. They also employ a diverse range of the population including low-wage workers who are at high risk for chronic diseases associated with obesity and tobacco use. The combination of high visibility and broad reach makes hospitals powerful places to deploy wellness programs. While many hospitals have implemented some wellness programs, very few have put into place the most effective policies, environments and benefits. No clear national standard exists; therefore there is no metric of success or evaluation.

In addition to the direct impact hospitals can make on the health of their own employees hospitals are also acutely aware of the role they can play in population health. The Patient Protection and Affordable Care Act (ACA) drives hospitals toward population health management by promoting and incentivizing prevention, quality and safety, and care coordination strategies. While hospital employees are the initial target of the Initiative, they provide a natural segue to improving the health of entire communities. From the initial meetings of the Advisory Board, the vision for the initiative has been to expand over time from focusing on employees first, then patients and visitors in order to change the health of entire communities.

The Affordable Care Act is encouraging hospitals to think about population health:

- Tax-exempt hospitals must conduct community health needs assessments every three years and to implement strategies to address the identified needs,
- Expanded coverage for many prevention and wellness services, and includes incentives for employers to provide wellness programs,
- Elimination of payments for unnecessary readmissions increases a hospitals accountability for what happens outside its walls,
- Funds established to provide sustained investments in prevention and public health programs, including those offered by hospitals to increase access to clinical preventive services and to create healthier communities.

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6 Ibid.
THE EARLY ADOPTERS: AN INITIAL SNAPSHOT

The state-wide or association-wide campaigns that represent the first participants in the Initiative reflect a diversity of approaches using a common platform. The diversity of approaches allows for each campaign to be community-based, driven by the local leaders and the unique needs of member hospitals. The common platform, WorkHealthy America℠, allows for common metrics, public reporting and centralized recognition.

Building on the groundwork of campaigns in North Carolina, South Carolina and New York City, Prevention Partners launched pilot programs in three new states or associations in the last year. These groups were selected through recommendations from the Advisory Board and through conversations with hospital and public health leaders throughout the nation. These campaigns in Virginia, the Children’s Hospital Association and Oklahoma were the three that stood out in conversations as the most eager and ready to hit the ground running with their own initiatives. Thanks to continued funding of the Initiative, rollout in two additional states or multi-state systems is being planned.

CAMPAIGN OVERVIEWS

North Carolina: Over six years, Prevention Partners has worked with North Carolina hospitals through generous funding by The Duke Endowment and has helped 100% of acute care hospitals implement tobacco-free property policies, assisted more than 30 hospitals implement the highest standard for employee tobacco cessation systems, and guided 95 hospitals to create healthy food environments. NC hospitals have been leaders in using WorkHealthy America℠ since the program’s launch in 2009. Currently, 39 NC hospitals are engaged in the program, reflecting 41 commitments from hospital executives to improve employee health. These hospitals reach over 83,700 hospital employees in the state. Hospitals lead communities and have brought dozens of organizations across sectors to WorkHealthy NC, currently 333 organizations are participating in the state.

South Carolina: Prevention Partners works with the South Carolina Hospital Association (SCHA) in a statewide campaign to lead hospitals in voluntary workplace wellness efforts, funded by The Duke Endowment. The statewide campaign, Working Well, is a partnership between the SCHA and Prevention Partners to improve workplace wellness in all South Carolina hospitals. A key part of engaging hospitals in this initiative involved clear standards for them to strive toward using WorkHealthy America℠. Executives from 57 hospitals have committed to building a corporate culture of wellness in writing and signed on to participate in Working Well as of July 2013. These hospitals employ almost 69,000 hospital personnel. As in NC, Working Well has already expanded beyond just hospitals and is reaching into the community to mentor and work with 29 businesses across the state. A total of 86 organizations participate in South Carolina.

New York City: The New York City Department of Health and Mental Hygiene is using WorkHealthy America℠, in conjunction with Prevention Partners’ other technical assistance offerings, to implement best practices in NYC hospitals related to employee tobacco cessation programs, as well as in-patient and out-patient assessments for the treatment of tobacco use. In NYC, 17 hospital executives have committed to improve employee and patient health. Thirteen hospitals have created program accounts with access to the Culture of Wellness and Tobacco-Free assessments, reaching approximately 72,650 employees.

