

Workplace Health Best Practices

Pillar	Description
Leadership	Elements that set program vision and organizational policy, ensure resources, support implementation and evaluation
Policies & Environment	Elements that make the healthy choice the easy choice eg. comprehensive tobacco policy
Communications	Elements that make the program visible on a consistent basis
Programs	Evidence-based health promotion, disease prevention and disease management programs
Engagement	Promotion of an ongoing connection between employees and the program that creates trust and respect and builds a culture of health
Partnerships	Collaborative efforts with other stakeholders, including unions, vendors, and community organizations
Reporting Outcomes	Intentionally using data in measuring, evaluating, and reporting on the program and its improvement over time

*Sources: Fonarow et al. Circulation. 2015; Adapted from Pronk N, ACSM's Health Fit J. 2014;18:42-46
Courtesy of Chris Calitz, AHA*

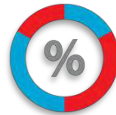
Index 2016 Key Findings



- **Opening an account is easy**



- Approximately 2-4 hours required to submit the 55 structure and process questions and requires internal collaboration and coordination

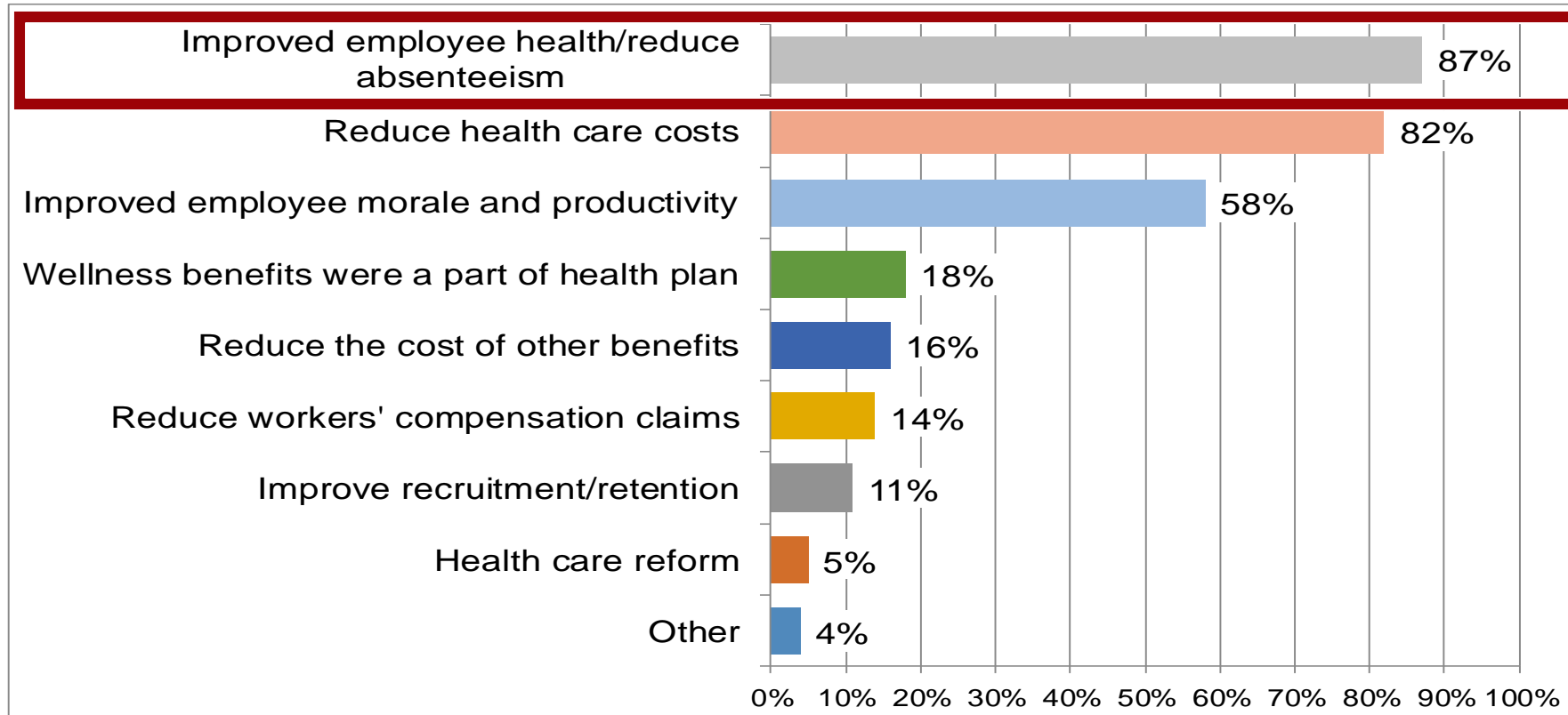


- **Few companies were currently able to submit performance measures** in the in the allotted

