



Healthy Maine Partnerships

The people dedicated to helping us live longer and healthier.

Bureau of Health, Maine Department of Health and Human Services

**The Maine Cardiovascular Health Program
Worksite Pilot Project**

**Summary of Findings from Three Evaluation Assessments:
Maine Heart Check Assessment
Employee Health Survey
Worksite Wellness Coordinator Key Informant Interviews**

MAY 2005

**Submitted to the Bureau of Health
Maine Department of Health and Human Services**

Submitted by:

**The Gallup Organization
283 Water Street, Third Floor
PO Box 2389
Augusta, ME 04338-2389
Phone 207 623-3796**

Funded by Maine's Share of the Tobacco Settlement and The Maine Cardiovascular Health Program, CDC Cooperative Agreement U50/CCU121347

A list of partners contributing to this project or report includes but is not limited to the following—

Maine Cardiovascular Health Council
Partnership For A Tobacco-Free Maine
Medical Care Development
Market Decisions, Inc.
Hart Consulting

Table of Contents

Project Background	4
Implementation of the MCVHP Worksite Pilot Project	7
Evaluation Approach	9
Data limitations	9
Findings from the Maine Heart Check Assessments	11
Findings from the Employee Health Survey	18
Findings from the Worksite Wellness Coordinator Interviews	23
Recommendations for Addressing the 2004 CDC Heart Disease and Stroke Worksite Priorities	30

Project Background

The Maine Cardiovascular Health Program (MCVHP) initiated a Worksite Pilot Project in 2001 to facilitate the development of a wide variety of policy and environmental strategies that employers can use to support employee cardiovascular health. Specifically, employers were encouraged to address physical activity, nutrition, and tobacco use as the primary risk factors. In addition, they were provided with assessment tools to understand organizational support for these primary risk factors as well as supports for secondary prevention including screening for biological risk factors. The employers followed a prescribed set of planning and implementation steps, participated in pre-project and post-project surveys and provided feedback from their experiences. The lessons learned from this pilot will be used to develop strategies to assist other employers, public health agencies, and service providers with their on-going efforts to support cardiovascular health.

The Need to Address Cardiovascular Health in Worksites in Maine

Most causes of disability, disease and premature death in Maine and across the U.S. can be linked to four behavioral risk factors: physical inactivity, poor nutrition, tobacco use and overweight/obesity. One of the leading risks of these unhealthy behaviors is the development of cardiovascular disease. In 2001, only 20% of Maine adults met the recommended levels of physical activity (30 minutes of moderate physical activity every day), fewer than 30% consumed the recommended levels of five servings of fruits and vegetables a day, and 22% were considered to be current smokers. Moreover, 40% were overweight and 20% were obese¹. These unhealthy behaviors put Maine's adults at risk for developing cardiovascular disease and increased health risks for those who already have developed high blood pressure or high blood cholesterol.

Since most adults spend more than half of their waking hours at work, employee health initiatives at the worksite can have a significant influence on employee behaviors which in-turn can influence their health and productivity. It is within this context that the MCVHP Worksite Wellness Pilot Project established its worksite initiative.

Making the Case for Worksite Wellness

For many years, national public health officials have identified the work environment as an important setting within which to advocate and promote health and wellness. In 2001, the U.S. Office of Health and Human Services, Office of Disease Prevention and Health Promotion, working with Partners for Prevention, released Healthy Workforce 2010, a guide to assist worksites in promoting employee health and wellness. The guide outlines and substantiates the benefits of employee wellness to employers. Those benefits include-

1. Improved productivity, through reduction of employee health risks, reduced absenteeism, improved job satisfaction and morale
2. Lower healthcare costs

¹ Maine Behavioral Risk Factor Surveillance Survey, Maine Bureau of Health.

3. Enhanced corporate image and long-term interests by promoting health beyond the worksite
4. Help the nation achieve its health objectives for the year 2010².

In addition, the guide sets forth health goals for the nation's work places and describes a process for employers to address employee health and wellness issues.

