INTEGRATED BENEFITS INSTITUTE

EVALUATING WORKPLACE HEALTH PROGRAMS

FROM RESEARCH TO PRACTICE

February 2022

Carole Bonner, MET, MSAS
Researcher

Nicole Nicksic, PhD, MPH
Research Lead

EXECUTIVE SUMMARY

Workplace Health Programs (WHPs) have garnered more attention in recent years and have become a widespread model for companies across the globe. Interest in WHPs stems from a recognition that the likelihood of delivering the best possible performance in the workplace and controlling health care expenditures is heightened by optimal health and evidence-based interventions.

To provide context, this study examines WHP offerings and trends that address the personal, professional, and family needs of employees. The study identifies what data is being captured by worksites and their intended use. In addition, it provides resources for getting started with an evaluation strategy.

Key Findings

- Nationally, 46% of worksites offer some type of health program to employees.
    - One in three worksites offered some type of health promotion program followed by health screening programs (24%), and disease management programs (19%).
    - Smaller worksites were less likely than larger ones to offer most programs.
- Evaluation begins with measurable, strategic goals which establishes the early key performance indicators. Progress toward these goals are initial indicators of success.
    - One out of two worksites with health programs collect data to evaluate program success, and only half of worksites with health programs use data to decide which programs to offer.
    - Participation and feedback are most commonly measured, while productivity measures were least common.
    - Nearly one in two worksites indicated a need for training and technical assistance on how to plan, implement, and evaluate their programs.
    - Seventy percent of the larger sites indicated they needed training and assistance on documenting health improvements and cost impacts.
- As resources are added and the program is expanded, so should data strategy and performance tracking.
- While cost savings are important, the combination of the physical, mental, and emotional health of the employee gives a much more complete picture.
- There are also benefits in terms of employee happiness, engagement, productivity, talent attraction and retention, industry recognition, and general organizational culture. All these elements are useful in demonstrating value to leadership.

Employer guidance collected by our members suggest that employers should:

- **Gain a competitive attraction/retention advantage** through hyper-personalization and whole-person health.

- **Develop and enhance programs** according to the convergence of social, physical, mental, financial, and familial health of the employee. The costs associated with the enhancements could be recovered through improvements in attrition, engagement, and attraction.

- **Communicate strategically** to inform and engage employees**,** train leadership, and attract and retain talent.

- **Evaluate** where you are lacking or leading in workplace practices. When designing or making strategic changes to WHPs, health and benefits professionals recommend using data to assess if the programs resonate with your employee population, solve for top drivers of utilization, costs, and employee experience, and lead to lower cost and improved health outcomes.

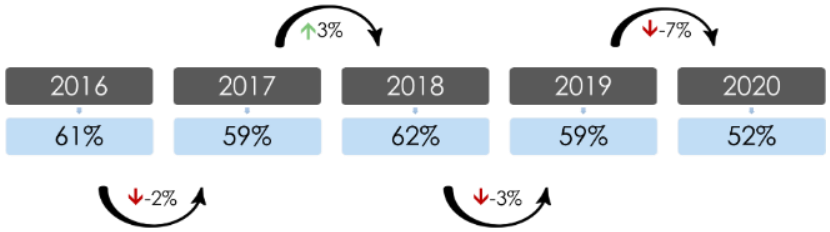
Contents

BACKGROUND 5
METHODS 6
Data and Analysis 6
RESULTS 7
Overview of Offerings 7
Data Collection by Usage 7
Challenges to Data Collection and Program Evaluation 8
The Need for Training and Resources 9
EVALUATING SUCCESS 10
Defining Success Through the Strategic Planning Process 11
Measuring and Tracking Performance 12
Demonstrating Value 15
DISCUSSION 17
GUIDANCE FOR EMPLOYERS 18
Go Beyond the Benchmark: Hyper-Personlize 18
Assess and Evaluate 18
Develop and Enhance Programs 19
Strategic Communication 20
APPENDICES 21
Appendix A: Additional Benefit Trends 21
Appendix B: Observed Sample Frequencies and Weighted Percentages for Size, Industry Sector, and Region 24
Appendix C: Tools and Resources for Performance Tracking 25
Appendix D: Additional WHP Offerings 26

BACKGROUND

Workplace Health Programs (WHPs) have garnered more attention in recent years and have become a widespread model for companies across the globe. According to the U.S. Centers for Disease Control and Prevention (CDC), a WHP is defined as "a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite that includes programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees."[1] Interest in WHPs stems from a recognition that the likelihood of delivering the best possible performance in the workplace and controlling health care expenditures is heightened by optimal health.

Figure 1: Benefits Trends Year over Year



Source: SHRM Benefits Report 2020

According to the Society for Human Resource Management (SHRM) Benefits Report 2020,[2] from 2017 to 2018 the overall offerings were expanded but have since decreased, as shown in Figure 1. In response to COVID-19, benefits expanded to support remote work, caregiving, and mental health in 2020, while many benefits promoting physical wellness in the workplace decreased. This may be due to the difficulty amidst COVID-19 restrictions of delivering programs in the physical workplace or the inability to utilize incentives like gyms, personal trainers, or physician visits. According to SHRM, the largest decreases were reported to be in participation discounts (-11%), Health Risk Assessments (-10%), and incentives for program completion (-9%). Conversely, benefits that could be offered virtually, or performed independently were more likely to increase. The largest increases were in stress management programs (11%), life coaching (9%), and mindfulness programs (9%). Please refer to Appendix A for further information on these trends.

These changes were implemented to meet the needs of a changing work environment. Changes to WHPs are inevitable in the age of what is becoming known as "The Great Resignation" where 48% of the US population is job searching,[3] meaning attraction and retention are increasingly important. As the COVID-19 pandemic continues, it is more and more crucial to be strategic about program offerings.

WHPs are complex, which makes it difficult to measure the effectiveness of any one aspect to determine potential impact. Although evaluating the impact of WHPs can be daunting, it is a key component of best practices in designing and implementing WHPs. Capturing and analyzing data is critical to planning, justifying strategic changes, identifying problems, solutions, and improvements, and making informed

[1] Center for Disease Control and Prevention, *Workplace Health Model*

[2] 2020 Society for Human Resource Management (SHRM) Benefits Survey. 2020 Employee Benefits (shrm.org)

[3] Gallup (2021) *State of the global workplace.* Gallup Press, New York. https://www.gallup.com/workplace/349484/state-of-the-global-workplace.aspx

decisions. These data serve an important function by identifying key burden and risk factors. Collecting the appropriate data can support not only employee health but also in financing WHPs through demonstrating their value to leadership.