- Health outcomes metrics could be submitted through:
 - My Life Check™, the AHA online tool that assesses Life's Simple 7 measures
 - A company's own health risk assessment and biometric data
- A minority of companies submitting performance metrics are meeting the current **25% employee data** minimum threshold
- The threshold is **problematic for small companies** (low sample size)



Motivation to implement workplace health programs



Source: Zywave 2012 Wellness Benefits Survey.

Are employees in high cardiovascular health more productive?

Life's Simple 7



Ideal cardiovascular health defined

Parameter	Definition
Smoking Status	Never or quit > 12 months ago
Physical Activity	≥ 150 minutes per week
Weight	BMI 18.5-25 kg/m ²
Diet	4-5 components of a healthy diet
Blood Pressure	≤ 120 / ≤ 80 mm Hg
Blood Sugar	< 100 mg/dL
Blood Cholesterol	< 200 mg/dL

Aims

Characterize the NMH population according to Simple 7 Score based upon employee health risk appraisals

Investigate association of Simple 7 Score with employee productivity in terms of absenteeism and presenteeism

Single center cross sectional analysis with plans for future longitudinal follow-up

Inclusion Criteria

NMHC employees who completed the Aetna Simple Steps to a Healthier Life Health Risk Appraisal in fiscal year 2014

Exclusion Criteria

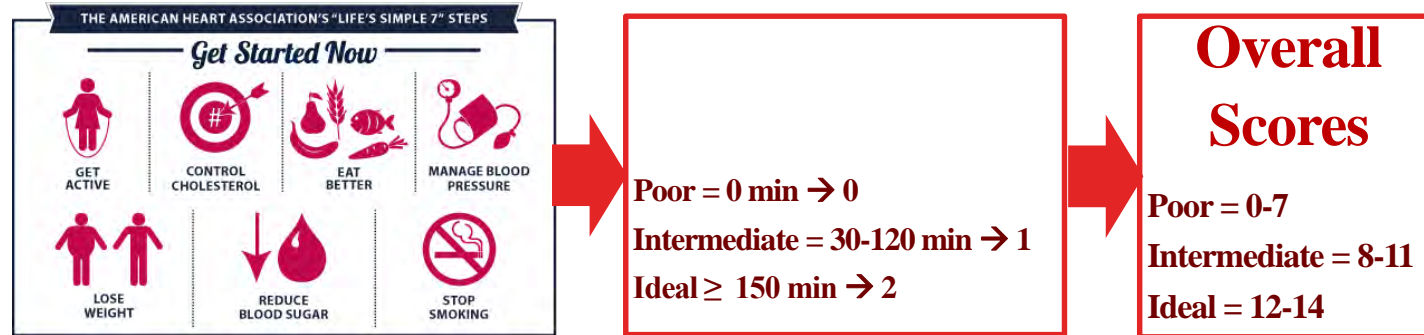
- **Dependents including infants, children, and spouses**
 - **Dependent responses are not incented and have therefore been low (<5% completion rate among dependents)**

Prevalence of high, intermediate, and low cardiovascular health

Employee Productivity

- Absenteeism (missing work)**
- Presentism (At work, but performing sub-optimally due to health)**

Methods



57. In the past 2 weeks, how many full workdays did you miss because of your health or medical care? (*Health includes physical health and emotional problems.*) (Circle one response only)

0 1 2 3 4 5 6 7 8 9 10 11 or More

58. In the past 2 weeks, what was the total number of days on which you missed part of a workday because of your health or medical care. (for example, you came in late or left early). (*Health includes physical health and emotional problems.*) (Circle one response only)