The MCVHP Worksite Wellness Pilot Project, while implemented in 2001, follows an approach similar to the worksite health promotion strategy outlined in the Healthy Workforce 2010 objectives. That guidance encouraged worksites to include elements of health education tailored to employee needs, stressed changes in policies and environments to promote sustainable change, recommended the integration of the wellness efforts into the overall structure and management of the organization. The Healthy Workforce 2010 also encouraged employers to provide health screenings for their employees and to play a role in supporting employee follow-up to address health risks identified in the screening.

Specific Guidance for Cardiovascular Programs Working on Worksite Wellness

In the summer of 2004, the Centers for Disease Control and Prevention (CDC) published "Prevention Strategies: An Outline for States" listing the specific strategies for cardiovascular health promotion programs working with worksites. These strategies include:

- Increase healthcare coverage for employees and their families that includes primary and secondary heart disease prevention services as well as rehabilitation services,
- Adequate cost coverage/reimbursement for prescription drugs required for primary and secondary prevention of heart disease and stroke,
- Provide worksite detection and follow-up services with employees for control of blood pressure and cholesterol,
- Assure employee training and education on signs and symptoms of heart attack and stroke, CPR and Automated Emergency Defibrillators, and
- Assess policies and environmental supports for heart-healthy worksites and provide education on strategies to enhance environments for heart health.

The MCVHP Worksite Wellness Pilot Project, implemented in 2001, used several of these strategies that were recommended by the CDC in 2004. The pilot work was focused on supporting policy and environmental change to support heart health. This work was designed to prevent employees from developing the risk factors for cardiovascular disease and also to help those employees who were already at-risk. In addition, the pilot assessed worksite supports for screening and detection of high blood pressure and high blood cholesterol. Thus, addressing two of the five recommended strategies.

² Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small. It is important to note that this national report defines a small employer as one with fewer than 750 employees. Based on the relative number of employees in Maine's worksites, a workforce with fewer than 150 employees is considered small.

Purpose of this Report

The following report shares a summary of findings from the evaluation of the MCVHP Worksite Wellness Pilot Project. The evaluation explores changes in worksite supports and organizational commitment, it describes employee perceptions of the worksite supports for heart health and it shares the outcomes and experiences of wellness teams as they followed the recommended approach. This summary of findings provides overall insights and recommendations for the MCVHP to continue their efforts to improve supports for cardiovascular health in the worksite environment.

