



# A Sustainable Model for Small Business Worksite Wellness

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# Learning Objectives

- Following this session, you will be able to:
  - identify the benefits of a capacity building model of building worksite wellness capabilities
  - identify the relationship between worker's compensation claims and health risks
  - identify the challenges small businesses experience in creating sustainable wellness programs.

# Health Risks & Worker's Compensation Claims

# What's the Issue?



- 42 Year Old Man
- Light job class
- Diagnosed with low-back pain

No co-morbidities =  
29 days of disability

Tobacco users =  
46 days of disability

# What does the research show?



Sept 2009

- **Employee Health and Frequency of Workers' Compensation and Disability Claims**
- Kuhen, AE et al
- High risk participants had higher odds of filing a WC claim, when compared with low risk participants
- Medium risk participants had 1.5 times higher odds when compared with low risk participants for STD

# What does the research show?



April 2007

- **Obesity and Workers' Compensation: Results from the Duke Health and Safety Surveillance System**
- Ostby, T. et al
- Clear linear relationship between BMI and rate of WC claims
- Claims associated with BMI:
  - Lower extremity
  - Wrist/hand/back
  - Pain/inflammation/strain/sprain
  - Slips/falls, lifting/exertion

# ACOEM Guidance Statement



June 2011

- **Workplace Health Protection and Promotion: A new Pathway for a Healthier – and Safer - Workforce**
- Hymel PA. et al
- **Problem:** health protection programs (safety, and work environment) are separate from workplace health promotion programs (wellness and disease management)
- Making the case for integration of these functions

## A.I.M. Mutual – A History of Innovation

- Redesigned traditional loss control model in 2013
- Renamed “Injury Prevention and Worksite Wellness Department”
- A.M. Best gave “Innovation Showcase Award” for this approach
- Partnered with Best Doctors Occupational Health Institute to address post-injury
  - Gave injured workers access to medical specialists and managing the key risks factors likely to impact recovery

# AIM Mutual – Step 2



- Recognizing that managing risks factors and encouraging focus on general well-being was necessary
- **Created A.I.M. Works: The Wellness Advantage.** Invited select group of policyholders to participate in a year-long program to learn to build a worksite wellness program

# Wellness Capacity Building

# Traditional Approaches to Wellness



**BUILD**



**BUY**

# Why Capacity Building Approach

- Program is integrated with the culture of the organization
- Provides skills and knowledge at the leadership, manager and employee level in the organization
- Instills the value and benefits of creating a program plan
- Provides professional coaching/expertise to support the learning process
- Establishes the internal skills and knowledge as a foundation for program sustainability