To help employers make informed decisions when considering the value of WHPs, IBI analyzed a nationally representative, cross-sectional survey of WHPs to address the following research questions:

- What WHPs are being offered to address the personal, professional, and family needs of employees?
- Do these programs differ by worksite size, industry, or region?
- What types of data are being captured regarding WHP offerings?
- How are these data being used?
- What are the challenges to measuring WHP impact?

To provide guidance for evaluating successful WHPs, a literature review was performed to answer the following research questions:

- What defines a successful WHP?
- What are effective ways to track performance?
- What are effective ways to convey success and value to leadership?

METHODS

Data and Analysis

To provide information about WHPs and practices, the study analyzes data from the 2017 Workplace Health in America (WHA) Survey collected by the Centers for Disease Control and Prevention (CDC).[4] WHA is a cross-sectional survey of US worksites and the WHPs they offer. The survey captures information from the Dun and Bradstreet (D&B) database of 2.5 million private and public U.S. worksites with at least 10 employees. The sample includes 2,843 worksites and is weighted for complex sampling designs by industry, organization size, and region to be representative of employers across the nation.

We analyzed the weighted data to determine the number of U.S. worksites who have WHPs, worksite characteristics, the types of health programming that worksites offer, how they are offered, data collection and strategy, and emerging issues. When measuring barriers to offering WHPs, responding either 'challenging' or 'extremely challenging' were considered challenging compared to responding 'not at all challenging,' 'slightly challenging' or 'somewhat challenging.' We assess differences in categories using the Pearson's Chi-Square test with the statistical significance at $p < .05$.

[4] Centers for Disease Control and Prevention. Workplace Health in America 2017.

Due to a lack of peer-reviewed literature on the measurement and evaluation of WHPs, we relied on a combination of scientific literature, industry publications, and recognized government and nonprofit organizations such as the CDC to inform employers in defining and measuring the success of their WHPs. Evaluation guidance focused on defining and measuring success and how to demonstrate return and value to leadership.

RESULTS

Overview of Offerings

Worksites with less than 500 employees make up 99% of the WHA survey sample. Sixty-three percent of worksites were for-profit, 14% were non-profits, and 11% were local, state, or federal government. Among respondents, 32.4% were human resources or benefits professionals, 6.3% were the office manager/administrator and 5.9% were the worksite's general manager. Further information is provided in Appendix B.

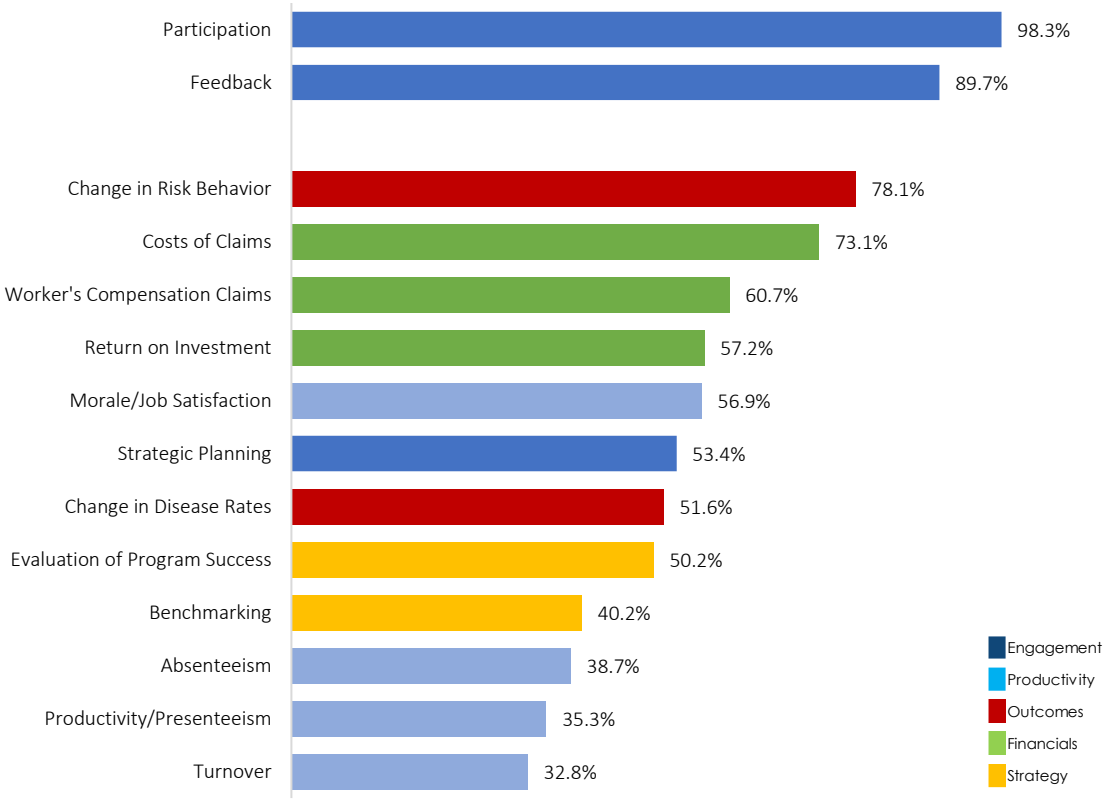
Nearly one in two (46%) worksites offer an employee health program. Any program focusing on health and wellbeing was considered including but not limited to providing brochures about health topics, onsite facilities for physical activity, sessions that address multiple health topics, or flu shots. Approximately one in three (36%) worksites offered some type of health promotion program to address physical activity, nutrition and healthy eating, obesity and weight management, tobacco use, drug misuse and excessive alcohol consumption, musculoskeletal disorders, back pain, and arthritis, lactation support, stress management, and healthy sleep. Fewer worksites offered health screening programs (24%) and disease management programs (19%). Smaller worksites were less likely than larger ones to offer most programs. Offerings were not significantly different by region. Additional details about WHP offerings can be found in Appendix D.

Data Collection by Usage

One out of two U.S. worksites with WHPs collect data to evaluate program success and 53.3% use data to decide which programs to offer. Figure 2 shows the proportion of U.S. worksites who collect data for the specified reasons.