Implementation of the MCVHP Worksite Pilot Project

Pilot Site Selection

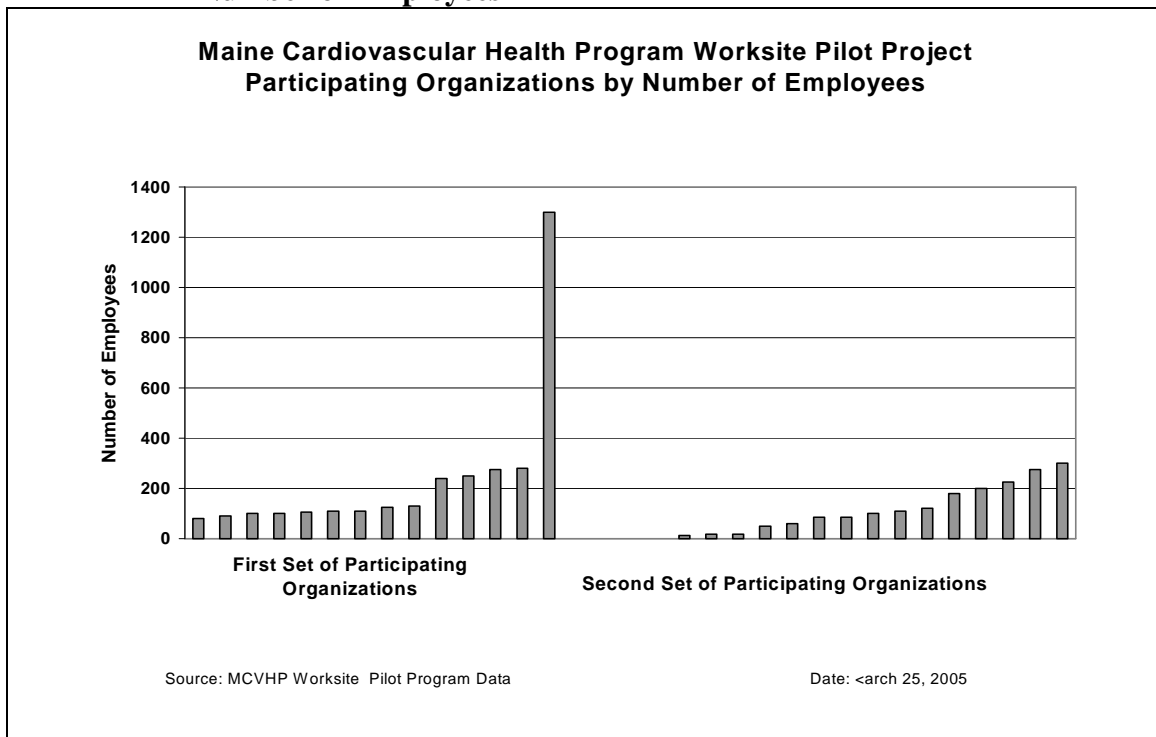
The MCVHP Worksite Pilot Project was conducted in two phases. The initial set of pilot sites included 14 organizations from various business sectors, both public and private sector³, with as few as 80 employees and as many as 1,300. The second set included 15 organizations with fewer employees on average, ranging from 17 to 250 employees.

These sites were chosen because they met the following criteria-

- Ranked by need according to a site-specific organizational assessment
- Located in a region with the highest cardiovascular disease mortality rates in Maine
- Exhibited capacity for success factors such as: management support, physical space, demonstrated “early adopters” of environmental change and existing wellness committee or champion.

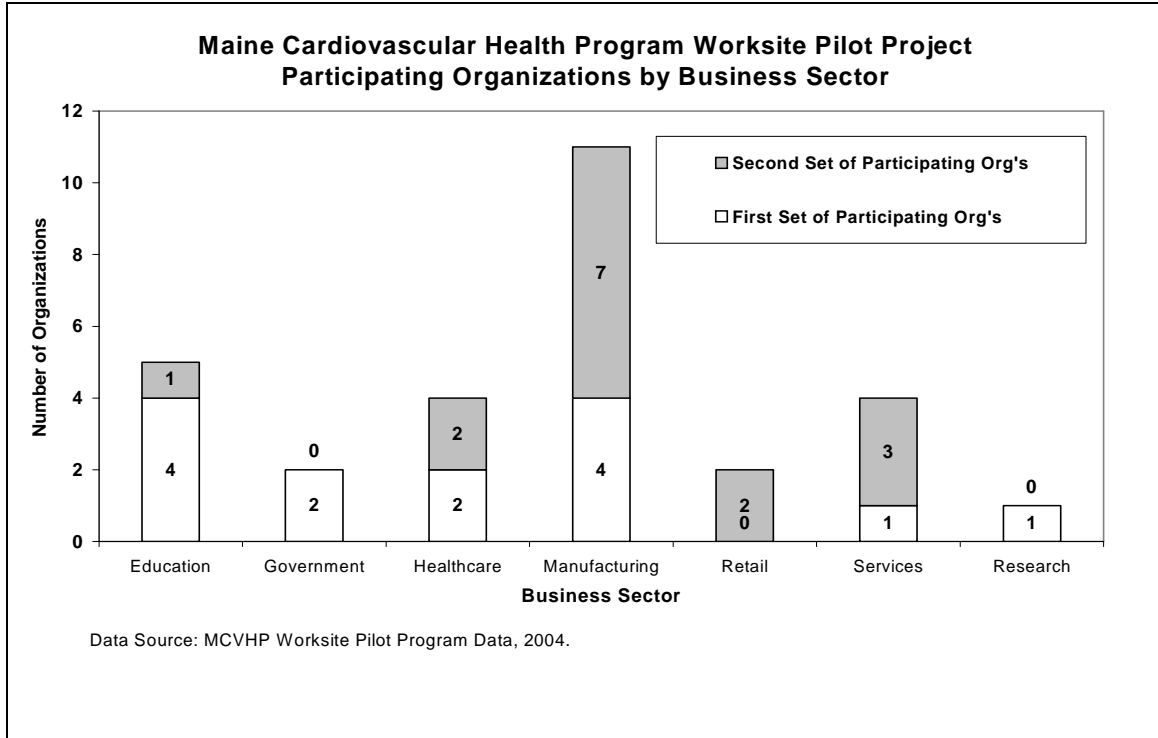
Figures 1 and 2 illustrate the mix of participating organizations by the number of employees and by business sector. While the pilot project started with a slightly larger group of 33 organizations, 29 remained active through the end of the pilot project and participated in the evaluation studies.

