Worksite Wellness Policies Within Hospitals

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Physical Activity Policy Research Network (PAPRN) and Nutrition and Obesity Policy Research and Evaluation Network (NOPREN)

- Thematic research networks for the Prevention Research Centers within the Division of Nutrition and Physical Activity at the CDC.
  - **PAPRN:** Studies effectiveness of health policies related to increasing physical activity in communities
  - **NOPREN:** Conducts transdisciplinary research along a policy change continuum. Fosters understanding of effectiveness of policies related to preventing childhood obesity through improved access to affordable, healthy foods and beverages in community, workplaces, healthcare facilities, childcare institutions and schools.
Work Place Wellness Programs

- Health promotion activity or organization-wide policy to support healthy behavior and improve health outcomes at work (CDC)
  - Health education, coaching
  - Weight management programs
  - Medical screenings - Health Risk Assessments (HRAs)
  - On-site fitness programs and facilities
  - Policies that allow time for exercise, healthy food preparation, food options (vending, cafeteria)
  - Promotion of “walk and talk” meetings
- Financial or other incentives for participation
Work-Based Wellness Policies

• Encouraged by the Affordable Care Act

• Cost savings debated
  • Participation in workplace sponsored health risk assessments (HRA) and sponsored health promotion activities leads to increased medical cost savings (Serxner et al, JOEM, 2003)
    • Dose response relationship
  
  • A more recent review found that cost savings may not derive from health improvements (Horwitz et al. Health Affairs, 2013)

• No clear national standards on wellness programs
  – No clear metrics of success or evaluation
Hospital Wellness

• Many business offer workplace wellness programs

• National Hospital Employee Wellness Initiative
  – 2010 CDC Expert Panel on promoting hospital wellness
  – Advisory Body included: Prevention Partners, CDC, American Heart Association, American Hospital Association, Kaiser Permanente, Partnership for a Healthier America, Healthier Hospital Initiative, and others
Hospitals Settings

- Hospitals are important settings for worksite wellness initiatives with potential to reach many employees of diverse socioeconomic background and community members.
Benefits of Physical Activity

• Regular physical activity reduces the risk of many chronic diseases

• CDC recommends most adults achieve 150 minutes (2 hours and 30 minutes) a week of moderate intensity physical activity

• Aerobic and muscle strengthening activities are encouraged

U.S.DHHS, 2008 Physical Activity Guidelines for Americans
http://www.health.gov/paguidelines/
Benefits of a Healthy Diet

• A healthy diet has been associated with decreased risk of many chronic diseases and promotion of overall health

• Balance calories with physical activity to maintain a healthy weight

• Increase consumption of fruit, vegetables, whole grains, low-fat dairy products and seafood. Reduce consumption of foods with sodium, saturated fats, trans fats, cholesterol, added sugars and refined grains.
Study Objective

• To explore the communication, implementation, monitoring and evaluation of employee wellness policy components relating to nutrition and physical activity in a convenience sample of hospitals.
Methods
Interview Guide

• RE-AIM* (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework used

• Standardized semi-structured guide developed and pre-tested by research team members.

• Topics included the Communication, Implementation, Monitoring, and Evaluation of the Physical Activity and Nutritional components the Hospital’s Wellness policies/programs

Interviews

- Interviewed key informants from 14 hospitals or hospital groups in states in which research team members are located
- Solicited interviews through emails, letters and personal contacts
- Conducted telephone and in-person interviews
- Obtained verbal consent prior to start
- Distributed list of questions prior to interviews
Hospital Sites (n = 14)
Analysis

- All interviews professionally transcribed
- Codebook developed based on interview question guide
- All transcriptions were coded independently by 2 coders from PAPRN/NOPREN team
- Codes entered in database and discrepancies reconciled by consensus
- Frequencies generated from coded interviews to identify commonalities and issues
- Grounded theory method used to identify themes
Results
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<th>PARTICIPANTS</th>
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## Participant sites

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<th># Beds</th>
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<td>800</td>
<td>Urban</td>
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<td>627</td>
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<td>Urban</td>
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<td>6</td>
<td>800</td>
<td>174</td>
<td>Rural</td>
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<td>14,500</td>
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<td>8,265</td>
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<td>3,000</td>
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<td>12</td>
<td>6,996</td>
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<tr>
<td>14</td>
<td>460</td>
<td>79</td>
<td>Rural</td>
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Physical Activity Policy/Program Components