Children’s Hospital Association: The Children’s Hospital Association (CHA), formerly known as NACHRI, is working with Prevention Partners to implement WorkHealthy America℠ in 25 member hospitals across the country. A total of 31 member hospitals (15 outside of other hospital campaigns) in sixteen states have completed WorkHealthy℠ America assessments and participated in best practice sharing meetings targeting comprehensive worksite wellness.
**Virginia:** WorkHealthy Virginia is a statewide wellness initiative led by Virginia Hospital & Healthcare Association (VHHA) to bring WorkHealthy America™ to the 102 member hospitals in the association. VHHA began this initiative on January 1, 2013 and already includes twenty-two hospitals, both independent and across eight health systems, reaching 50,727 employees across Virginia.

**Oklahoma:** The Oklahoma Hospital Association (OHA) began working with NC Prevention Partners on July 1, 2013 to implement WorkHealthy America™ in their 130 member hospitals. Though the campaign has only been active for three weeks, OHA already has several hospitals committed to the WorkHealthy Hospitals initiative and eight hospitals have program accounts.

**What’s next:** Prevention Partners is working to identify new leaders and hospital associations interested in improving employee wellness using WorkHealthy America™. Potential partners include Colorado, Ohio, Georgia, and Department of Defense hospitals in the Healthy Base Initiative.

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**WORKHEALTHY AMERICA™ HOSPITALS**

As of July 2013, 203 hospitals in 19 states are already using WorkHealthy America™ to support improvements in their wellness policies, benefits, and environments. Nationwide, 161 hospitals are fully engaged in WorkHealthy America™, which means they have completed all three graded module assessments (Tobacco-Free, Nutrition, and Physical Activity).

**National Reach, Local Depth**

The geographic range of hospitals using WorkHealthy America™ is not the only measure of the program’s reach. The map above shows the significant clustering of WorkHealthy America™ users in several states which we believe can lead to rapid change in these areas through best-practice sharing and friendly competition. In North Carolina, South Carolina, and Virginia, WorkHealthy America™ and its recommended policy, benefit, and environmental changes impact over 200,000 employees.
**Demographics**

The diversity of hospitals within the cohort of WorkHealthy America™ users is indicative of the program’s versatility and applicability in a broad range of settings. The smallest hospitals using the program have between 0 to 49 employees, while the largest employs more than 30,000. The majority of the hospitals (105) are large employers with at least 750 employees, and the mean number of employees per hospital is 2,383. The hospitals are largely non-profit (66%), though for-profit hospitals (11%) and hospitals run by local and state governments (6%), as well as other hospital structures, are all represented in this sample. A large number of hospitals are independent, while many others are a part of larger hospital systems. More than 40 different hospital systems are represented.

**GRADES**

Questions in the WorkHealthy America™ assessment focus on prevention policies, environments, benefits, programs, and practices and are based on gold standards for what works in workplace wellness, including but not limited to: the CDC’s Guide to Community Preventive Services, Healthy People 2010 targets, and the Guide to Clinical Preventive Services. All of the recommendations in the assessment are research-based (garnered from scholarly publications, peer-reviewed journals, and clinical research) and weighted based on the strength of the evidence behind them. Results from the 120+ questions are regularly reviewed by Prevention Partners staff, expert adviser, and campaign stakeholders to direct program implementation. Data are also reported in publications such as the NC Prevention Report Card and North Carolina’s Plan to Address Obesity: Healthy Weight and Healthy Communities 2013–2020. In addition, Prevention Partners is engaged in research partnerships to advance the science of what works in workplace wellness through our Wellness Research Council.

Hospitals receive grades ranging from “A” to “F” on each wellness topic assessment they complete. Each question receives a weighted grade in the WorkHealthy America™ assessment based on gold standards for what works in workplace wellness. The assessment grade a hospital receives serves as a proxy for the comprehensiveness of that hospital’s wellness programs.