Figure 2: Data Collection Practices Among Worksites with WHPs

Source: CDC Workplace Health in America Survey 2017



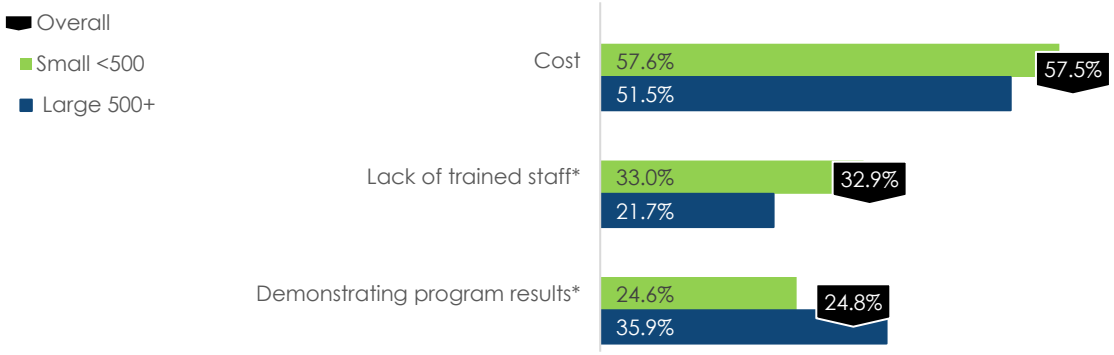
Out of those who have WHPs, nearly all worksites collect data regarding participation (98.3%) and employee program feedback (89.7%), followed by change in risk behavior (78.1%) and claims cost (73.1%) and worker's compensation (60.7%). Just over half (57.2%) measured their return on investment. Productivity measures - absenteeism (38.7%), presenteeism (35.3%), and turnover (32.8%) - measures were captured the least.

Challenges to Data Collection and Program Evaluation

Worksites were asked about barriers or challenges to offering WHPs; we report those potentially impacting data collection and evaluation. Regardless of size, cost was rated as challenging by 57.5% of all worksites (Figure 3). Lack of trained staff (32.9%) was rated as challenging by more worksites with less than 500 employees (33.0%) compared to those with 500 or more employees (21.7%). The challenge of demonstrating program results (24.8%) was considered a barrier to implementing a WHP by 24.6% of small worksites and 35.9% of larger worksites.

Figure 3: Challenging or Extremely Challenging Barriers

Source: CDC Workplace Health in America Survey 2017

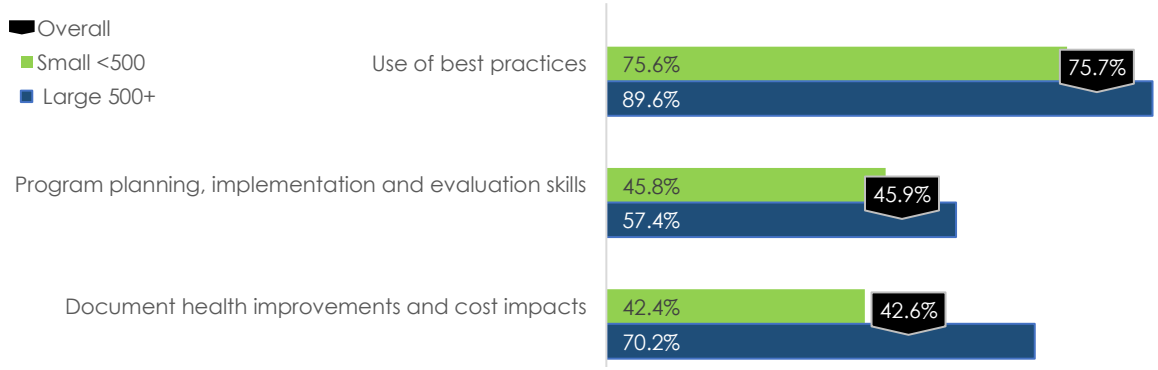


The Need for Training and Resources

When asked *'What training or technical assistance topics would be most useful for the people responsible for promoting employee health/wellness and safety at your worksite?,"* three out of four who had WHPs and regardless of size specified training on the use of best practices (75.7%). Nearly half (45.9%) of worksites indicated a need for training and technical assistance on assistance on program planning, implementation, and evaluation skills. Seventy percent of the larger sites indicated they needed training and assistance on documenting health improvements and cost impacts (Figure 4).

Figure 4: Desired Training and Technical Assistance Among Worksites with WHPs

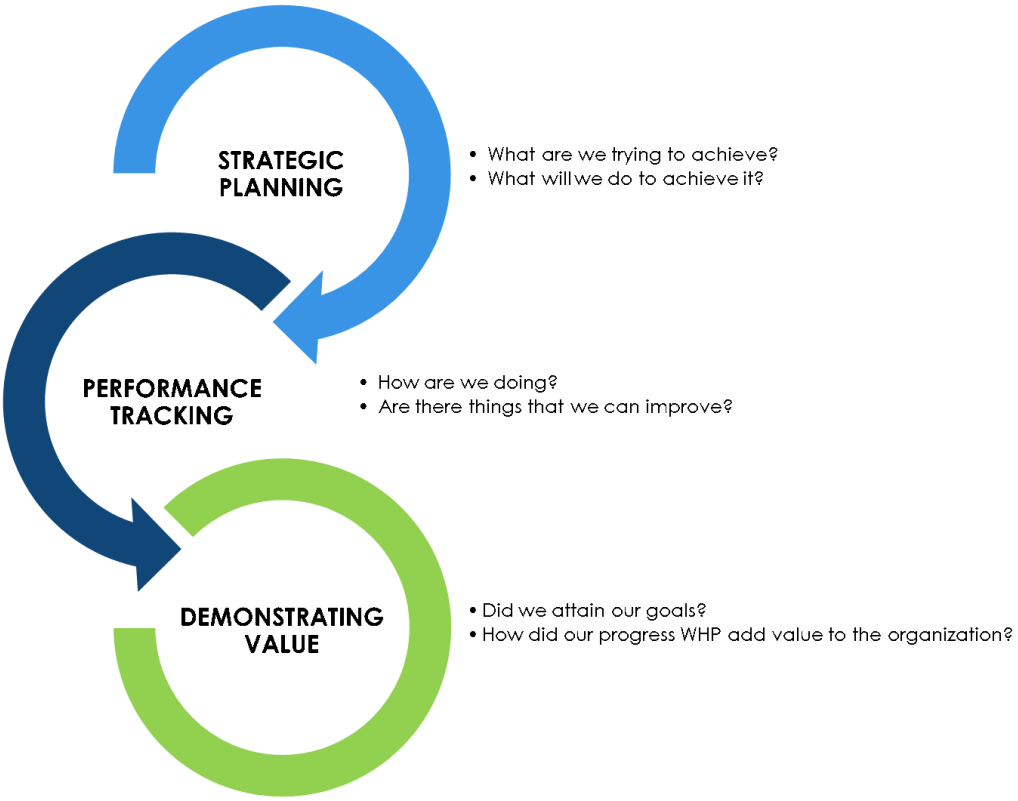
Source: CDC Workplace Health in America Survey 2017



EVALUATING SUCCESS

According to the CDC's Program Performance and Evaluation Office (PPEO), "Programs that work well in some settings fail dismally in others because of the fiscal, socioeconomic, demographic, interpersonal, and inter-organizational settings in which they are planted."[5] Therefore, the evaluation and measurement of the success of WHPs can pose unique challenges. Like WHPs, evaluations are ideally multifaceted and unique to the organization's goals and objectives. For these reasons, program evaluation is a key component of best practices in designing and implementing WHPs.