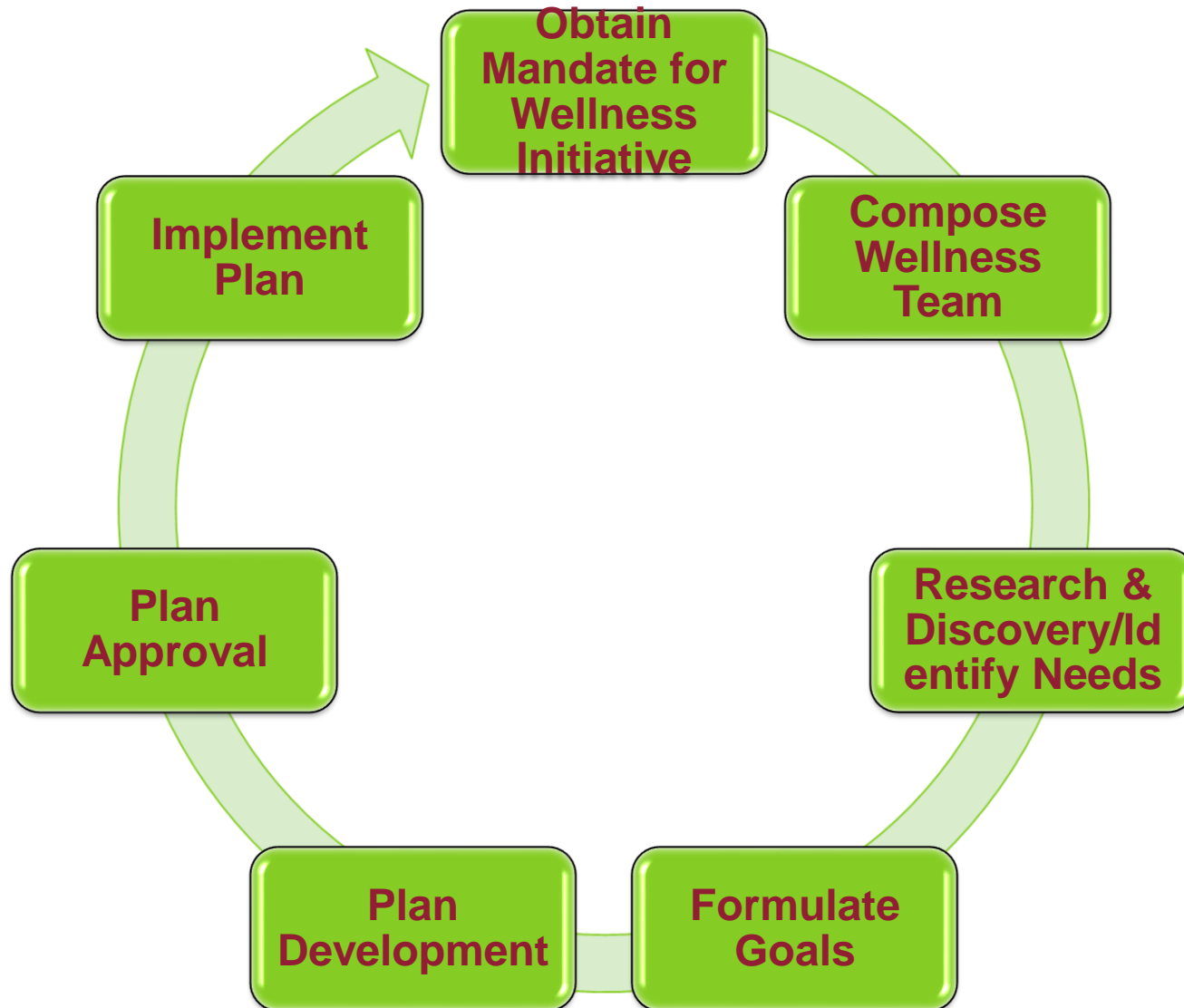
# Program Approach

# A.I.M. Mutual – Step 2



- **Program Elements**
  - Standardized curriculum
  - In-person training – four sessions, one per quarter
  - Scheduled telephonic technical assistance/coaching
  - Expert webinars – four sessions
  - Well-being Assessment
    - T1 – Month 2 of program
    - T2 – One year later
    - T3 – Two years later
- Three cohorts of employers run, one cohort per year (2015-2017)

# Planning Development Cycle



# Wellness Program Timeline

## January

- Training Session #1

## February

- Mandate from Management
- Compose Wellness Team

## March

- Research & Discovery 
- Identify Needs 

## April

- Training Session #2
- Review Wellbeing Assessment Results
- Goals/Objectives

## May

- Plan Development
  - Develop Intervention Plan
- Technical Assistance 

## June

- Plan Approval
- SME Webinar 

# Wellness Program Timeline

**July**

- **Training Session #3**
- Review Challenges and Opportunities

**August**

- **Intervention Implementation**
- **Technical Assistance** 

**September**

- **Intervention Implementation**
- **SME Webinar** 

**October**

- **Training Session #4**
- Success Stories
- Sustainability

**November**

- **Intervention Implementation**
- **SME Webinar** 

**December**

- **Intervention Implementation**

# Cohort Results

# Data Collection

- **Well-being Assessment – custom survey (Same for all employers)**
  - Well-being Questions
    - Workplace Support for Well-being
    - Financial Well-being
    - Purpose, Connection and Social Support
    - Quality of Life
  - Health Risks
    - Traditional Health Risk Assessment Questions (ten risks)
  - Demographics
    - Technology
    - Commuting