Figure 1. MCVHP Worksite Pilot Project Participating Organizations by Number of Employees



³ A public sector organization is one that is funded through public funds and governed by elected officials or those appointed by elected officials. A private sector organization is one that is directed by private individuals or private boards.

Figure 2. MCVHP Worksite Pilot Project Participating Organizations by Business Sector



Role of the Wellness Team

Each of the pilot sites was required to identify a “champion” or “Worksite Wellness Coordinator” to lead a team focused on implementing policies and environmental changes that support cardiovascular health. The MCVHP Worksite Health Coordinator worked with the pilot site wellness coordinators to guide them on a specific process to identify opportunities and design strategies to support employee health. The teams followed a series of steps to assess the existing organizational supports for cardiovascular health, survey employee interest and ideas on improving heart health, implement initiatives based on these assessments and evaluate the success of their work.

Evaluation Approach

The evaluation of this pilot project used a three-part approach to understand project outcomes and experiences from the perspectives of the organization, the Worksite Wellness Coordinator, as well as from the employees. First, an organizational assessment was used to identify the outcomes of the participating organizations, tracking the specific policies and environmental changes implemented at the organization. Second, an employee health survey explored the employee health behaviors as well as employee participation and perceptions of their organization before and after new initiatives were implemented. Finally, the Worksite Wellness Coordinators provided a discussion of their experiences working with the wellness teams, a description of their outcomes as well as their overall lessons learned from their participation in the MCVHP Worksite Pilot Project.

The following analysis discusses the findings from the three evaluation studies with the participating worksite pilot organizations. For consistency, each study includes only those companies that completed both the pre and the post evaluation instruments. Of the 29 active participating organizations, there were 18 that completed both pre and post intervention Maine Heart Check Assessments and 22 that completed both pre and post Employee Health Surveys. All 29 active participants were invited to participate in the Worksite Wellness Coordinator key informant interviews, 28 of the 29 completed the interview. See Table 1.

Table 1. Disposition of MCVHP Worksite Pilot Project Worksites Participating in Evaluation Surveys

Evaluation Survey	Pre- Participation Completed Surveys	Post-Participation Completed Surveys	Number of Sites with Complete Pre and Post Data
Maine Heart Check	18	29	18
Employee Health Survey	22	22	22
Key Informant Interviews	N/A	28	28- post only design

Data limitations

The reader is cautioned to use the findings from this evaluation and its three evaluation studies within the limitations of the design of the pilot project and the evaluation. The MCVHP Worksite Pilot Project selected the participating organizations based on their pre-disposition to engage in a worksite wellness project. In addition, due to limited

resources by the MCVHP, the pre-intervention assessments (both Maine Heart Check and Employee Health Surveys) were not completed with all participating organizations. Therefore, since the participating organizations were not randomly selected to represent employers in Maine, the findings from their participation cannot be projected to all employers or organizations. Since the complete set of data was not collected on all pilot participants, the findings do not include all participating organizations. The findings, therefore, should be used as qualitative or descriptive findings, and can provide insights into the general set of organizations that are committed to implementing wellness projects in their worksites.