**NUTRITION**

There are five core principles of promoting healthy eating in workplaces: provide access to healthy foods, use price to incentivize the purchase of healthy foods, implement effective marketing techniques to promote healthy foods, provide benefits for employees that support good nutrition, and educate employees about the importance of nutrition.

**ACCESS**

The most critical component of providing access to healthy food is to first define “healthy,” using evidence-based and practical nutrition criteria. Key practices include: implementing a healthy food policy, such as a catering policy or written expectations about food provided at work functions, ensuring equal access to healthy foods during all hours of operation, educating food service staff about
nutrition criteria, proper preparation and portion control, and using contract negotiations to bring in foods that meet the nutrition criteria. In addition to instituting key policies, it is also essential to communicate the policies via effective channels, such as in employee manuals, orientation materials, direct communication from leadership, and during performance reviews.

Most hospitals report using nutrition criteria to define “healthy” items and that healthy foods are available during all hours of operation (77%). About half of hospitals require all vendors to provide healthy options (51%) and have a healthy food policy to sustain their healthy offerings (48%). The most common method of communicating about this policy is during employee performance reviews (44%) and new employee and volunteer orientation (23%).

A majority of hospitals (87%) report educating food service staff about healthy food preparation, healthy recipes and portion control.

### Barriers to Offering Healthy Food and Beverages

- Employee preferences for unhealthy foods
- Revenue / cost concerns
- Fear of negative employee response
- Not enough employee interest
- We don’t have any problems at this time

**Percent**

### PRICING

Another evidence-based practice is to incentivize healthy items using price. Methods of achieving this vary, from providing healthy food for free, discounting healthy items, increasing the cost of traditional items, providing bundled discounts for healthy food or healthy meal deals, actively promoting lower-cost and healthy items, and negotiating discounts with local catering companies to provide discounted healthy products.

Just over half of the hospitals (56%) report using pricing methods to encourage the purchase of healthy options.

### MARKETING

A critical component of effective marketing is to label nearly all items with nutrition information at the point of selection. Key process measures include use of an icon to identify healthy items and the strategic placement of healthy foods to have the most prominent and visible positioning.

More than half (55%) of the hospitals label most food with calorie and/or other nutrition information, 68% use an icon to easily identify healthy items, and most (85%) of the reporting hospitals market healthy items with prominent and visible positioning.

### BENEFITS

A critical component of promoting long-term healthy weight is to provide nutrition counseling as an insured benefit to all employees. Key processes are to provide weight management programs to employees.
Communicating these benefits and the use of incentives to participate in healthy weight programs are promising practices.

Most hospitals (90%) report offering healthy weight programs and many (77%) provide incentives for participating in these programs; almost three-quarters (74%) provide nutrition counseling as a covered benefit to support employees in reaching healthy weight goals. Half (54%) are communicating about these benefits that support good nutrition.

EDUCATION
Educating employees about the nutrition criteria is considered a promising practice. Education campaigns can often include elements that support and promote all other components of a healthy food environment.

Nearly all (78%) hospitals use nutrition criteria to define healthy items and most of those (68%) are educating employees about these criteria.

PHYSICAL ACTIVITY
Compared to the topics of nutrition and tobacco, hospitals struggle the most in providing opportunities for physical activity for employees. Nearly all of the participating hospitals offer some level of access to physical activity, but few provide policies and benefits to support activity.

There are four principles of promoting physical activity: create access to opportunities for physical activity, implement policies that promote physical activity, provide benefits that support active lifestyles, and educate employees about the importance of physical activity.

ACCESS
A critical aspect of providing opportunities for physical activity is having exercise facilities on or near the worksite (including equipment, stairwells, designated paths, active breaks and meetings, and organized activities). Providing access to exercise equipment after work hours is a promising practice.

Most organizations (73%) offer easy access to physical activity and many make accommodations to ensure employees with special needs (64%) can participate in these opportunities. However, only half (55%) report providing access to physical activity facilities outside of work hours.
POLICY
There are two critical policies to have in place to encourage employees to get regular physical activity: paid time during the work day to exercise and the ability to create a flexible schedule. In addition, policies that ensure that meetings and events have regular breaks for physical activity and that all policies are evaluated are important. It is also recommended that employers communicate the policies via effective channels, such as in employee manuals, orientation materials, direct communication from leadership, and during performance reviews.