# Cohort Demographics

**27**  
Employers  
Enrolled

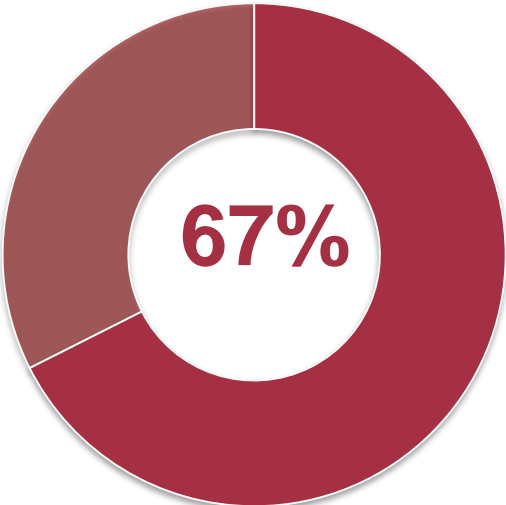
**Over 4,200**



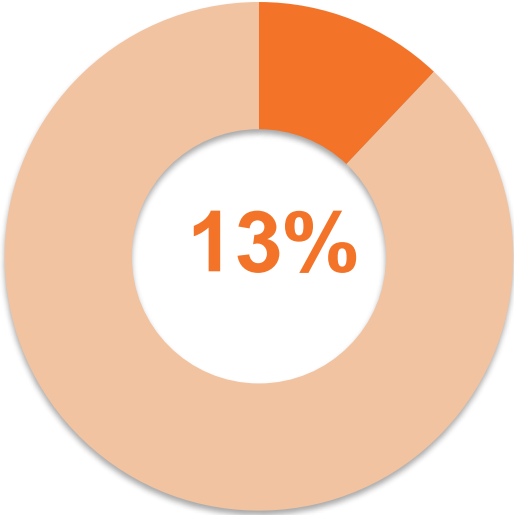
Employees  
Impacted

Three cohorts 2015-2017

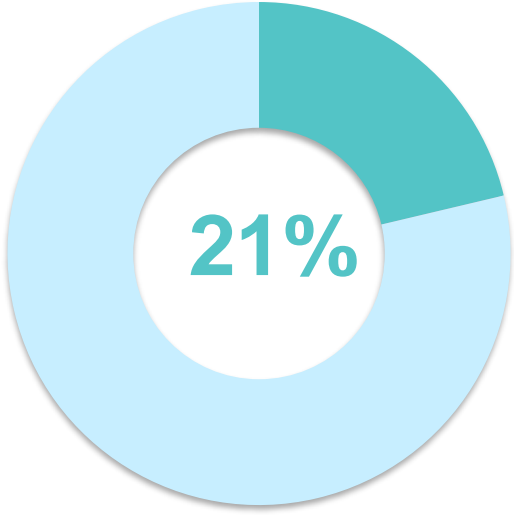
# Cohort Demographics



**100  
Employees  