Figure 5. The Evaluation Process



This section guides defining success through strategic planning that includes identifying goals that target key burdens and risk factors. Establishing what to measure and evaluate over time serves not only to measure performance, but also to inform decisions, identify relevance, and justify changes. It also guides the demonstration of value based upon goals, progress, and outcomes. (Figure 5)

[5] Program Evaluation Guide - Executive Summary - CDC. (2020, March 24). Www.cdc.gov. https://www.cdc.gov/eval/guide/execsummary/index.htm

Defining Success Through the Strategic Planning Process

Foundational to defining success is the establishment of the vision and goals of the program. These goals should guide the strategic plan, and that plan should include the necessary actions to achieve those goals.[6] From the existing literature, we know that strategic planning within context, in addition to evaluation phases provide a framework for WHPs' success.[7, 8, 9]

The planning process should include short, intermediate, and long-term metric-based goals to gauge success. Focus on supplying scalable, customizable programs and services that are targeted to the individual employee while still being adaptable to the global workforce. Prioritize investments in the highest-impact areas. Peer-reviewed research can uncover valuable information for the general population that can be adapted for unique organizational needs.

WHP evaluation must begin with well-defined, measurable goals and objectives. If necessary, refine the strategy by asking, "What are we trying to achieve and what will we do to achieve it?" (e.g., Opportunity: Musculoskeletal (MSK) claims which are responsible for the 1.6% of the frequency and 40.8% of the cost of all work-related claims. Goal: Reduce MSK claims by 7%. Strategy: Increase utilization of health coaching and attendance to chronic MSK conditions education sessions.) This is the beginning of your measurement and data strategy. The information provided in Table 1 can aid in the strategic planning process.

Table 1: Tools and Resources for Strategic Planning

STRATEGIC GOAL	POSSIBLE TOOL	HELPFUL RESOURCES
Identify which conditions are responsible for the largest share of your organization's health care costs.	Claims Data Analysis	Using Claims Data (HSRIC) Provides examples of analyzing claims data. Video, Links, and other resources
Calculate the financial cost of a risk factor.	Risk Factor Cost Appraisal	Health Risk Appraisals (CDC) Tools and checklists
Determine if/when benefits will offset program costs.	Break-even Analysis	Break-Even Analysis in Healthcare Setup Break-even analysis, Cost-volume-profit analysis, Multiproduct/service organization
Determine which interventions are more cost-effective	Cost-effectiveness Analysis	Cost-Effectiveness Analysis of a Worksite Clinic (Johns Hopkins)

[6] Imboden, MT, Castle, PH, Johnson, SS, et al. Development and validity of a workplace health promotion best practices assessment. J Occup Environ Med. 2019.

[7] Schultz, A. B., & Edington, D. W. (2007). Employee health and presenteeism: a systematic review. Journal of occupational rehabilitation, 17(3), 547-579.

[8] Goetzel R.Z., Henke R.M., Tabrizi M., Pelletier K.R., Loeppke R., Ballard D.W., Grossmeier J., Anderson D.R., Yach D., Kelly R.K., et al. Do workplace health promotion (wellness) programs work? J. Occupational and Environmental Medicine 2014; 56:927–934.

[9] Pronk N. Best practice design principles of worksite health and wellness programs. ACSM's Health Fit. J. 2014; 18:42–46.

		Case study with real-life examples
Compare program costs against benefits.	Benefit-cost Analysis	Benefit-Cost Analysis Toolkit (FEMA) Includes excel workbooks and guidance which can be adapted
Project best, worst and mid-range outcomes.	Forecasting	Can be "naive method" or advanced methods. (Can use claims, absentee, turnover, etc.....)
Determine when the program's value offsets program costs	Value on Investment	*Program Measurement and Evaluation Guide: Core Metrics for Employee Health Management"* (HERO/PHA) Comprehensive Resource
Comprehensive Guide to analyzing the workplace health data	All the above and more	*SHRM Foundation's Effective Practice Guidelines Series Evaluating Worksite Wellness: Practical Applications for Employers*

Adapted from SHRM Foundation. (2014). Evaluating worksite wellness: Practical applications for employers. [10]

Measuring and Tracking Performance

Success metrics are also known as key performance indicators (KPIs). There is no one-size-fits-all success metric; several metrics or a composite score should be used to determine success. Each organization must define success according to organizational goals, employee needs, and objective measures.[11] Additional sources for KPIs are benchmarking and scorecards. When the right metrics are properly established and tracked, leaders can observe how well the program is performing. Resources are provided in Appendix C to guide this process.

According to Jessica Grossmeier, PhD, MPH, some critical areas to capture for performance tracking are context, engagement and morale, health and wellbeing (employee self-reported perception), health risk trends, healthcare utilization, and productivity and performance.[14] (Table 2)

- *Context.* Context can be established by metrics relating to the structure of the WHPs. Industry best practice scorecards are a useful gauge of the status of the structure and can be adapted for unique organizational use. Providing further context, the trend in the annual investment indicates the level of organizational commitment to WHPs.

[10] Adapted from SHRM Foundation. (2014). Evaluating worksite wellness: Practical applications for employers. Evaluating Worksite Wellness Practical Applications for Employers.pdf (shrm.org) Accessed December 16, 2021

[11] Grossmeier, J., Serxner, S. A., Montalvo, T., Balfanz, D. R., Imboden, M. T., Goetzel, R. Z., & Schweppe, D. (2020). Guidance on development of employer value dashboards. American Journal of Health Promotion, 34(4), 448-451.

- *Engagement and Morale.* Engagement and morale can be indicated by participation rate, incentives earned, program satisfaction rate, job satisfaction rate, and voluntary turnover rates.

- *Health and Wellbeing.* Health and wellbeing can be captured by surveying employee perceptions of physical health status, mental health status, overall wellbeing, and quality of life.

- *Health Risk Trends.* Health risk assessments s can provide insight into trends of risky lifestyle behaviors, rates of health risks and associated costs, rates of clinical risks, and their associated costs. (A good resource for the costs associated with chronic disease is *The Costs Of Chronic Disease in the U.S.* published by The Milken Institute.[12])

- *Healthcare Utilization.* Healthcare utilization such as primary care, emergency room, urgent care, behavioral health, and hospitalizations and their associated predicted costs provide indicators of health.

- *Productivity and Performance.* Productivity and performance can be converted to costs of health-related absences, short-term and long-term disability rates, workers' compensation rates, and on-the-job productivity loss.

Progress should be tracked with performance measurements which ask, "How are we doing?" and "Can we do anything to improve performance?" (E.g., continuing the prior example – report in Q1, MSK health coaching utilization improved by 2% and 354 employees attended MSK conditions education sessions. Improvements could include a virtual option to education sessions.)