Only 11% of the hospitals have a policy that provides employees with paid time to exercise, 16% allow employees to use flexible scheduling for physical activity, and 18% have a policy to allow employees to schedule breaks for physical activity during the work day. One-third of hospitals (30%) are communicating about their policy.

BENEFITS
A critical step to support physical activity is through health insurance benefits (or equivalent employee benefits) and to provide a discount to employees to a gym or exercise facility. Using incentives and communicating with employees about benefits are considered promising practices.

Most hospitals (86%) provide discounts to local or onsite exercise facilities and a little more than half (53%) provide benefits that support physical activity. In general, hospitals that do have benefits communicate about these benefits to improve utilization.

EDUCATION
Using point-of-decision prompts or motivational signs to encourage employees to be more active is a critical component of physically active workplaces.

Most (82%) hospitals report educating employees about the importance of physical activity; yet only half (51%) of the organizations use motivational signs to encourage employees to be more active.
TOBACCO

There are three core principles of promoting tobacco-free behaviors: implement tobacco-free policies that protect non-smokers and encourage quitting tobacco, set up systems to help employees quit tobacco use, and provide and promote benefits and incentives that support tobacco-free behaviors.

POLICY

There are four components of effective policies that encourage tobacco users to quit and protect nonsmokers from exposure to tobacco: implementing a 100% tobacco-free policy on campus, using signage to promote policy, effectively enforcing the policy, and prohibiting sales of tobacco on the property. It is also essential to communicate the policy via effective channels, such as in employee manuals, orientation materials, direct communication from leadership, and during performance reviews.

Hospitals are leading the way with providing tobacco-free and smoke-free workplaces: 93% have a tobacco-free policy and 5% have a smoke-free campus policy. Nearly all (96%) use signs that are clearly visible to promote the policy. Hospitals report formally communicating their policies in the employee policy manual, interviews and orientation, and performance reviews. Slightly more than half (52%) report their CEO communicates about the policy, which is an area of opportunity for some of the hospitals to improve upon. Most (81%) hospitals report that security staff enforces the policy, with employees speaking to violators as the second-most common (77%) enforcement mechanism.

COMPREHENSIVE CESSATION SYSTEM

Critical components of a comprehensive cessation system are to identify all tobacco users, counsel all users to quit, and refer all users to multiple evidence-based cessation resources. Assessing a user’s readiness to quit and periodic follow up are key process measures.
Just over half of hospitals (62%) attempt to identify tobacco users through a health risk assessment; 58% ask these identified tobacco users if they are interested in or ready to quit, and 62% counsel or coach these tobacco users to quit. Of the tobacco users who are ready to quit, most hospitals (81%) report referring them to multiple resources to assist them with quitting, including cessation medication and counseling. Half (54%) are following up with the identified tobacco-users on quit status or interest in quitting.

**Barriers to Developing A Comprehensive Tobacco Cessation System**

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees are not interested</td>
<td>30</td>
</tr>
<tr>
<td>Don’t know which employees use tobacco</td>
<td>20</td>
</tr>
<tr>
<td>Lack financial resources</td>
<td>20</td>
</tr>
<tr>
<td>Don’t know how to get started</td>
<td>10</td>
</tr>
<tr>
<td>Executive level support unclear</td>
<td>10</td>
</tr>
</tbody>
</table>

**BENEFITS & INCENTIVES**

Core components of promoting tobacco-free behavior include: counsel tobacco users to quit, provide low-cost or free access to FDA-approved cessation medications and nicotine replacement therapy (NRT), and use incentives to encourage smokers to participate in cessation programs. A promising practice is to communicate the benefits via effective channels, such as in employee manuals, orientation materials, direct communication from leadership, and during performance reviews.

Slightly more than three-quarters (78%) of the hospitals offer in-depth cessation coaching to help employees quit. Nearly all hospitals (88%) include FDA-approved prescription medications in their health insurance benefits but fewer (70%) report including over-the-counter nicotine replacement therapies as part of their benefits. Nearly all of the hospitals report communicating about their tobacco cessation benefits with employees.