or less**

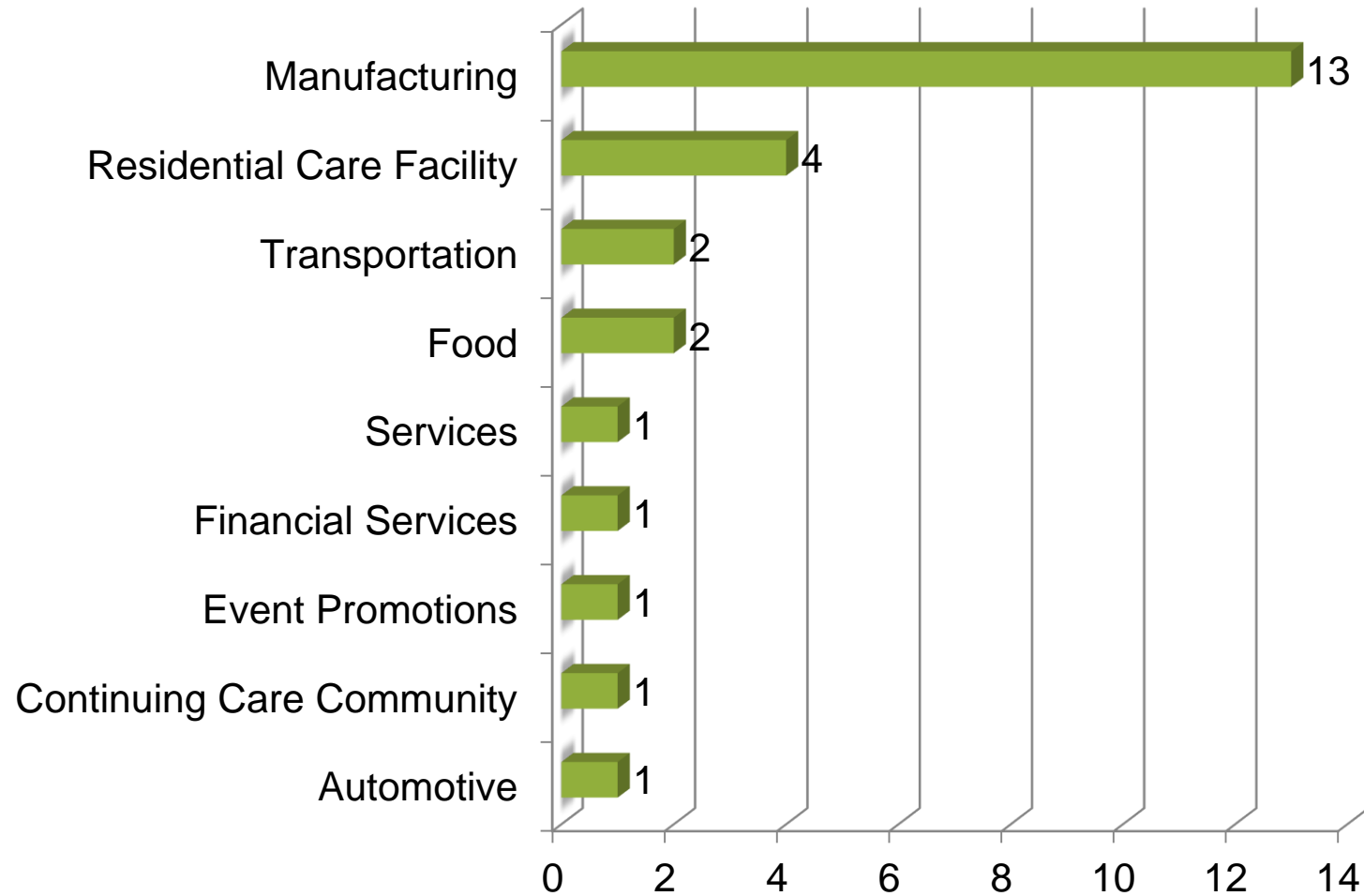


**101 - 250  
Employees**



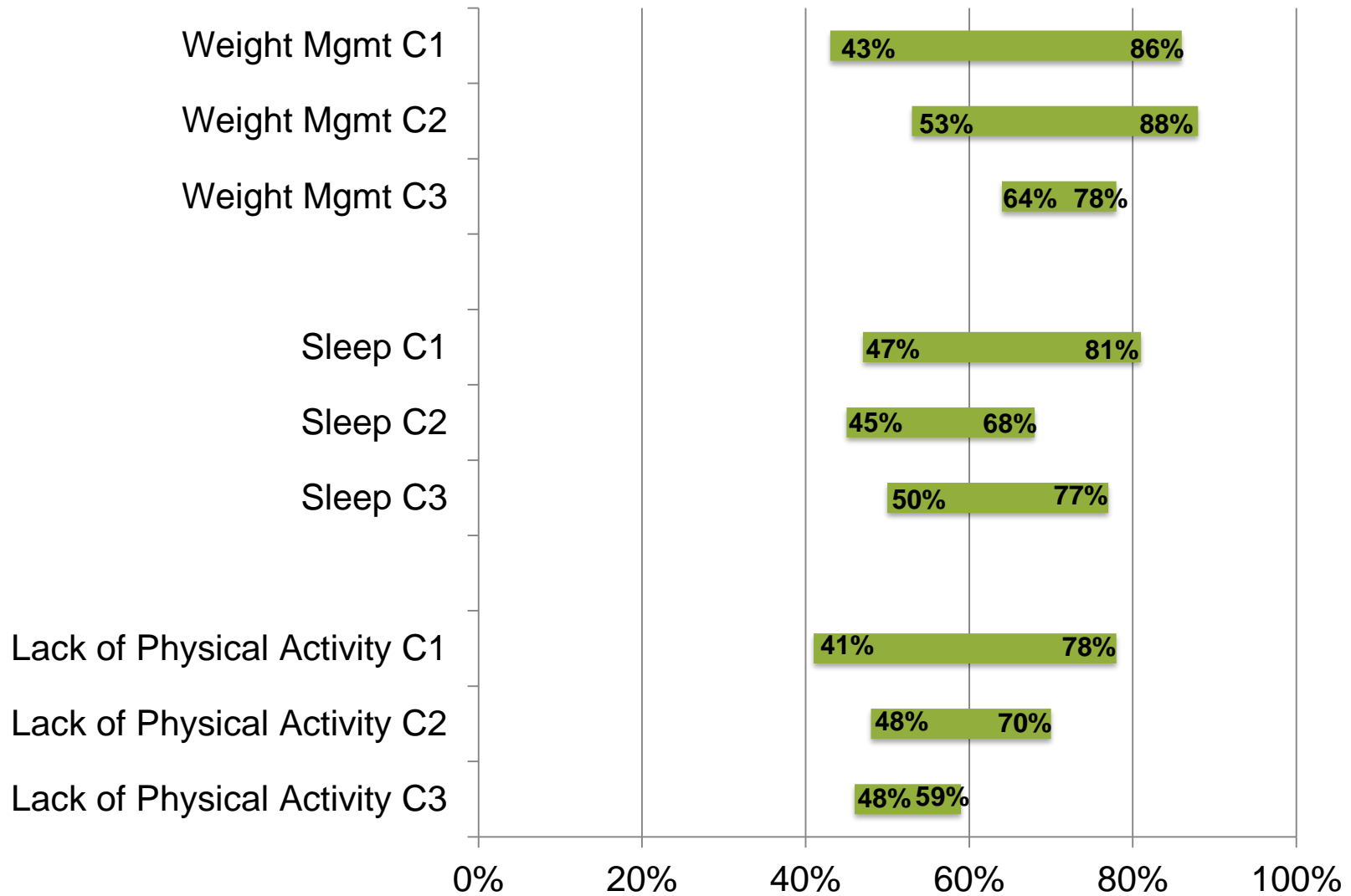
**More than  
250  
Employees**

# Cohort Demographics



# Top Risks Identified

## High/Low Ranges



# Employees Interests

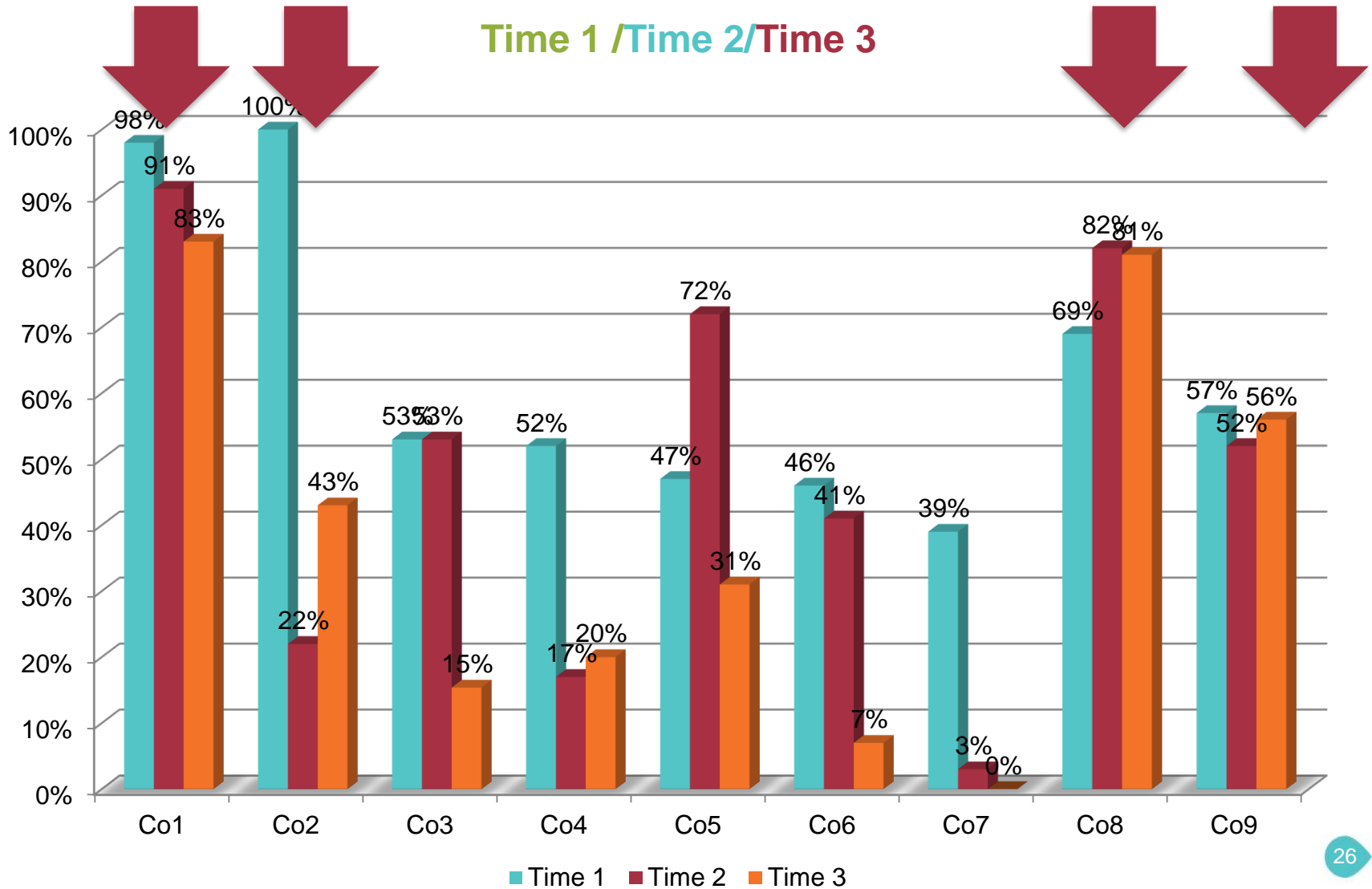
Cohort	Interest #1	Interest #2	Interest #3
1	Physical Activity/Exercise Class	Weight Loss/Weight Mgmt	Nutrition Healthy Eating
2	Getting More Physically Active	Yoga	Walking Club or Event
3	Low Impact Physical Activity	Getting More Physically Active	Stress