This framework provides a solid base for performance tracking. The deliverable can be customized and scaled by organizations based on specific needs and resources. The framework can also be developed into a dashboard or hybrid scorecard. See Table 2 for more information.

[12] Waters, H. U. G. H., & Graf, M. A. R. L. O. N. (2018). The costs of chronic disease in the US. Santa Monica, CA: The Milken Institute.

Table 2: Suggestions to Guide Performance Reporting

	Key Indicator	Baseline	Y1	Y2	Y3	Y4	Target
Context	Industry Best Practice Scorecard Scores	XX					XX
	* Strategic Planning	XX					XX
	* Leadership Engagement	XX					XX
	* Program Level Management	XX					XX
	* Programs	XX					XX
	* Engagement Methods	XX					XX
	* Measurement & Evaluation	XX					XX
	* *Sections from HERO Scorecard*	XX					XX
	Annual investment in WHP (trend)	XX					XX
Engagement and Morale	Participation rate (Overall, Top/Bottom 3)	XX					XX
	Incentives earned	XX					XX
	Satisfaction rate (Overall, Top/Bottom 3)	XX					XX
	Job Satisfaction	XX					XX
	Voluntary turnover rates	XX					XX
Health and Wellbeing (Employee self-reported perception)	Physical health status	XX					XX
	Mental health status	XX					XX
	Overall wellbeing	XX					XX
	Quality of life	XX					XX
Health Risk Trends	Health Risk Assessment trend	XX					XX
	Top 3 lifestyle behaviors (prevalence)	XX					XX
	Top 3 health risks - rates and related costs	XX					XX
	Top 3 clinical risks - rates and related costs	XX					XX
Healthcare utilization and associated costs	Primary care	XX					XX
	Emergency room	XX					XX
	Urgent care	XX					XX
	Hospitalizations	XX					XX
	Behavioral health	XX					XX
Productivity and Performance	Health-related absence (days/costs)	XX					XX
	STD/LTD (rates/costs)	XX					XX
	Workers' compensation (rates/costs)	XX					XX
	On-the-job productivity loss	XX					XX

Source: Adapted from Grossmeier (2020). Guidance on development of employer value dashboards.

Demonstrating Value

The groundwork of strategic planning and performance tracking provides a definitive path to demonstrating value. Ask, "In what ways did the WHP add value to the organization?" (e.g., MSK health coaching utilization improved by 6%. 2,565 employees attended MSK conditions education sessions and 564 employees completed the virtual sessions. Musculoskeletal claims were responsible for the 0.9% of the frequency and 28.4% of the cost of all work-related claims – this is a reduction of 0.7% frequency and 12.4% of the cost of claims.)

For many organizations, the most important key performance indicator is return on investment (ROI). However, value on investment (VOI) can provide a more holistic indicator of the impact of WHPs on an organization. While cost savings are important, the combination of the physical, mental, and emotional health of the employee through VOI provides a more complete picture. There are also benefits in terms of employee happiness, engagement, productivity, talent attraction and retention, industry recognition, and general organizational culture captured with a VOI metric.

Deloitte published an ROI methodology that was adapted for this study to calculate VOI in WHPs. The ROI methodology is based upon the experience of leading organizations.[13] In addition to the objective financial returns, there are benefits that are difficult to quantify (e.g., employee happiness, elevated brand). Like measurable goals, goals to address the less tangible measures should be identified and tracked. While these measures can be monetized, it is likely to take three or more years to see a positive financial return for programs. Table 3 provides resources to guide this process.

While ROI is calculated by taking the quantifiable savings and dividing by the total investment and cost, VOI formula uses a cost-effectiveness analysis (CEA) convention as follows:

- VOI is the ratio of the monetized investment to the savings (monetized outcomes).
  - If VOI is greater than 1.0, the program is expected to deliver a positive net value.
  - If VOI is less than 1.0, the costs of the program outweigh the benefits.

Table 3 provides a guide for the calculation of VOI.

[13] Kangasniemi, A., Maxwell, L., & Sereneo, M. (2019, November 4). Corporate Responsibility & Sustainability - Deloitte. The ROI in workplace mental health programs: Good for people, good for business. Retrieved December 21, 2021, from https://www2.deloitte.com/content/dam/Deloitte/ca/Documents/about-deloitte/ca-en-about-blueprint-for-workplace-mental-health-final-aoda.pdf

Table 3: Calculating Value on Investment (VOI)

Category	Key Indicator	Baseline	Y1	Y2	Y3	Y4	Target
Employee engagement	Employee survey results (Validated Employee well-being						
	Number of executive complaints related to employee						
	Percentage of complaints/escalations related to employee						
	Percentage of leaders who completed employee health						
	Percentage of employees who completed employee health						
	Percentage of employees who completed employee health						
	Number of employee health events/sessions						
	Total number of participations/interactions	XX	XX	XX	XX	XX	XX
Program-related costs	**A.** Cost of engagement campaigns and workplace events						
	B. Cost associated with employee health assessment /						
	C. Cost of a dedicated resource or team for workplace						
	D. Cost associated with implementation of the Standard						
	E. Other costs promoting workplace employee health						
	TOTAL PROGRAM COSTS (A+B+C+D+E) – BASELINE:	XX	XX	XX	XX	XX	XX
Benefits	**J.** Total drug costs related to employee health						
	Percentage of total drug costs related to employee health						
	K. Total costs of employee health services						
	L. Total EFAP costs						
	Employee and family assistance program utilization rate (%)						
	TOTAL BENEFIT COSTS (J+K+L) – BASELINE:	**XX**	**XX**	**XX**	**XX**	**XX**	**XX**
Short-term disability	**F.** Number of new STD claims accepted						
	G. Percentage of employee health–related diagnoses						
	H. Average claim duration (days) for employee health cases						
	Relapse rate (within one month)						
	Recurrence rate (within one year)						
	SAVINGS FOR EMPLOYEE HEALTH CASES (F*G*H*DAILY SALARY REPLACEMENT) – BASELINE:	XX	XX	XX	XX	XX	XX
Presenteeism	**SAVINGS FOR PRESENTEESIM** STD SAVINGS*0.81:	XX	XX	XX	XX	XX	XX
Long-term disability	**I.** Number of new employee health claims accepted	XX	XX	XX	XX	XX	XX
	% of employee health–related diagnoses (new cases only)						
	SAVINGS FOR EMPLOYEE HEALTH CASES (I*AVG COST OF A LTD CLAIM) – BASELINE:	XX	XX	XX	XX	XX	XX
	TOTAL SAVINGS:	**XX**	**XX**	**XX**	**XX**	**XX**	**XX**
VOI - VALUE OF INVESTMENT ($) TOTAL COSTS / TOTAL SAVINGS:		**XX**	**XX**	**XX**	**XX**	**XX**	**XX**

Source: Adapted from The ROI in workplace mental health programs: Good for people, good for business (deloitte.com)

DISCUSSION

There is recognition of the likelihood of delivering optimal performance in the workplace is heightened by good health.[14] Nationally, 46% of worksites offer some type of health program to employees as of 2017. Many employers face barriers to the implementation of WHPs. The data reveal opportunities to educate and build proficiency among U.S. employers to implement programs and make their programs more robust, efficacious, and sustainable. In response to COVID-19, employers expanded benefits to support changing needs such as remote work, caregiving, and mental health.