About two-thirds of the hospitals (65%) offer incentives, discounts and/or disincentives to employees for participating in a tobacco cessation program.

**CULTURE OF WELLNESS**

There are four principles of promoting a culture of wellness: executive leadership (endorsement and participation), human resource capacity (dedicated staff and wellness team), financial capacity (wellness budget and benefits), and data collection and evaluation (clear goals & benchmarks).

**EXECUTIVE LEADERSHIP**

The most important component of building a culture of wellness is executive leadership, which includes having the support of leadership, integrating wellness into your organization’s mission and goals, and showcasing leadership commitment.
Most hospitals and health systems report having a strategic plan that includes wellness (72%) and have clearly stated wellness goals (67%). Leaders are showcasing support by participating in wellness activities (88%) and communicating about wellness benefits and programs (60%).

**HUMAN RESOURCE CAPACITY**

Human resource capacity is critical to ensuring the sustainability of wellness efforts that aim to reach every employee. Building capacity means having a representative and diverse wellness committee, creating performance measures for staff with wellness responsibilities, and building a strong communication plan.

Almost all (93%) hospitals have a staff person who has at least a portion of their time dedicated to wellness. Over three-quarters (80%) have established wellness committees that meet regularly. Lead wellness staff (65%) and human resources personnel (59%) are often accountable for wellness goals; opportunity exists for senior managers (43%) and executive leaders (31%) to also be held accountable for promoting the organization's preventive health and wellness initiatives. Wellness champions are recognized by 81% of participating hospitals, often with small token or recognition.

Nearly all (81%) hospitals report using a Health Risk Assessment (HRA) to assess employee health and many (74%) provide individual feedback to employees who take the HRA. Nearly all hospitals report using new employee orientation (99%) or benefits information (86%) to describe and promote wellness benefits to employees, but only half (54%) report using the policy manual to communicate wellness benefits.

**FINANCIAL CAPACITY**

Wellness must be prioritized financially as well as operationally. Providing preventive benefits, allocating staff to wellness, establishing a wellness budget and communicating the value of wellness will allow a dedicated and responsible wellness approach.

Nearly all hospitals report providing wellness benefits to employees (89%), allocating wellness staff (93%), and having a wellness budget (84%). Under half (40%) report providing employees with an annual total compensation statement that includes the value of wellness benefits.

**EVALUATION**

Evaluating the impact of wellness programs is critical to ensuring that employee wellness needs are being met and that the best wellness programs, policies and environments are being offered. Collecting and analyzing process and outcomes data, such as HRA, employee engagement, and other health information, allows evaluation of health improvements, health care savings, and employee productivity.

Most (67%) of the hospitals report having clearly stated wellness goals. Few hospitals report measuring the impact of wellness initiatives on health care expenses (36%) and employee productivity (35%), but two-thirds report measuring employee health outcomes (63%). The majority of the hospitals are evaluating their tobacco-free policies and cessation system (64%) half evaluate their healthy food policies (48%) for their impact, but only 17% perform outcome evaluations on their physical activity policies.
Measuring Impact on Health Care Expenses

- Health care costs
- Health care claims data
- Pharmacy claims data
- None of the above

Measuring Impact on Employee Health

- Employee participation in wellness activities
- Employee health outcomes
- Employee health behaviors
- None of the above

Measuring Impact on Employee Productivity

- None of the above
- Sick leave
- Workers compensation claims
- Long-term disability claims
- Short-term disability claims
IMPROVEMENT
While many of the hospitals in the Initiative are just beginning to use WorkHealthy America™, about 50% of hospitals have had the opportunity to assess more than once, allowing us to begin to see improvement over time.

Hospitals within the cohort are already seeing successes in improving policies, benefits and environments to support employee wellness. 109 hospitals have reassessed and 87 have improved by at least one letter grade in one or more wellness topics. Overall, 57 hospitals have improved by at least one letter grade in Nutrition, 31 have improved by at least one letter grade in Physical Activity, and 32 have improved by at least one letter grade in Tobacco. Reassessment demonstrates that changes are taking place within the hospital and that the hospital is committed to using WorkHealthy America™ to measure and document these changes.