Based on Time 1 Survey for all cohorts

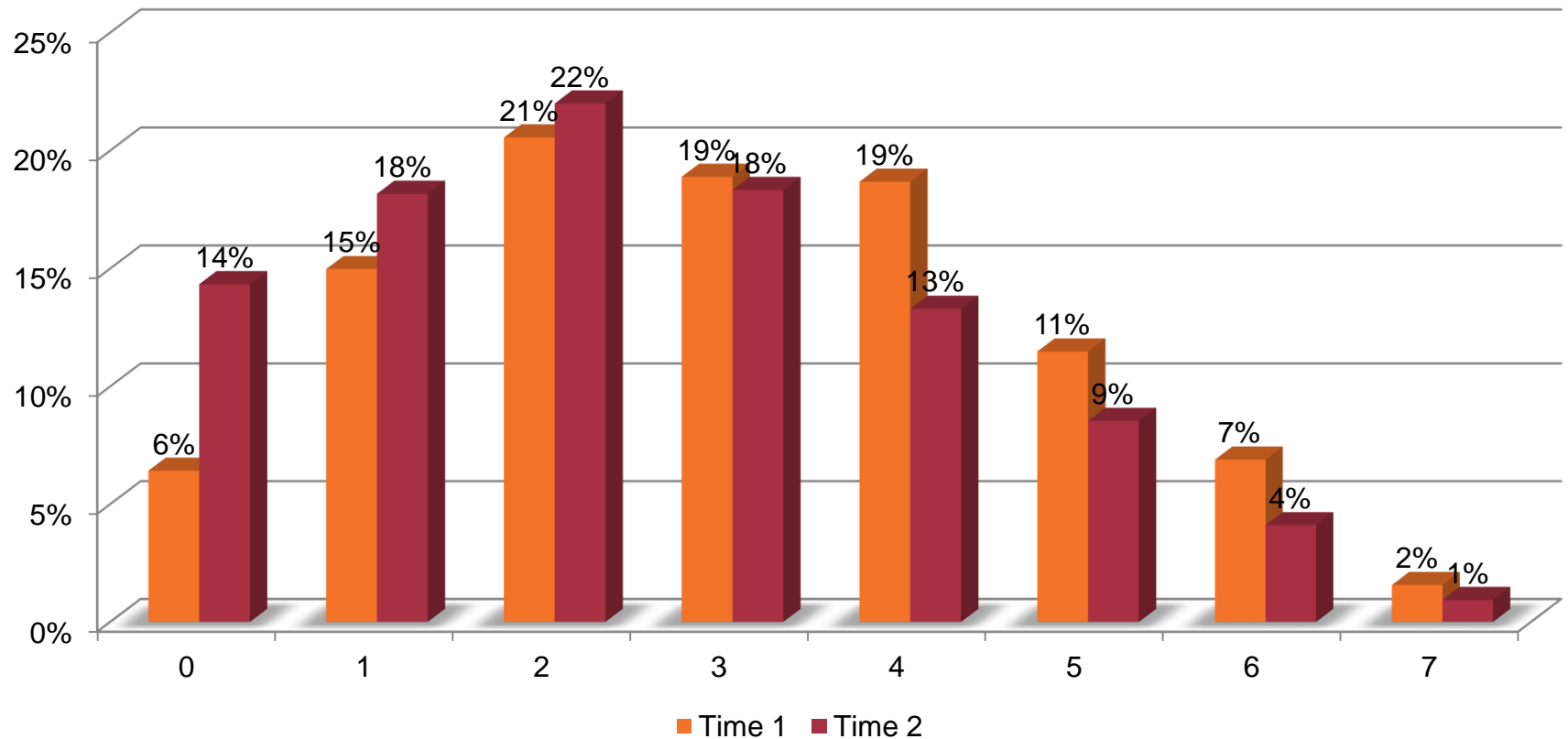
# Participation Barriers



# Assessment Participation

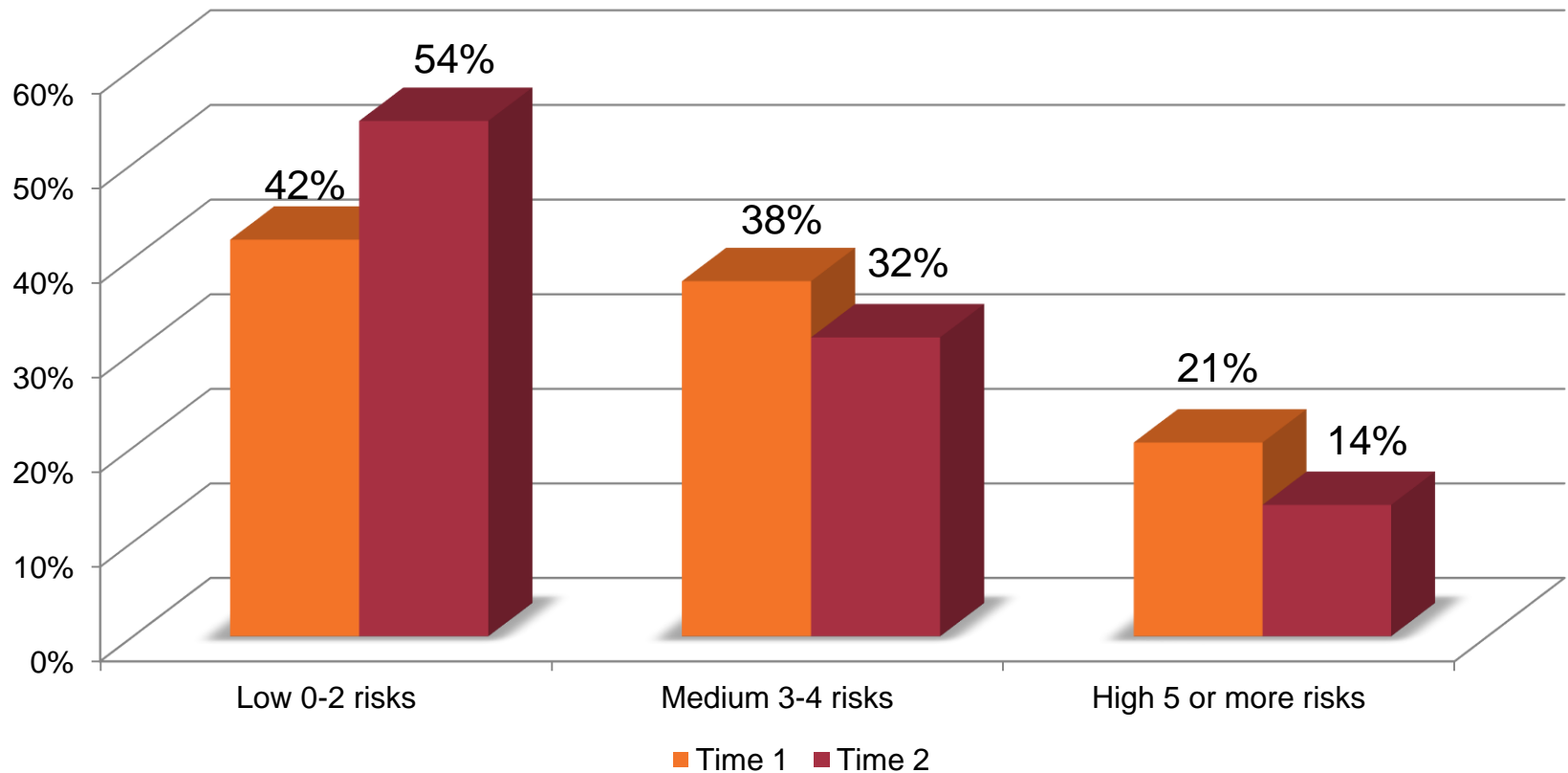