The evaluation and measurement of the success of WHPs can pose unique challenges. It is a key component of best practices in designing and implementing WHPs and can be scaled according to organizational goals and available resources. Data and evaluation strategy is critical to the demonstration of WHP's value or benefit to key stakeholders. One out of two worksites do not collect data to evaluate success. In addition, worksites measure participation and feedback more often than health outcomes or return/value on investment. This contributes to leaderships' questions about the value and benefit of investments into WHPs. Although there is no one-size-fits-all success metric, when the right metrics are properly established and tracked, leaders can use them as a yardstick for how well the program is performing. The resources provided have some initial guidance for employers seeking to define and measure success and demonstrate of how WHPs are returning value to key stakeholders.

[2] Centers for Disease Control and Prevention. (2018). *Engaging employees in their health and wellness.*

GUIDANCE FOR EMPLOYERS

An organization's unique workplace program can develop organically—but it can also be shaped deliberately. Offering programs and benefits that are beneficial to the global organization yet are impactful to the individual employee is important. Ensuring that your WHP is impactful requires employees to understand and take advantage of workplace health initiatives and will require ongoing strategies, education, communication, and engagement. To help employers foster a culture that encourages healthy decisions and utilization of supportive programs and benefits, IBI sought input from human resource and benefits experts at leading healthcare, financial services, logistics, and industrial firms. A summary of their guidance follows.

Go Beyond the Benchmark: Hyper-Personalize

Gain a competitive advantage through hyper-personalization. Understanding the employee population, specifically individual needs and social determinants of health, is imperative to meet the needs and improve employee population health in a significant way. In this moment, and going forward, WHPs should be hyper-personalized and aligned with the core values of the organization. A one-size-fits-all strategy may have sufficed pre-pandemic, but current times call for this shift. Employers have data on healthcare costs and socio-economic demographics; employers can make a start on this important approach to ensure their employees are understood and actively cared for. It may be difficult to know where to begin, but the organizations who begin now can gain the competitive advantage to attract and retain talent as well as maximize productivity.

Build your strategy. Knowing your employee population requires a mix of strategies. Pulse Surveys alone will not suffice, but they should include segmentation, social determinants of health (SDOH), and self-reported perception of health. Workforce segmentation, health risk behaviors, performance factors, and demographics are often overlooked – but significant to the overall goal of hyper-personalization. To gather information specific to individual experiences and challenges, engage personnel on the ground to speak to employees one on one and in focus groups. Initially, you may have to generalize individual needs using publicly available data to begin to understand what the populations may face.

Communicate and build trust. Checking in with employees prior to making important decisions or major changes creates an environment of trust. In this environment, employees feel more comfortable sharing their experiences and engaging.

Armed with the knowledge gained through these efforts, implement a blueprint for short, intermediate, and long-term planning and strategizing.

Assess and Evaluate

Employers can no longer afford to resist analyzing data to gain a competitive edge. Employee mental, financial, social, and physical health is at risk due to effects from the pandemic. With the added

response of “The Great Resignation,” it is important to determine the next steps to improve their employee population health down to key demographics such as race, ethnicity, and SDOH. Hyper-personalization can differentiate you from other employers.

When designing or making strategic changes to WHPs, health and benefits professionals recommend considering the following:

- Does this program resonate with our population?
- Does this solve for a top driver of our utilization, costs, or employee experience?
- Is there a potential cost benefit or improvement in clinical outcomes associated with this program?
- If possible, issue an RFP and study responses through consultants.

It is important to constantly evaluate where you are lacking or leading in workplace practices. Since the start of the pandemic, HRA completions have plummeted, in response, some employers are now relying on claims data, directly connecting with employees who are not engaged, and surveys. As one employer stated, “We must always be looking for the gaps and how can we better support our employees.” Vigilance in these times is critical. It is important to assess data in ways that are relevant to social, cultural, and environmental contexts for your employee population.

Develop and Enhance Programs

Employers are realizing that employees are a convergence of social, physical, mental, financial, and familial health. One employer termed it “whole-person health” that must be addressed concurrently while teaching them to be stewards of their own health. The costs of enhancements are typically offset by reduction in attrition, continued engagement, and attraction.

Employers indicated that priorities have shifted and there was a need to react quickly to provide new benefits to some populations immediately. In many cases, they were not able to follow traditional protocols of issuing RFPs because of the need to stand up a solution in as little as 90 days.

Some specific strategies that were implemented in response to new challenges of the pandemic were as follows:

- Allowances were made for those who did not previously qualify for coverage.
- Enhancements were made to work flexibility, PTO, employee resources, leaves - including caregiving, financial wellness programs, tuition assistance, childcare reimbursement (including care provided by family members) and mental well-being.
- Wages were increased.
- Employees and leaders were educated on burnout, coping, self-care.
- Programs were implemented to pull money out of paycheck prior to disbursement.

- Digital solutions were deployed for Employer and Family Assistance Programs (including mental health).
- Life skills coaching was offered (sub-clinical behavioral health, fitness, sleep, dedicated life skills coach and triage into appropriate care).

Strategic Communication

There were three areas of focus regarding strategic communication that health and benefits professionals found important. Employers must communicate explicitly to the employee what programs are available to them in terms of their own need and how to access those programs. Additionally, employers should train leadership and supervisory staff to gain buy-in, provide support and education for the employees, identify employees who could benefit from the programs, and to link the employees to appropriate resources. Lastly, communications should also be used to attract and retain talent. Key take-aways for strategic communication were as follows:

Inform and Engage Employees to ensure that they are aware of the programs that are available to them, how the program relates to them, and they know how to access them. Take advantage of program education during onboarding. Make sure that your communication strategy is comprehensive and ongoing. One employer spoke of a survey that had unexpected insights. “It was a big surprise when local HR said we can’t keep all of your programs straight!” So, they launched an initiative to distribute a refrigerator magnet that classified their offerings in terms of needs and provided a contact number. Another employer reached out to employees via phone to employees who qualified for programs yet did not engage. As a result, they were able to determine how to communicate the program offerings and potential benefits in a more palatable way to specific demographic groups. Stigma also remains an issue as to why employees do not use certain programs. Reframing messaging to speak about what is important to employees (e.g., want to see kids grow up, travel during retirement) will increase engagement in life-saving programs, such as diabetes management courses or health screenings.

