Evaluating Dartmouth’s Multi-Level Employee Wellness Initiative

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Building Healthy Academic Communities Summit
Irvine, CA

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Dartmouth Context

Diverse work settings
Buildings circa 1700s to 2000s

Academic medical hospital a separate entity

Self-insured employer

4,300 benefits eligible

47 years average age

The Upper Valley – rural, outdoor lifestyle but disparities common in access & overall health
Background

WELLNESS AT DARTMOUTH

Resources at Dartmouth
- Benefits and Discounts for Employees
- Annual Employee Wellness Event
- Become a Wellness Ambassador
- MOVE IT Challenge
- FUEL IT Challenge
- Community Supported Agriculture (CSA) Options
- Biometric Screening
- Health Risk Assessment
- Health Coaching
- Dartmouth Health Connect
- Geisel School of Medicine Lecture Series
- Dartmouth-Hitchcock Health Podcasts
- Weight Management

Metrics and Tools
- Calorie Tracking Tools
- Tips to Quit Smoking
- Self Assessment
- Body Mass Index Calculator
- Estimate Risk of Heart Attack
- Test your Blood Pressure IQ
- Diabetes Risk Test
- Interactive Sleep Quiz

External Resources
- Mayo Clinic Health Information
- Cigna Health and Wellness Library
- The Cleveland Clinic Health Information Center

Home » General Health »

Wellness at Dartmouth Overview

Your Path to Well-being Starts Here...
Wellness at Dartmouth is committed to helping employees discover their own path to well-being. Our website is one aspect of a comprehensive approach designed to connect employees with the support they need along their journey. A variety of programs, resources, and health-related campus partners are also here to support you on your path, including:

- Health Coaching
- Annual Health & Wellness Event
- Wellness Workshops
- Dartmouth Health Connect
- $200 Wellness Benefit
- Employee Discounts
- Health Challenges
- Health Assessment
- Biometric Screenings

Good for You! (Good for Dartmouth, too!)
When you commit to well-being, you can...
- lower your risk of debilitating disease
- boost your energy level
- improve your chances of living a longer life
- enhance your productivity
- preserve your alertness and mental acuity
- encourage colleagues to take charge of their own health
- reduce health care costs
- build a more vibrant and empowered community

...let's support one another on this journey of health and well-being!
Evaluation Framework

**STRUCTURE**

- Program Delivery
- Employee Engagement
- Outputs (Intermediate outcomes)

**PROCESS**

**Q:** What is the current context for an employee wellness initiative, e.g., status of policies, programs, and environmental support system for health and wellness?

HeartCheck, TOWE, Leader Interviews, Benefits Survey

**Q:** Has the Wellness program implemented state-of-the-art components?

Components delivered as planned and with sufficient intensity?

Program Evaluations, Participation Data, Employee Interviews/FGs

**Q:** What is level of awareness, participation in, and satisfaction with the Wellness initiatives?

Do those who engage have changed H & W attitudes?

HRA, Climate survey, TOWE, HeartCheck

**Q:** Did the initiatives affect outcomes in health and well-being, work ability, health-care utilization and costs, and workplace culture?

Longitudinal Cohort Study incl. Claims Data

**Q:** Did initiatives lead to changes in policies and environmental supports?

Are the investments in Wellness at Dartmouth offset by potential savings?

**Q:** Did the initiatives affect employee behavior?

Did initiatives lead to changes in policies and environmental supports?
Value Compass

Phase I: AY 2013/14

- Employee Focus Groups
- Leader/Supervisor Interviews
- Policy & Program Assessment (Heart Check)
- Environmental Assessment (CDC TOWE)

Phase II: AY 2014 - present

- Feasibility Assessment
  Interviews: Employee & Peer Institutions
  Claims Data Repository & Analytics Options
- Outcomes Evaluation
Focus Groups – Faculty & Staff
Interviews – Leaders / Mid Managers

- Past and present engagement
- Perceptions of health & wellness and role of employer
- Barriers & Enablers to participation
- Varied cultural / social environments for health across different employees and settings
Phase I: Policies & Programs

The Heart Check* Assessment of Worksite Support
7 Policy & Wellness domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Percent of domain achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Support</td>
<td>64%</td>
</tr>
<tr>
<td>Screening</td>
<td>54%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>44%</td>
</tr>
<tr>
<td>Stress</td>
<td>42%</td>
</tr>
<tr>
<td>Organizational Foundations</td>
<td>39%</td>
</tr>
<tr>
<td>Smoking</td>
<td>36%</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>34%</td>
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*Version 4.1 New York State Dept. of Health Healthy Heart Program
**Phase 1: Environment**