- All sites had some features including
  - Gym or fitness center (on or off site) for employees (12/14 sites)
  - Reduced or reimbursed gym memberships (8/14 sites)
  - Walking paths and bike trails (8/14 sites)
  - Fitness classes (6/14 sites)
  - Insurance benefits/discounts for physical activity (6/14 sites)
  - Locker rooms (5/14 sites)
Nutrition Standards or Practices

• Food and Beverage Vending
  - Decreasing availability and portion of sugary beverages (n=4), pricing difference between healthy and unhealthy options (n=1), nutrition requirements in food vending (n=3)

• Cafeteria components most common
  - Healthy criteria for daily menu (n=6)
  - Increasing availability of fresh fruit, vegetables, whole grains (n=6)
  - Eliminate/reduce soft drinks from beverage machines (n=5)
  - Prominent placement of healthier choices (n=4)
  - Nutrition information/labeling (n=4)
  - Pricing differences for healthy items (n=3)
  - Portion size limits (n=2)
Nutrition Policy/Program Components

• Vendor contracts required for distribution
  – Vending - 8/13 sites
  – Cafeteria - 7/12 sites
  – Concessions - 4/12 sites
  – Catering - 3/12 sites

• Nutritional components in contracts
  – 3 sites had contract with restrictions of which only 2 were written
    • 50% items must meet designated healthy standards
    • Restriction on Pepsi products, limits on amounts spent with certain vendors

• Contract language often vague, if present
Communication and Implementation

**Physical Activity**
- Employee Intranet (n=7) and Employee Email (n=8) were the most popular ways to communicate information
- HR, Wellness Departments usually responsible

**Nutrition**
- Most popular modes of communication were Table Tents/Signs in eating area (n=8) and Employee Intranet (n=8)
- Food and Beverage Departments, Wellness Departments responsible
Monitoring

Physical Activity
• Internal Monitoring (n=7)
• External Monitoring (n=7)
• 5 Hospitals used both

Nutrition
• Internal Monitoring (n=7)
• External Monitoring (n=4)
• 2 Hospitals used both

• Monitoring services from contracted cafeteria vendors were used by multiple hospitals
Evaluation

Physical Activity
- 4 sites had no evaluation in place
- 5 sites evaluated both change in weight/BMI and other biometrics (blood sugar, blood pressure, cholesterol)

Nutrition
- 3 sites had no evaluation in place
Barriers to Wellness

• Lack of funding was the most common barrier listed
  – 5 hospitals had dedicated wellness budgets ranging from $50 per employee to $900,000 system-wide

• Multiple hospitals listed lack of employee interest/participation and lack of dedicated wellness personnel as major barriers
  – Wellness programs/policies were run by a floor nurse at 2 sites
# Challenges

<table>
<thead>
<tr>
<th>Theme</th>
<th>Quotes</th>
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<tbody>
<tr>
<td>Administrative support</td>
<td>“What we would expect is them to lead by example. So they're participating, they can encourage their staff to do it. But if they're [the administration] not doing it, it's hard to encourage your staff to do it.”</td>
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<tr>
<td>Time</td>
<td>“Specific to physical activity and nutrition, I would say one of our biggest barriers is just time. Once the clinical staff get up on the floors, it's almost impossible to get them back. So even when it came to the health screening, if we didn't get them before or after the shift, based on their schedules and the way that their shifts work, they just ... it's difficult... you have high stress, as well as low stress, but the underlying theme is lack of control with most of them in terms of their work shifts”</td>
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# Challenges