<table>
<thead>
<tr>
<th></th>
<th>Nutrition</th>
<th>Physical Activity</th>
<th>Tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have assessed</td>
<td>188</td>
<td>173</td>
<td>182</td>
</tr>
<tr>
<td>Have re-assessed</td>
<td>109</td>
<td>82</td>
<td>93</td>
</tr>
<tr>
<td>Have improved</td>
<td>57</td>
<td>31</td>
<td>32</td>
</tr>
</tbody>
</table>

WELLNESS QUALITY SCORECARD

In the fall of 2013, Prevention Partners will begin publically reporting on a subset of the overall questions in WorkHealthy America™ called the Wellness Quality Scorecard (WQS). A multi-stage process provided a systematic approach to selecting which indicators to include in the smaller surveillance set. In the first stage, Prevention Partners examined those indicators that had been previously identified by Prevention Partners as having the highest evidence supporting the practice. Second, Prevention Partners created a set of criteria for selection and ranked each indicator from those with the highest level of supporting evidence according to a scoring rubric (see criteria below). Finally, Prevention Partners staff came to a consensus decision on which indicators should become the new surveillance indicators using criteria scoring results and Prevention Partners’ experience in workplaces.

<table>
<thead>
<tr>
<th>Criteria for Selection</th>
<th>Operationalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence</td>
<td>How strong is the evidence supporting the practice described in the question?</td>
</tr>
<tr>
<td>Reliability of Data</td>
<td>Does the question allow for the capacity to collect true data (i.e., is it easy for users fabricate their answer or misunderstand the question such that they answer it incorrectly)?</td>
</tr>
<tr>
<td>Validity</td>
<td>Is the question really getting at the core concept we are trying to measure?</td>
</tr>
<tr>
<td>Reach</td>
<td>How many people are reached by or have access to the practice? Does it reach the people that need it the most and not just the eager adopters?</td>
</tr>
<tr>
<td>Longevity of Indicator</td>
<td>Will the question still be relevant in 5+ years?</td>
</tr>
<tr>
<td>Sustainable</td>
<td>Is the practice described in the question able to be sustained over time by the workplace? To what extent can the practice or policy become institutionalized as part of routine organizational practices?</td>
</tr>
<tr>
<td>Changeability</td>
<td>How changeable is the action being described? Is it a feasible behavior/environment change for any type of workplace (e.g., small hospitals, retail, manufacturing, service sector, etc.)?</td>
</tr>
<tr>
<td>Statistical Correlation</td>
<td>Does the question correlate with the final module grade, used as a proxy for a comprehensive worksite wellness program?</td>
</tr>
</tbody>
</table>
The scoring of the WQS is based on the internal weighting of each question. Because we selected only the most highly recommended practices from the overall assessment, all questions in the WQS has either a 2 or 3 weight. A three-point question is defined as “strongly recommended” in the literature or by other key reviewers such as the Community Preventive Services Task Force or US Department of Health and Human Services Clinical Practice Guidelines. A two-point question may be defined as a key process measure or an item based on strong theoretical basis where the evidence is still being collected. Upon completion of this process, Prevention Partners identified twenty questions with a total of 54 possible points on the scorecard, with 12 points coming from questions related to nutrition, 12 from physical activity, 14 from tobacco, and 16 from culture of wellness. Information from the WQS will be primarily reported through state-wide averages and the percentage of workplaces meeting a given standard. See the chart below for a state-by-state breakdown. Not all states are included because a state average requires a certain level of saturation.