Employee Health Surveys

The employee health surveys were paper-based surveys conducted by 22 of the employers with their employees both pre and post pilot project participation. Each employer administered the pre and post surveys to their employees in a manner that was convenient for the worksite. The response rates for the pre-surveys are unknown due to the administration method and it is not known if the respondents were the same for both surveys. Therefore, the extent of bias and survey response errors is unknown, but likely to have a significant influence on the findings of the employee health survey. The findings from this survey should be used as qualitative findings and not as an accurate measure of employee experience or perceptions within each participating organization. Nor should the findings be generalized to worksites throughout Maine.

Worksite Wellness Coordinator Key Informant Interviews

The Worksite Wellness Coordinator Key Informant Interviews were one-on-one style in-depth interviews designed to understand overall experience with the pilot project. The interviews were conducted with 28 of the 29 active participants in the MCVHP Worksite Wellness Pilot Project. These interviews provide a mix of qualitative and quantitative findings from the responding worksites. Like the findings from the other assessments, these findings provide qualitative insights into worksite wellness team progress and experience and cannot be projected in a quantitative manner to all worksites in Maine. Moreover, the Key Informant Interviews did not include those four sites that dropped out of the pilot project or that did not have an appointed Wellness Coordinator.

Findings from the Maine Heart Check Assessments

Worksite Organizational Assessment

The MCVHP conducted an assessment with each worksite to understand the overall organizational commitment to promoting employee cardiovascular health and maintaining an environment that supports healthy choices. The assessment was based on a scorecard approach developed and tested by the State of New York Health Department, The New York Heart Check. The MCVHP modified the original New York instrument to suit the project participants in Maine⁴. The Heart Check Assessment scores each worksite on a series of workplace attributes that promote or influence cardiovascular health including-

- Administrative Support
- Screenings for the Risk Factors for Cardiovascular Disease
- Nutrition
- Physical Activity
- Tobacco Use

The tool considers worksite policies, environmental supports, and other practices in creating a score to evaluate how well each is addressing possible worksite supports for cardiovascular health. For example, it assesses organizations on the coverage of their health plans, existence of a health committee, offerings in the cafeteria and vending machines, opportunities for physical exercise including equipment and flextime, as well as the strength of their tobacco use policies and supports for quitting tobacco.

In 2001, the MCVHP Worksite Health Coordinator used the Maine Heart Check Assessment Tool to conduct assessments of organizational cardiovascular health supports with the management team at each organization. In 2004, these assessments were repeated to measure progress from the 2001 score. The post-participation assessment of environmental change was conducted through a paper-based follow-up to the original assessment using the modified Heart Check Assessment Tool for Maine.