The CDC Tool for Observing Worksite Environment (TOWE)*

42 (93%) of employee-occupied buildings & surrounds

<table>
<thead>
<tr>
<th>Feature</th>
<th>Percent of buildings with feature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stairwells</td>
<td>98%</td>
</tr>
<tr>
<td>Walking path on or adjacent to grounds</td>
<td>93%</td>
</tr>
<tr>
<td>Open space/grassy area big enough for physical activity</td>
<td>50%</td>
</tr>
<tr>
<td>Bike racks outside</td>
<td>43%</td>
</tr>
<tr>
<td>Reminder/signs to take stairs</td>
<td>22%</td>
</tr>
<tr>
<td>Vending machines</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Signs in building related to</strong></td>
<td></td>
</tr>
<tr>
<td>Diet/Nutrition</td>
<td>24%</td>
</tr>
<tr>
<td>Anti-smoking</td>
<td>10%</td>
</tr>
<tr>
<td>Other (e.g., mental health)</td>
<td>26%</td>
</tr>
</tbody>
</table>

*adapted from CHEW: Checklist of Health Promotion Environments in Worksites (Oldenburg et al, 2002)
## Phase 1: Program Data

<table>
<thead>
<tr>
<th>Benefit or Resource</th>
<th>Number of Participants (percentage if non-repeating)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 Biometric screening</td>
<td>2237 (51%)</td>
</tr>
<tr>
<td>2012 Health risk assessment survey</td>
<td>2145 (56%)</td>
</tr>
<tr>
<td>Field health coaching (since inception)</td>
<td>549</td>
</tr>
<tr>
<td>Wellness workshops (since inception)</td>
<td>521</td>
</tr>
<tr>
<td>Fitness (wellness) reimbursement (CY 2013)</td>
<td>609 (17%)</td>
</tr>
<tr>
<td>2014 Move It Physical Activity Challenge</td>
<td>1607 (37%)</td>
</tr>
<tr>
<td>Alumni gym membership – Plus</td>
<td>670 (15%)</td>
</tr>
<tr>
<td>Alumni gym membership – Basic</td>
<td>85 (2%)</td>
</tr>
<tr>
<td>FLIP classes</td>
<td>955 (21%)</td>
</tr>
<tr>
<td>Faculty/Employee Assistance Program</td>
<td>669*</td>
</tr>
<tr>
<td>Dartmouth Health Connect Practice</td>
<td>1550*</td>
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*includes employees, spouses, families
Where we’re headed

Outcomes Evaluation

- Health Risk Assessment & Biometric Screening
- Climate & Work Ability Survey
- Claims: Healthcare Utilization
- Wellness Participation

Longitudinal Matched Cohort Design
Feasibility Assessment

Employee Interviews (n=13)
  Recruitment and incentives

Inventory of Peer Institutions
  Local Employers
  Academic Peers

Data Management Vendors
Employee Interviews (n=13): Overall support of a longitudinal cohort design

Most (n10) were favorable toward participation

Mixed on the likelihood of others’ participation

Financial incentives as motivator for participation

Privacy concerns greater for biometric screening than analysis of health claims data
Feasibility Assessment

Interviews of Peers: Maturity, methods and resources for wellness evaluation

8 academic institutions
2 local employers

Findings:
Ranged from early stages to well-established evaluation;
Methods from simple to mixed

Leader buy-in and resources greatest among the well-established employee wellness evaluations
Internal, external, and insurer-based options

Many challenges revealed

Data security concerns
Claims data not intended for research
Claims and conditions to include
Defining Wellness “participation”
Political will & institutional priorities
Privacy, trust issues – role of employer in health
What answers are most important to program and institutional leaders?

- Employee satisfaction?
- Program performance?
- Return on investment?

Resources (personnel, $$, expertise) needed to optimize quality of results?

Is longitudinal assessment supported?
Options for Outcomes Evaluation

Bronze
- Biennial incentivized HRA, Biometrics, Climate/Interest survey, TOWE, Heart✔
- No claims data
- Sample: Campus-wide; variable; prone to selection bias
- Answers: Awareness, User satisfaction, Program reach/delivery, Policy/Envir.

Silver
- Bronze plus aggregated claims data
- Sample: Convenience sample of users and non-users; variable; selection bias
- Answers: Bronze plus Outcomes in health & utilization users to non-users

Gold
- Silver plus program costs; Measures linked at individual level
- Sample: Cohort representative of total workforce; propensity score matching
- Follow annually; incentivize cohort participants
- Answers: Silver, plus Cost-Effectiveness and program Value
Academic context can pose unique challenges

Mixed methods capture multi-level change

Employees: attitudes, health behaviors, work ability
Program: costs, offerings, participation
Institution: policies, environment, climate

Best practices address culture of health and value on investment
It’s time to change the metric for success. Instead of demanding a high ROI, employers should require data supporting **high engagement rates** by workers, **satisfaction** with program components, **population health improvement**, an ability to **attract and retain top talent**, fewer **safety** incidents, higher **productivity**, and perceived **organizational support** for one’s health and well-being. That’s where program evaluations should be focused, not simply on achieving a positive ROI.

Ron Goetzel
http://healthaffairs.org/blog/2014/12/22/the-value-of-workplace-health-promotion-wellness-programs/
Many thanks to the dedicated efforts of the rest of the evaluation team, Lisa Colby, Research Associate at CPDE and Dr. Karen Schifferdecker, Associate Director of CPDE.

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Other Questions?
Contact CPDE at http://geiselmmed.dartmouth.edu/cpde