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Nutrition</th>
<th>Physical Activity</th>
<th>Tobacco-Free</th>
<th>Culture of Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>26.9</td>
<td>8.4</td>
<td>3.8</td>
<td>9.5</td>
<td>5.2</td>
</tr>
<tr>
<td>NY</td>
<td>21.7</td>
<td></td>
<td></td>
<td>11.9</td>
<td>9.8</td>
</tr>
<tr>
<td>SC</td>
<td>30.5</td>
<td>7.1</td>
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</tr>
<tr>
<td>VA</td>
<td>34.2</td>
<td>7.1</td>
<td>4.1</td>
<td>12.0</td>
<td>11.0</td>
</tr>
<tr>
<td>National Average</td>
<td>28.7</td>
<td>7.2</td>
<td>3.9</td>
<td>10.2</td>
<td>7.4</td>
</tr>
<tr>
<td>Max Possible</td>
<td>54</td>
<td>12</td>
<td>12</td>
<td>14</td>
<td>16</td>
</tr>
</tbody>
</table>

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In addition to overall scores and topical sub scores, we will also report on the percent that is meeting a given standard. In the future, as more data is collected, we plan to calculate aspirational targets for campaigns such as the National Hospital Employee Wellness Initiative.

<table>
<thead>
<tr>
<th>Wellness Quality Scorecard</th>
<th>Number Meeting Standard</th>
<th>% Meeting Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture of Wellness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEO participation</td>
<td>118</td>
<td>88%</td>
</tr>
<tr>
<td>Active wellness committee</td>
<td>107</td>
<td>80%</td>
</tr>
<tr>
<td>Measure impact on healthcare expenses</td>
<td>79</td>
<td>62%</td>
</tr>
<tr>
<td>Perform Health Risk Assessment with Feedback</td>
<td>97</td>
<td>72%</td>
</tr>
<tr>
<td>Measure impact on employee productivity</td>
<td>33</td>
<td>26%</td>
</tr>
<tr>
<td>Include wellness in the strategic plan</td>
<td>97</td>
<td>72%</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide space and time for lactating employees</td>
<td>152</td>
<td>84%</td>
</tr>
<tr>
<td>Provide nutrition counseling as covered benefit</td>
<td>141</td>
<td>76%</td>
</tr>
<tr>
<td>Foods prepared in-house are labeled with nutrition information</td>
<td>107</td>
<td>58%</td>
</tr>
<tr>
<td>Pricing used to encourage purchase of healthy options</td>
<td>106</td>
<td>57%</td>
</tr>
<tr>
<td>Contracts with vendors address healthy options</td>
<td>97</td>
<td>54%</td>
</tr>
<tr>
<td>Physical Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees have access to exercise facilities/equipment near worksite</td>
<td>125</td>
<td>73%</td>
</tr>
<tr>
<td>Policy for providing flexible hours for physical activity</td>
<td>28</td>
<td>17%</td>
</tr>
<tr>
<td>Policy for paid time to exercise</td>
<td>19</td>
<td>11%</td>
</tr>
<tr>
<td>Point-of-decision prompts to encourage physical activity</td>
<td>88</td>
<td>54%</td>
</tr>
<tr>
<td>Tobacco-Free</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incentives &amp; discounts for participating in tobacco cessation program</td>
<td>120</td>
<td>69%</td>
</tr>
<tr>
<td>FDA-approved medications on formulary</td>
<td>154</td>
<td>88%</td>
</tr>
<tr>
<td>Identified tobacco users receive follow up</td>
<td>147</td>
<td>83%</td>
</tr>
<tr>
<td>All tobacco users offered multiple quit resources</td>
<td>147</td>
<td>83%</td>
</tr>
<tr>
<td>Worksite has a smoke-free or tobacco-free property</td>
<td>174</td>
<td>98%</td>
</tr>
</tbody>
</table>

The WQS results demonstrate that hospitals are excelling at providing smoke-free or tobacco-free environments (98%), providing FDA-approved medications to employees through formularies (88%) and with CEO’s and senior leadership actively participating in wellness (88%). The challenge areas include measurement of the impact of wellness programs (on productivity- 26%, on expenses-62%), and providing opportunities for physical activity for employees during the workday (paid time- 11%, flex time-17%).
SPECIAL FOCUS: THE IMPORTANCE OF LACTATION SUPPORTIVE WORKSITES