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<tr>
<th>Theme</th>
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<tbody>
<tr>
<td>Logistics/personnel/staffing</td>
<td>“When you start looking at the community medical group, I think we've got, probably, 20 or 30 different sites, plus our three main hospitals and our member hospitals will be rolling out the community health link, which is another 30 sites across the central part of the state. It's kind of hard to physically be in each of those locations on a regular basis to promote these kinds of programs”</td>
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<td>“It’s not a full-time position ... employee health, ... she does increments of time ... but she does basically the documentation and the record-keeping. So just having somebody that has the time to develop the policies and develop the wellness projects and keep them going. And, as you know, keeping the people motivated, that's constant. That is something that you have to do constantly. And when we put a lot of time into that, we have much more success, but of course if you have less time to put into keeping that in the forefront of people's minds, and keeping them motivated, then you have less success.”</td>
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<tr>
<td>Lack of guidelines</td>
<td>“...our biggest challenge has just been getting the groundwork laid, what counts? We always have employees coming, Well, I did this, will this count towards my participation points? And so, I imagine that it will eventually be a lot easier to keep track of everyone's points and how close they are to being done with one particular component, or whatever, but just knowing what will count and just getting the guidelines out, because we've never had it before.”</td>
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<td>Environment</td>
<td>“I'd say our environment isn't necessarily the best for walking after work, or riding your bike to work, or having those opportunities to stand up at your desk and ergonomic supplies. Like how do we get people moving during the day? So I think we have to step back and look at what can we do from an environmental standpoint to make it, again, easier for employees to make that right choice?”</td>
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Challenges

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<th>Quotes</th>
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<tr>
<td>Outside organizations manage parts of program</td>
<td>“I think a barrier is, we have an outside organization that is managing the food and so it's a <strong>collaboration challenge</strong> with anytime you're dealing with someone that's not your own employee. But it's working through that barrier to truly collaborate on a unified initiative for all the employees. We're making progress.”</td>
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## Successes

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<tr>
<td>Improved biometrics</td>
<td>“...we lost 53,000 pounds as a company since we started the program...our employees are lowering their blood pressure, they are lowering their BMI, they are lowering their body fat. We haven't been able to tie it into lowering of the health insurance cost, yet. That's still a work in progress.”</td>
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<tr>
<td>Targeting the right people</td>
<td>“We've had some real great successes with some of the physical activity programs that have gone on, but there's some challenges with all these programs, but I think overall we have a manageable group for that and it's just getting the right ... targeting the right groups. It's specific targeting, so we're getting the right people, who should go into the programs.”</td>
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<td>Employee involvement/participation</td>
<td>“We've handed out pedometers and had folks turn in their steps every day and I think we walked to Japan or something one year when we counted everyone's steps up. Last year we participated in [program name] 100 miles in 100 days. That was really a lot of fun for our employees because they were all out there competing against each other's teams.”</td>
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In Sum

“The big question was whether or not, in this time of the medical center having some financial difficulties, should we even go through with this? The answer, very easily, was, yes. We need to let employees know that they're important and this is one of the ways to do it and, hopefully, they will carry on. And we can do things inexpensively, we can have challenges, we can offer small prizes. It's really not about the prize, it's about the participation.”
Desired Resources

• Funding

• Dedicated staff
  – Wellness coaches, dietitians, trainers
  – Marketing, communications
  – “Champions”

• Technical assistance
  – Tracking platform
  – Long term sustainable planning

• Manager support
Summary

• A range of policy and programs exist across hospitals
• Common components but no uniformity in the degree and extent of offerings
• Limited monitoring and evaluation
Conclusions

• To assess and maximize return on investment in employee wellness programs, hospitals should:
  – Dedicate resources for staff to oversee implementation and evaluation
  – Develop strategies to improve employee participation
  – Include requirements in food-related contracts that relate to nutrition. Examples of these requirements could be the availability of nutritious food, the display of nutritional information, optimal placement of healthy food, and lower prices for healthier foods.

• This study highlights policies, practices and standards that may be useful indicators of hospital wellness policies
Resources

• Centers for Disease Control and Prevention Workplace Health Resources List
  – http://www.cdc.gov/features/WorkingWellness/

• The Community Guide: http://www.thecommunityguide.org/
  – Examples of effective programs and policies
Collaborators

- Enrico Cabredo; Isobel B. Healy, MPH; Amy Borg, MPH, MEd; Eydie Abercrombie, MPH, CHES, PAPHS; Angie L. Cradock, ScD; Stephenie C. Lemon, PhD; Jill Litt, PhD; Rebecca Mozaffarian, MS, MPH; Emilee Quinn, MPH; Nancy O'Hara Tompkins, PhD
Thank You

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