0 1 2 3 4 5 6 7 8 9 10 11 or More

Statistical analysis

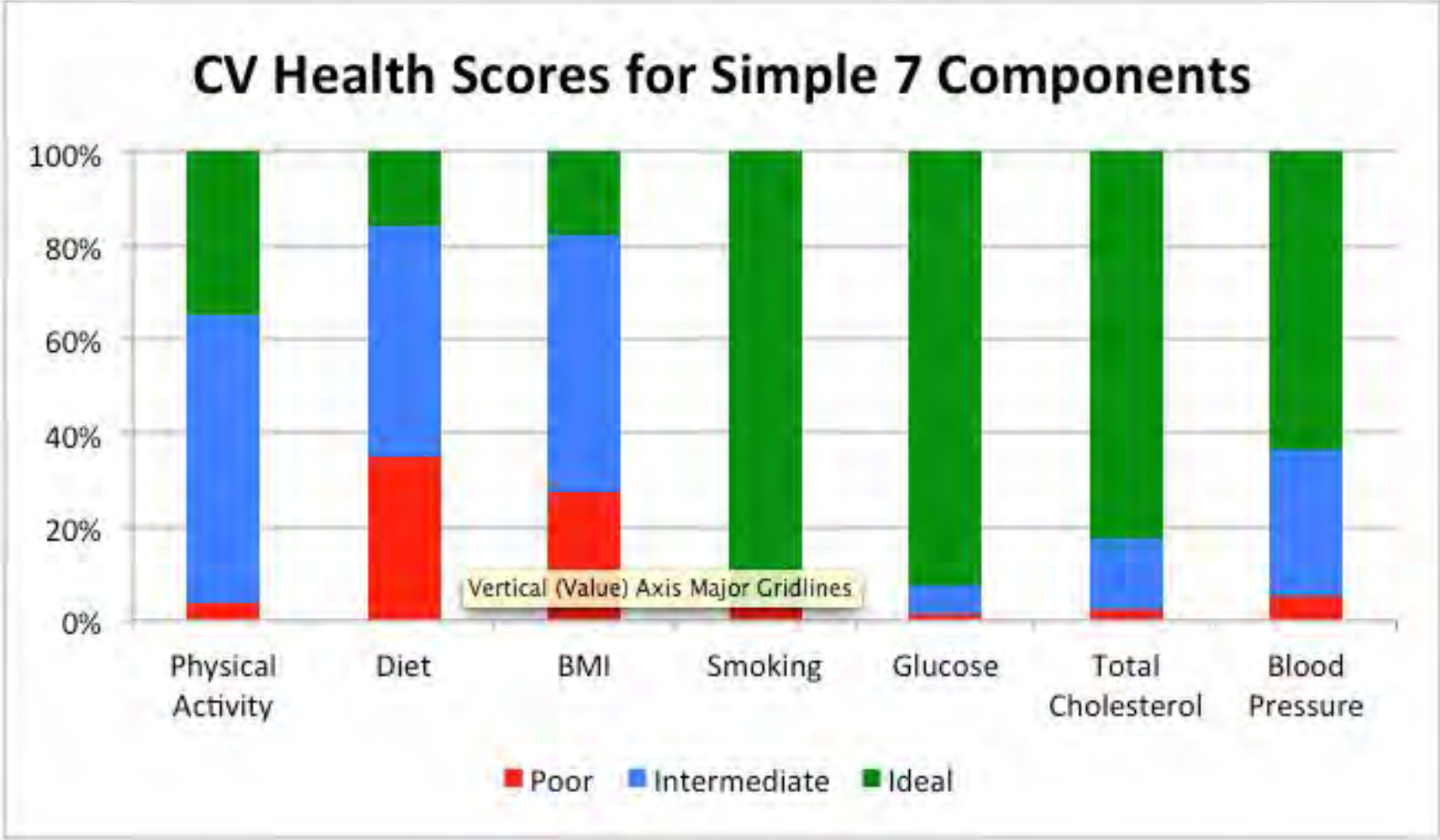
Linear regression to compare individual HRA productivity response on 1-5 or 1-11 scale (depending on question) for employees with:

- High vs. Low CVH scores

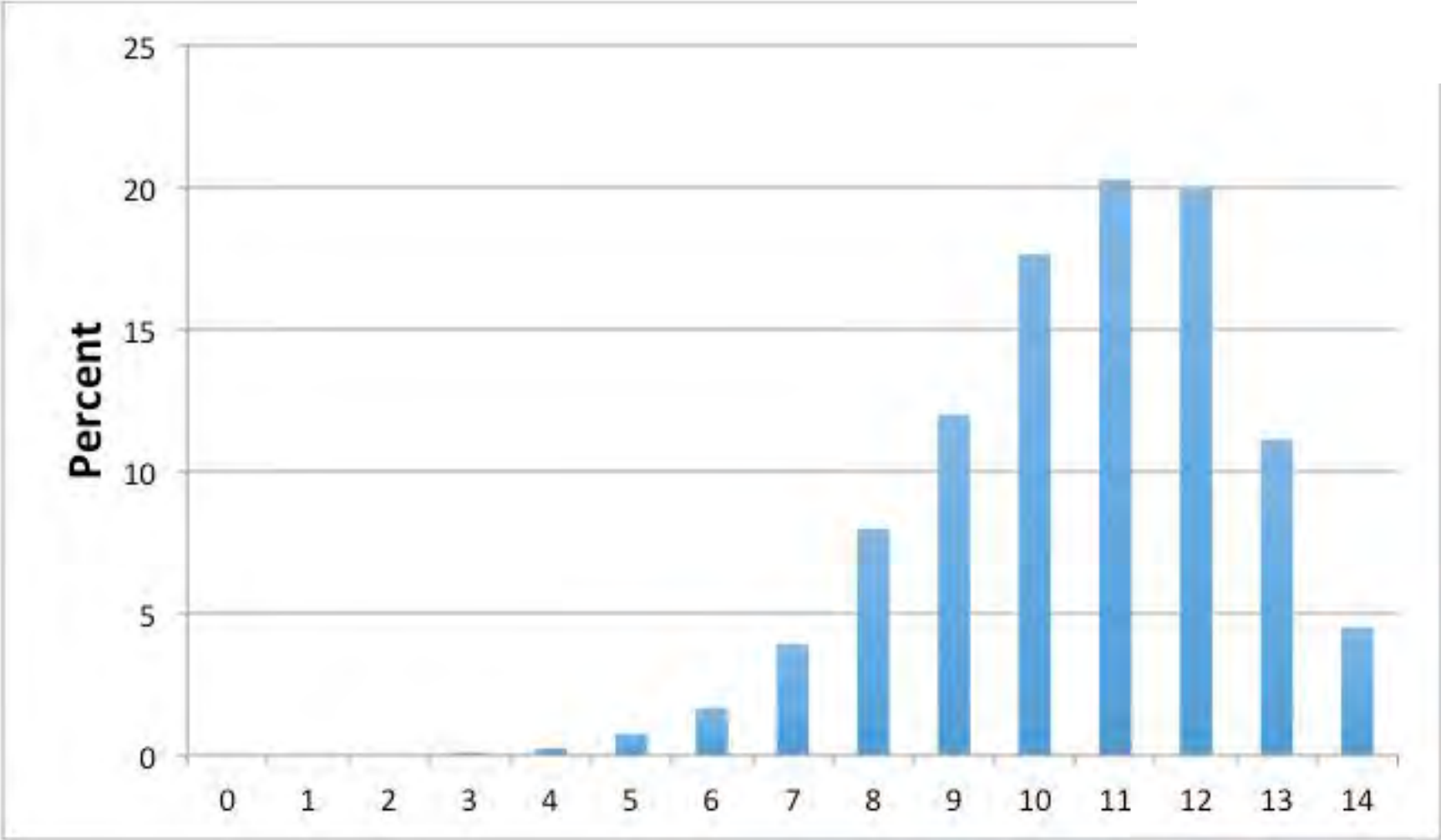
Logistic regression to compare HRA productivity responses dichotomized to “no difficulty” vs. “difficulty at least half the time”

- High vs. Low CVH scores

Results: Individual Components



Results: Overall Score



Results: Hypothesis Testing

Odds of missing at least one workday during a two-week period were 67% lower among employees with high CVH compared to employees with low CVH

– (adjusted OR 0.33; 95% CI, 0.20-0.56).

Odds of reporting that physical or emotional health problems made it difficult to concentrate on work at least half the time were 85% lower among employees with high CVH compared with low CVH

– (adjusted OR 0.15; 95% CI, 0.07-0.33).

Future Directions

Longitudinal analysis to include FY2015 and 2016 data

Objective productivity outcomes

- Paid time off > 5 days
- Short term disability claims
- Long term disability claims

Direct medical expenditures

Conclusion

Knowing is not enough, we must apply.

Willing is not enough, we must do.

- von Goethe

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