Breastfeeding has been identified as the preferred source of nutrition for nearly all infants, as it provides health benefits to both the infant and the mother.7 The range of health outcomes for both mother and child has been well documented and summarized in the literature. As a result of the positive health outcomes associated with breast milk, Healthy People 2020 has identified “increasing breastfeeding rates” as a national priority with targets of 81.9% of infants being ever breastfed (baseline 74%), 60.6% at 6 months (baseline 43.5%), and 34.1% at 1 year (baseline 22.7%).8

Mothers have been identified as the fastest-growing segment of the labor force in the United States. In 2008, 56.4% of mothers with infants under 1 year of age participated in the labor force.9 This rate is significant since a woman working outside the home is less likely to initiate breastfeeding and those who do breastfeed for a shorter period of time.10 One means of addressing this barrier is to identify ways that workplaces can support, rather than hinder breastfeeding, in order to encourage the initiation and duration of breastfeeding among working mothers. The recent Patient Protection and Affordable Care Act addresses this by requiring that workplaces with more than 50 employees provide “a reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child’s birth each time such employee has need to express the milk; and a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.”11

Prevention Partners analyzed the existing data collected through WorkHealthy AmericaSM on breastfeeding supportive policies to get a snapshot of reported practices. The existing question is worded: “Do you provide employees with clean, comfortable and private areas in which breastfeeding mothers can express their milk during work hours?” This self-reported data on 384 workplaces was collected between 2009 and 2013 from WorkHealthy AmericaSM users. This analysis found that 67% of participating workplaces provide employees with space and time for lactation. An examination of the demographics of the type of workplaces with provisions reveal that larger workplaces (77% with over 750 employees, 57% with under 50) are more likely to provide a place for lactation and that non-profit companies (76%) are more likely than either government workplaces or for-profit companies (55%).

LACTATION SUPPORTIVE ENVIRONMENTS IN HOSPITAL WORKSITES

In order to understand how hospitals are responding to the needs of working mothers, the information was analyzed specifically for this subset of the data. We found that 84% of participating hospitals provide employees with space and time for expressing milk or breastfeeding. Similar to all workplaces, non-profit hospitals (87%) are the most likely to provide space and time, followed by for-profit (70%), with government-run hospitals being the least likely (66%).

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At first glance, we did not find a significant difference in the size of employers offering lactation supportive environments, likely because the majority of hospitals in the sample fall into the 750+ employee range. In redefining the ranges to reflect the size of hospitals a pattern emerged where hospitals with more than 5,000 employees (96%) were the most likely to offer lactation supportive environments.

The need for breastfeeding interventions in the workplace has been well documented. However, the specific components associated with positive health outcomes are less clear. New indicators will enhance our understanding of what workplace breastfeeding supports are most frequently implemented by employers seeking to increase employees’ initiation and duration of breastfeeding. Beginning in August 2013 we will begin data collection on the following enhanced indicator:

**Does your worksite have a written breastfeeding support policy that includes:**

- reasonable time to breastfeed or express milk
- a clean, comfortable and private area to breastfeed or express milk
- paid maternity leave
- telecommuting or use of flexible scheduling to allow for infant feeding
CONCLUSION AND NEXT STEPS

Over 200 hospitals using WorkHealthy America℠ are showing early leadership in addressing employee wellness as they strive to implement evidence-based strategies for employee health. Compared to other businesses using WorkHealthy America℠, hospitals are breaking ground as leaders in lactation support and tobacco-free properties, but have room to improve in other areas, such as passing Physical Activity-friendly policies, and evaluation of existing wellness environments and policies.

The information in this report will guide the implementation support provided by the National Hospital Employee Wellness Initiative. The lessons learned from early leaders will lead to best-practice case studies, model policies, and other essential resources that aid hospitals as they develop even stronger employee wellness policies and environments. Furthermore, public reporting, going live in fall of 2013, will help hospitals to benchmark their progress against a standard and allow them to compare their progress to that of other hospitals. This comparison will accelerate uptake as well as improvement.

While efforts and improvements are already evident in the 109 hospitals that have reassessed and the 87 that have demonstrated improvement in at least one topic area, exciting opportunities exist to continue to report on our national cohort of hospitals. As more hospitals join this cohort, this sector will continue to lead the way in promoting employee wellness.