The Findings

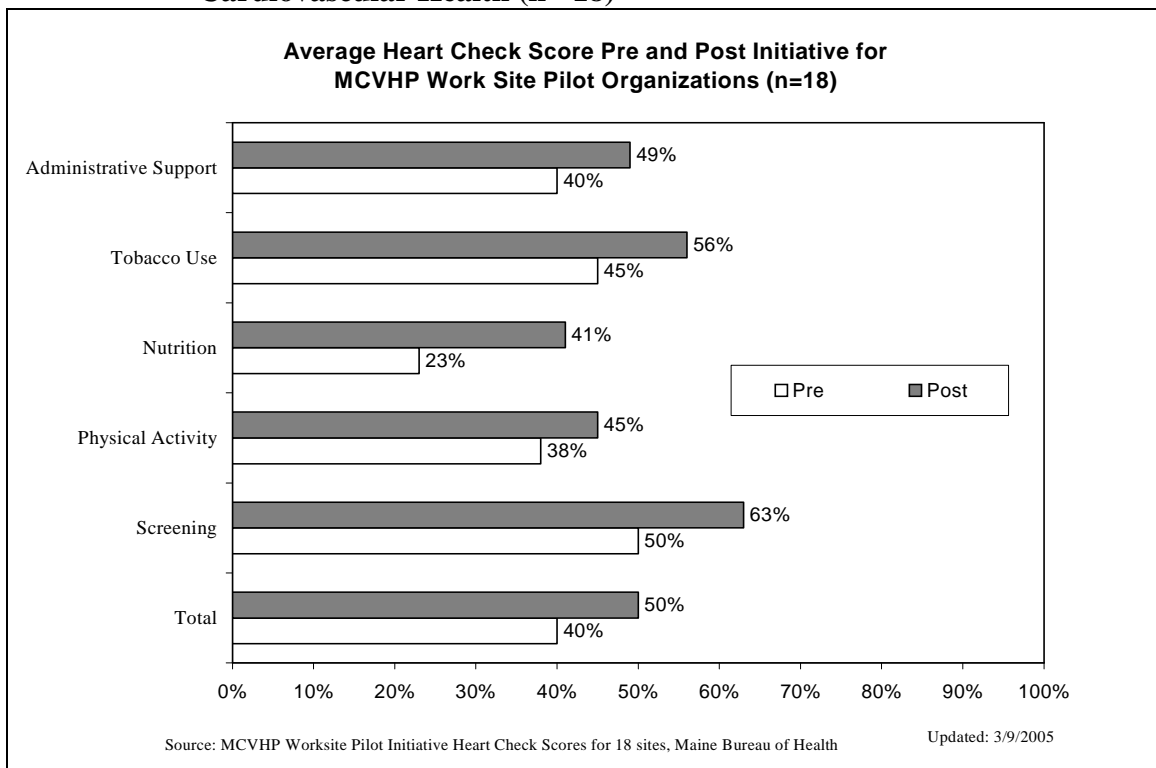
Comparing the pre and post-project Maine Heart Check Scores for the 18 organizations with complete data shows that, on average, there were improvements made in every area to support heart health at these pilot worksites. See Figure 3.

The area with the highest pre and post project score was the area of conducting health screenings. This may be due to the fact that the sites were selected because of their commitment to employee wellness and improving cardiovascular health. The area with the lowest starting and ending score was nutrition. This finding was of interest, because it was the area with the greatest increase overall.

⁴ Modifications were made to reflect the size and resources of the participating organizations in Maine, which were far smaller than the participants in the original NY Heart Check assessments. Significant modifications were made to measure the strength of tobacco policies in the organizations.

Considering the five areas or categories scored in the assessment, screening and tobacco use supports ended up with scores higher than 50%. That means that the organizations, on average, implemented at least half of the supports included in the Maine Heart Check Assessment addressing these areas. Individual site results varied, but overall, those two categories posted the strongest post project score. Administrative support was close to the 50% mark and physical activity and nutrition were below 50%. This means that overall, there is the most room for improvement in adopting policies and creating or improving environments at these worksites to promote physical activity and healthy eating.

Figure 3. Maine Heart Check Results Show Improvements in Supporting Cardiovascular Health (n= 18)



Comparison of Maine Heart Check Scores for Smaller and Larger Employers⁵

Exploring the hypothesis that larger organizations have more resources available to invest in worksite health promotion, and therefore, are more likely than smaller organizations to support healthy choices in the worksite, shows some interesting findings. In comparing the larger companies, those with more than 150 employees (9), to the smaller organizations (9), those with fewer than 150 employees, we can see that there are some differences in the overall scores. See Figures 4 and 5. The larger companies started and finished with higher scores overall and in each area except in the area of nutrition.

⁵ The participants in the MCVHP Worksite Pilot Project are a select group and do not represent the greater set of worksites in Maine with any statistical confidence. Analysis of findings from the scores of this select group provides qualitative insights and cannot be projected to all worksites in Maine.