# Risk Summary



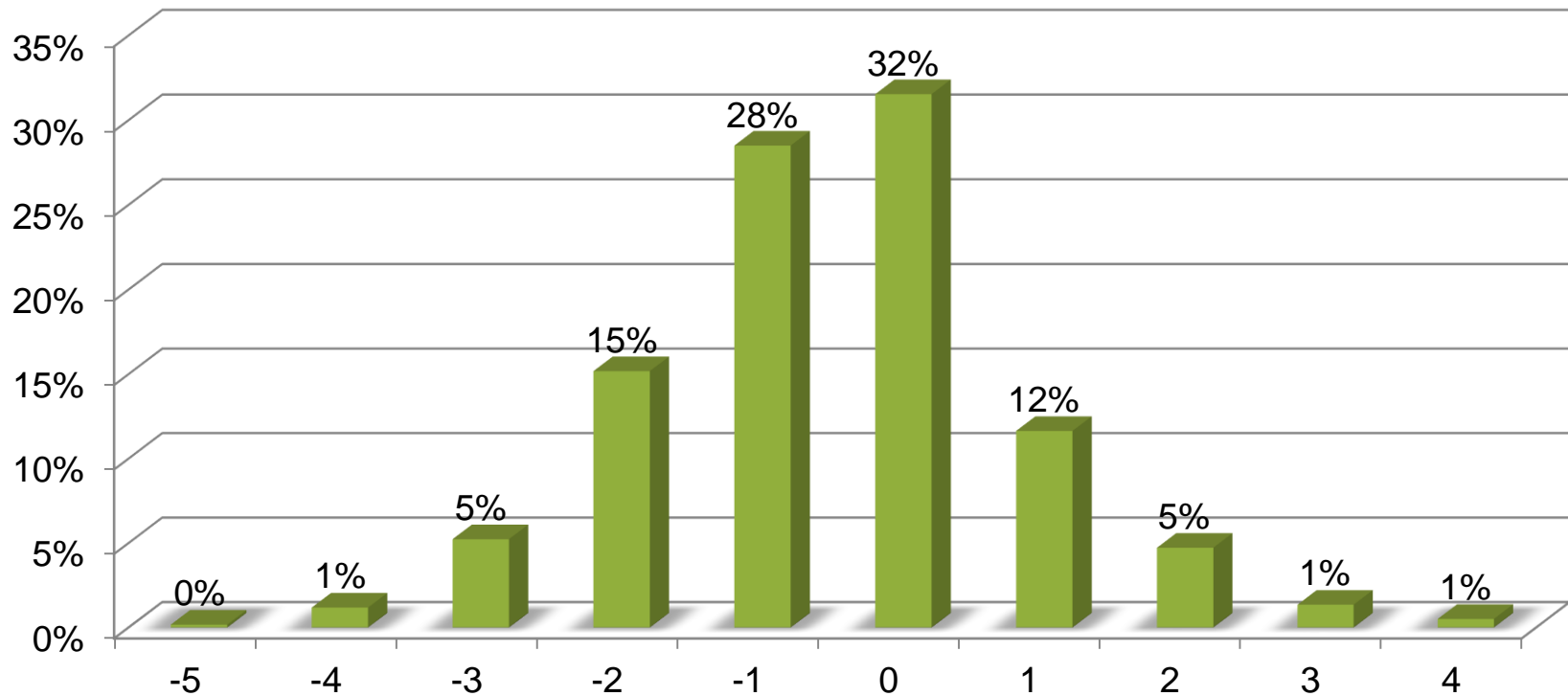
This is a snapshot of all respondents at the time of each survey. It is not a cohort analysis (those who responded at both times)