Train Leadership to ensure they are on board and knowledgeable with each health program. Employers talked about having “Wellness Champions” or “Wellness Coaches” who train on the programs, help with implementation, communication, and ongoing support. Some may not have those kinds of resources, but train supervisors to identify needs, share that information, and support and champion the programs within the workforce. In addition, there should be training specifically for a virtual world.

Attract and Retain Talent through social media campaigns, community initiatives, and other innovative channels. Differentiate yourselves from other employers by promoting the value proposition of working for your organization.

APPENDICES

Appendix A: Additional Benefit Trends[15]

		YoY Trend (%)					% Change 2019 to 2020
		2016	2017	2018	2019	2020	
Leave Programs							
Vacation & Sick Leave	Paid unlimited leave	4	4	5	6	7	-
	Paid vacation leave	97	96	96	99	98	-
	Paid sick leave	93	80	81	96	95	-
	Paid time off (PTO)				63	66	3
Parental Leave	Paid maternity leave	26	30	35	34	53	19
	Paid paternity leave	21	24	29	30	44	14
	Paid adoption leave	20	23	28	28	36	8
	Paid foster leave	13	15	27	28	39	11
	Paid parental leave	17	20	27	28	39	11
Family Leave	Paid family leave	18	21	27	24	31	7
	Family leave above FMLA	21	21	16	22	31	9
	Elder care leave above FMLA	10	10	10	13	16	3
	Unpaid Immediate Family Care (Up to 12 wks.)	81	81	83	79	89	10
	Unpaid Ext Family Care (Up to 12 wks.)	42	43	47	41	39	-
Other Leave	Paid leave to care for immediate family				35	35	-
	Paid leave to care for extended family				16	16	-
	Religious accommodation paid holiday	16	17	19	21	27	6
	Paid bereavement	81	79	88	89	89	-
	Paid time off to vote		42	44	43	53	10
General Wellness Programs							
Wellness	General Wellness Program	61	59	62	59	52	-7
	Onsite seasonal flu vaccinations	54	58	60	61	52	-9
	Health Risk Assessment	42	39	41	44	34	-10
	Health ins premium discount for participation in WHP	17	15	17	31	20	-11
	Incentive for completing wellness programs	41	38	40	39	30	-9

Source: 2020 Society for Human Resource Management (SHRM) Benefits Survey. 2020 Employee Benefits (shrm.org)

	Tobacco cessation program	41	37	40	40	34	-6
	Preventative health for chronic conditions	34	32	25	24	22	
	Weight Loss Program	31	30	30	29	25	-4
	Stress Management Program	6	7	12	14	25	11
	Personal or life coaching	37	30	27	14	21	7
	Mindfulness Program				11	18	7
	Paid Sick Leave	93	80	81	96	95	-1
	PTO				63	66	3
	Paid bereavement leave	81	79	88	89	89	-
Retirement, Education, and Financial Wellness Programs							
	Traditional 401(k) or similar	90	90	93	94	91	-3
	Roth 401(k)	51	55	59	59	63	4
Retirement	Pension (open to all employees)	25	24	20	22	19	-
	Informal phased retirement program	11	13	14	15	15	-
	Pension (frozen for current not open to new hires)	13	10	10	10	9	-1
	Tuition assistance	55	53	51	56	47	-9
Education	529 plan payroll deduction	11	11	11	11	10	-
	Employer match for 529 plan		2	1	2	1	-
	Financial Coaching (non-retirement)	36	58	52	37	24	-13
Financial Wellness	Credit Counseling	17	12	10	18	17	-
	Loans for emergency/disaster	13	15	15	17	14	-3
Family Friendly and Professional Development Programs							
	Dependent care flexible spending account (IRC Section 125)	66	67	67	60	64	4
	Bring child to work in emergency	2	2	3	3	4	1
	Bring Baby to work (under 1 on regular basis)	16	17	9	12	18	6
Family Friendly	Childcare referral	16	17	9	12	18	6
	Subsidized childcare center	4	4	2	4	6	2
	Nonsubsidized childcare center (company-affiliated on or near)	3	3	3	4	5	-
	Elder care referral	12	13	10	10	15	5
	Elder care services & info	2	2		7	11	4
	Paid formal training to keep skills current	78	87	88	87	77	-10
Professional Development	Paid formal training for new skills	42	43	43	45	74	29
	Formal mentoring program	21	22	22	23	24	-

Professional memberships	88	89	87	83	81	-2
Professional license application or renewal fees	75	76	75	72	72	-
Certification/recertification fees	77	78	77	74	74	-
ESL (English as a second Language)	5	5	8	7	8	-

- indicates not statistically significant

Appendix B: Observed Sample Frequencies and Weighted Percentages for Size, Industry Sector, and Region [16]

		OBSERVED FREQUENCIES	(%) WEIGHTED PERCENTAGES	(%) 95% CI
NUMBER OF EMPLOYEES				
10-24		1175	56.8	[48.1, 65.2]
25-49		655	21.3	[15.8, 28]
50-99		365	12.8	[9.2, 17.5]
100-249		263	6.9	[4.9, 9.7]
250-499		131	1.3	[0.9, 2.0]
500+		254	0.9	[0.4, 1.7]
INDUSTRY SECTOR				
Agriculture, Mining, Utilities, Construction, Manufacturing		525	15.2	[10.1, 22.2]
Wholesale Trade, Retail Trade, Transportation/ Warehousing		311	20.0	[13.1, 29.2]
Arts & Rec, Accommodation/Food Svc, Other Svcs		433	20.0	[12.9, 29.6]
Info, Fin & Ins, Real Estate, Professional Services, Management, Admin & Waste Management		429	20.4	[13.5, 29.7]
Educational Svcs, Health Care & Social Assistance		551	17.1	[11.8, 24.2]
Public Admin		256	6.7	[4.5, 9.9]
Hospital Worksites		338	0.6	[0.1, 4.4]
REGION	**STATES**			
Southeast	WV VA NC SC GA FL AL TN KY MS LA AR	530	20.8	[15.3, 27.7]
Northeast	ME VT CT RI MA NH NY PA NJ MD DC	532	25.0	[18, 33.7]
Midwest	MN IA MO WI IL MI IN OH	591	20.5	[13.7, 29.3]
West	AZ WA OR CA NV AK HI	523	15.9	[11.4, 21.6]
Southwest	ID MT ND SD NE KS CO WY UT OK TX NM	667	17.8	[11.7, 26.2]

Source: CDC Workplace Health in America Survey 2017

[16] Centers for Disease Control and Prevention. Workplace Health in America 2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2018.