Figure 4. Average Maine Heart Check Scores for MCVHP Worksites with More than 150 Employees

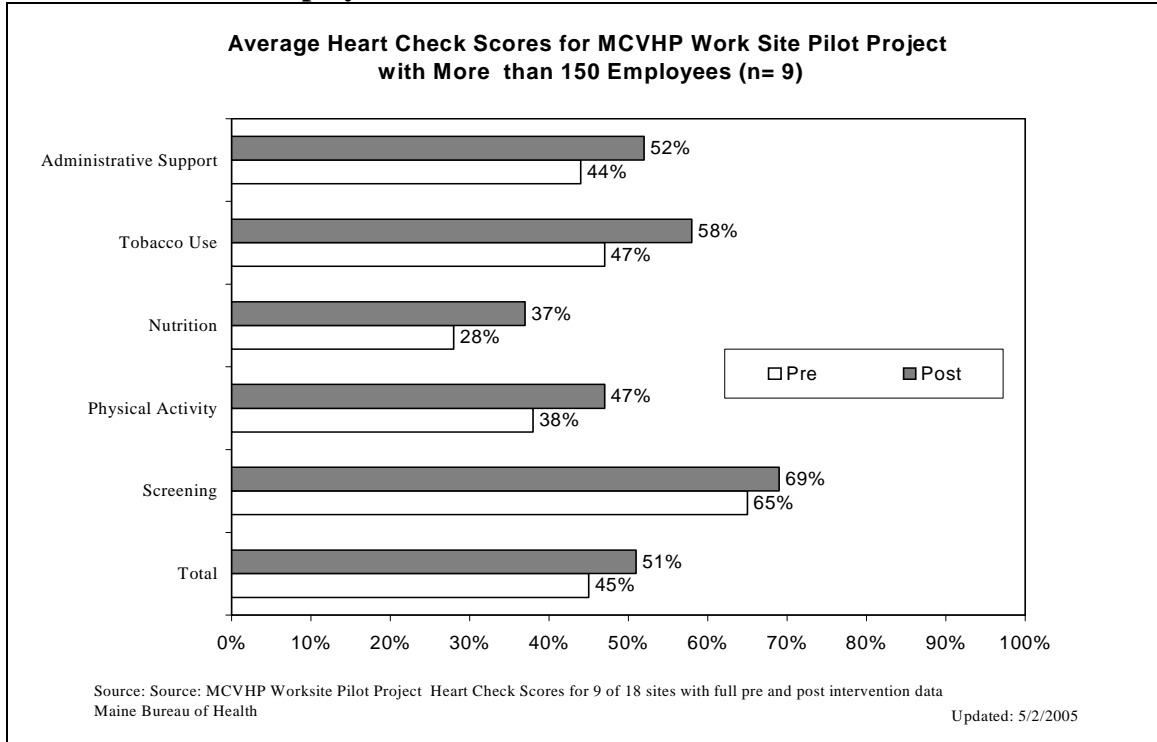
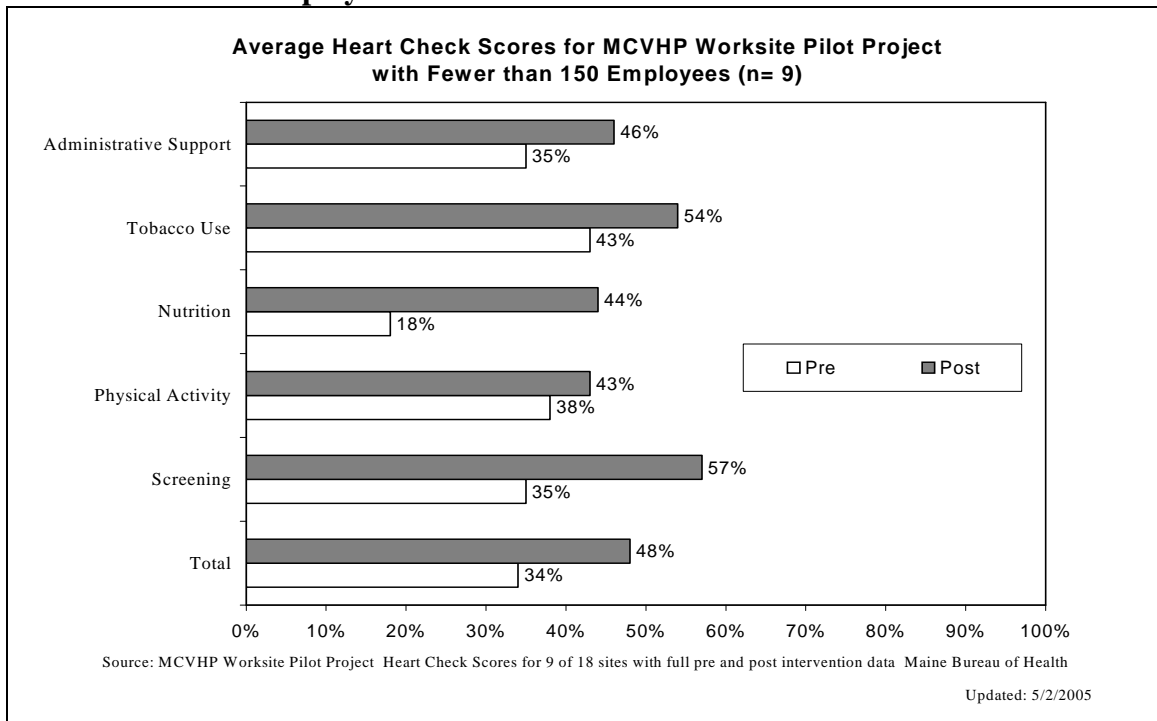