# Risk Summary



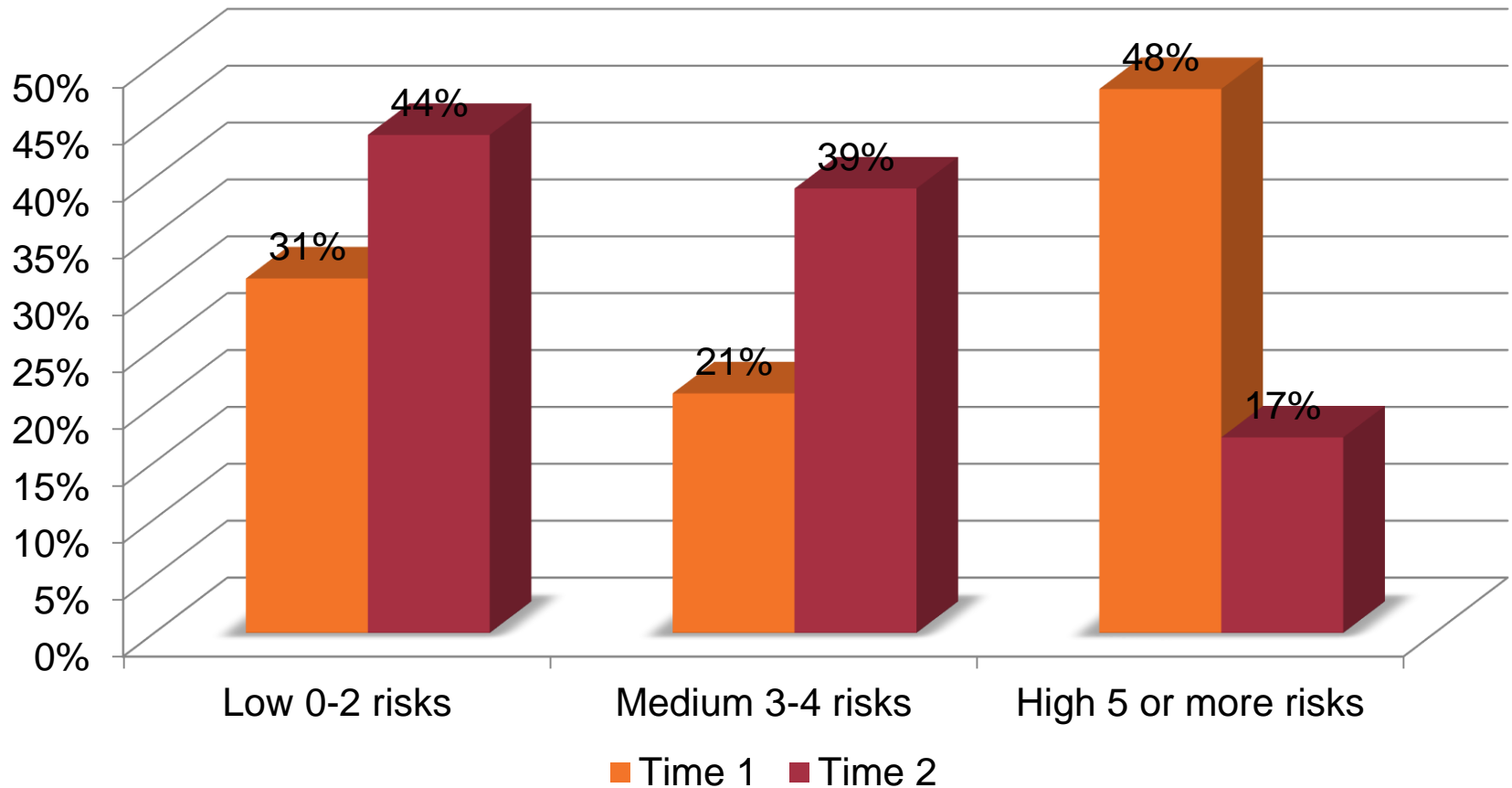
This is a snapshot of all respondents at the time of each survey. It is not a cohort analysis (those who responded at both times)

# Cohort Risk Change



Across the three cohorts, 594 people (31% of T1 respondents) took the survey at both T1 and T2. This represents the change in health status comparing T1 with T2. The majority (49% got healthier) and 32% maintained the same number of health risks.

# Cohort Risk Category Change



# Case Studies

## Participation – Star Performers

# Marrying the Injury Prevention with Worksite Wellness

Industry	Food Distributor
Employees	670
Location	New Bedford, MA
Unique Characteristics	Lower wage workers, economically depressed community, shift work, food processing.
Top employee interests	Stress Management, Physical Activity, Weight Management
Top employee health risks	Sleep deprivation, lack of physical activity, obesity
Lost time claims	\$255,579. 82% reduction in claims

# Participation – Star Performers

## All About Middle Managers!



# Participation – Star Performers

## The Under Dog

Industry	Foundry
Employees	90
Location	Palmer, MA
Unique Characteristics	Shift work beginning at 5 am, union
Top employee interests	Financial Wellness, Physical Activity, Stress Management
Top employee health risks	Sleep deprivation, lack of physical activity, tobacco use
Lost time claims	\$52,258

Participation – Star Performers

# Mother Hen Approach



# Participation – Star Performers

## Caring for the Caregivers

Industry	Residential Care Facility for Children/Education
Employees	100
Location	Keene, NH
Unique Characteristics	High stress, long-term care for disabled children, shift work, offerings needed to include clients
Top employee interests	Physical Activity, Stress Management, Nutrition
Top employee health risks	Lack of Physical Activity, Sleep Deprivation, Obesity
Lost time claims	\$31,238.

# Participation – Star Performers


## Feeding Your Roots



# Participation – Star Performers

## Meeting the Employees Where They're At





# Successes & Challenges

# Successes of A.I.M. Works

- Incentives drive participation (for some organizations)
- Wellness Committees committed to their work
- Once programs get going, employees asking for more
  - Requests for life skills awareness/education
- Creative solutions
  - HR Managers saw increases in 401K loans, implemented financial well-being portal
  - Research by IT staff uncovered a wearable PA tracker for \$12/ee
- Management commitment to program
  - Shutting down manufacturing so all employees can attend health fair/event
  - Change to shift hours – no shifts that start before 5am (used to start at 3am), driven by high lack of sleep numbers

# Challenges of A.I.M. Works

- Teaching how to write goals/objectives
- Year 2 Well-being assessment participation was low
- Wellness Committees running out of fuel/fatigued
  - Turnover in Committee, finding replacements
- Relapse to unhealthy behaviors
  - Wellness Committee member who was very vocal about her success in quitting smoking, relapsed
- Keeping the momentum of the program

# Summary

- Challenges and limitations
  - Participants have limited experience in writing goals and objectives, especially in the context of health promotion programs
  - Need lots of coaching from experienced worksite wellness professional
  - Tools need to be very specific and provide examples, or give them the ‘answer’
  - Small sizes of organizations limit cohort analysis
  - Length of time required for behavior change limits seeing immediate impact on WC claims

# References

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