Appendix C: Tools and Resources for Performance Tracking[17]

IF YOU WANT TO	POSSIBLE TOOL	POTENTIAL RESOURCES
External: Know how your programs compare to your competitors. Internal: Know the health and needs of your employees.	Benchmarking	• Research • Industry Tools • Health Risk Assessments • Claims Data • Consultants
Evaluate and keep track of • Performance • assess strategies • identify gaps • track improvements	Scorecards	• CDC Worksite Health ScoreCard • HERO Scorecard • WHAI, Workplace Health Achievement Index • Well Workplace Checklist • Innovation and Value Initiative
Develop indicators and follow performance measures	KPIs/ Dashboards/ Reports	• Initial strategic planning • Scorecards • organizational goals

[17] Grossmeier, J., Serxner, S. A., Montalvo, T., Balfanz, D. R., Imboden, M. T., Goetzel, R. Z., & Schweppe, D. (2020). Guidance on development of employer value dashboards. American Journal of Health Promotion, 34(4), 448-451.

Appendix D: Additional WHP Offerings[18]

Program	Component/Subcomponent	% Overall Offerings	(%)95% CI
HEALTH PROMOTION	Physical activity	28.5	[25.5 - 31.6]
	Nutrition	23.1	[20.6 - 25.9]
	Stress	19.6	[17.0 - 22.6]
	Tobacco	18.5	[15.8 - 21.6]
	Weight control	17.4	[14.7 - 20.5]
	Alcohol/drug use	14.5	[12.1 - 17.2]
	Arthritis/musculoskeletal problems	12.1	[9.7 - 15.1]
	Sleep	9.9	[7.7 - 12.6]
	Lactation support	7.6	[6.2 - 9.3]
DISEASE MANAGEMENT	Hypertension	17.3	[14.7 - 20.2]
	Diabetes	16.6	[14 - 19.6]
	High cholesterol	16.4	[13.8 - 19.3]
	Obesity	16.1	[13.5 - 19]
	Cancer/cancer survivorship	14.5	[12.0 - 17.5]
	Depression	12.5	[10.6 - 14.7]
	High-risk pregnancy	9.7	[7.5 - 12.5]
	Asthma	9.3	[7.9 - 11]
	Migraine/headache	7.5	[6.0 - 9.4]
SCREENINGS	Health Risk Assessment	20.1	[18.4 - 23.2]
	Blood pressure	22.5	[19.8 - 25.5]
	Cholesterol	19.7	[17.1 - 22.5]
	Diabetes	19	[16.4 - 22]
	Obesity	18.2	[15.8 - 21]
	Mammography	11.3	[9.0 - 14.2]

[18] Centers for Disease Control and Prevention. Workplace Health in America 2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2018.

	Colorectal cancer	7.7	[6.1 - 9.8]
	Cervical cancer	7.3	[5.8 - 9.2]
	Depression	5.4	[4.3 - 6.8]
	Arthritis or other musculoskeletal problems	5.5	[4.4 - 6.8]
EDUCATION *(seminars, workshops, or classes on preventing and controlling the condition)*	Cardiovascular disease	6.6	[4.5 - 9.6]
	Diabetes or pre-diabetes	4.5	[3.3 - 6.2]
	High blood cholesterol	4.3	[3.1 - 6.1]
	Obesity	3	[2.3 - 4.1]
	Cancer or cancer survivorship	2.9	[1.9 - 4.5]
	Depression	2.9	[1.9 - 4.6]
	High-risk pregnancy	1.5	[1.0 - 2.1]
	Asthma	1.4	[1.0 - 2.1]
	Migraine/headache	1.0	[0.6 - 1.6]
EDUCATION *(One-on-one counseling/ coaching and follow-up monitoring)*	Diabetes or pre-diabetes	16.6	[14.0 - 19.6]
	Cardiovascular disease	16.4	[13.8 - 19.3]
	High blood cholesterol	16.4	[13.8 - 19.3]
	Obesity	16.1	[13.5 - 19]
	Cancer or cancer survivorship	14.5	[12.0 - 17.5]
	Depression	12.5	[10.6 - 14.7]
	High-risk pregnancy	9.7	[7.5 - 12.5]
	Asthma	9.3	[7.9 - 11.0]
	Migraine/headache	7.5	[6.0 - 9.4]
WORK-LIFE	Unpaid parental leave	76.5	[73.4 - 79.3]
	Disability leave/disability insurance	69.6	[66.5 - 72.7]
	Flexible work schedules	55.3	[52.1 - 58.4]
	Paid new parent leave	42.8	[39.6 - 45.9]
	Allow working from home	35.8	[32.9 - 38.9]
	EAP for Employee	13.4	[11.1 - 16.0]
	EAP for employees and families	31.7	[28.8 - 34.6]

	Cover childcare costs/FSA	27.1	[24.3 - 30.2]
	On-/off-site childcare	6.0	[4.7 - 7.6]
ENVIRONMENTAL SUPPORT	Any social and physical environment support	47.8	[45.0 - 50.6]
NUTRITION & WEIGHT	Food prep and storage facilities	40.3	[37.3 - 43.4]
	Vending machines that serve food	19.9	[17.1 - 22.9]
	On-site cafeteria/snack bar	16.2	[13.8 - 18.9]
	Policy for healthier food at meetings	10.5	[8.3 - 13.2]
	More than 50% healthy food/beverage choices onsite	6.9	[5.4 - 8.8]
PHYSICAL ACTIVITY	Organized physical act info, prog, or classes	17.3	[14.6 - 20.2]
	Env supp (trails, bike racks, and showers	16.3	[13.8 - 19.1]
	Active workstations	13.9	[12.0 - 16.1]
	On-site exercise facility	12.4	[10.1 - 15.1]
	Active transport to and from work	10	[7.9 - 12.5]
	Fitness Assessments	8.8	[6.9 - 11.3]
	Activity tracking device free/discounted	8.7	[7.2 - 10.4]
	Paid time for physical activity	8.2	[6.6 - 10.2]
TOBACCO	Written tobacco policy	31.2	[26.0 - 34.3]
	Display tobacco/smoking signs	28.9	[26.0 - 32.0]
	Policy banning all tobacco use	20.0	[14.7 - 19.4]
	No/low out-of-pocket for tobacco cessation medications	17.5	[14.9 - 20.5]
	Free/subsidized tobacco cessation counseling	16.0	[13.4 - 1.09]
OCCUPATIONAL SAFETY & HEALTH	Written injury and illness prevention	69.4	[65.5 - 73.1]
	On-site health clinic	7.6	[5.7 - 10.0]
OTHER TOPICS	Blood pressure monitoring device	4.8	[3.6 - 6.4]

Source: Centers for Disease Control and Prevention. Workplace Health in America 2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2018.