Figure 5. Average Maine Heart Check Scores for MCVHP Worksites with Fewer than 150 Employees



However, the smaller organizations showed larger overall improvements in implementing screening, nutrition supports and administrative supports. Tobacco improvements were comparable in both sets and the larger organizations had a greater rate of improvement in physical activity supports. Of particular note is the 63% increase in implementing health screenings among the smaller organizations.

The findings show that among this set of worksites, size was not a barrier to improving worksite supports for employee wellness and cardiovascular health.

Screening

The Maine Heart Check Assessment assessed organizations on their experience providing/offering health screenings for blood pressure, blood cholesterol, diabetes, depression and stress. It also notes if organizations implemented health risk appraisals for employees.

Based on the findings from the Maine Heart Check, the worksites in this pilot project assessment showed that they had previous experience with health screenings at their worksites and their experience grew stronger during the pilot. This is a positive finding because those people who are told that they have high blood pressure or high blood cholesterol are at higher risk for developing cardiovascular disease. Once the risk factors are detected, employees can begin to address and control their high blood pressure and or high blood cholesterol. In addition, new initiatives developed during the pilot project to support healthy lifestyles were critical in managing these existing risk factors.

Looking at individual organization performances, some organizations maintained high scores in this area while others were clearly implementing health screenings during the pilot. Six of the organizations had pre intervention scores above 70%; two others were above 50%, while 10 had scores lower than 50%. These results show a strong commitment to health screenings by some and an improved commitment by others. One organization had a pre intervention score of 0 and increased that score to 47% after the pilot project. Another had a score of 7% pre-pilot and 40% post pilot, posting a large change in experience with health screenings. The overall improvement in score from pre intervention to post intervention in the area of screening was a 26% change.

As mentioned, the smaller organizations, those with fewer than 150 employees, started with a score of 35% and ended with a score of 53%, posting a large improvement. These smaller organizations were clearly implementing the screenings during the pilot. The larger employers had a minimal change, from 65% to 69% pre and post project.

Physical Activity

The Maine Heart Check Assessment on physical activity included a series of questions covering policy and environmental supports for increased physical activity. These included policies supporting increased physical activity programs, onsite environmental supports for physical activity, insurance reimbursement for physical activity coverage of personal fitness assessments,

promotion of physical activity opportunities both on and off-site and worksite policies to allow time for physical activity during the work day.

Interestingly, the score for physical activity had the lowest increase of all of the assessment categories, a 21% net gain from the pre-intervention scores. Eight (8) of the 18 organizations had post intervention scores between 50% and 63%, and only 2 worksites had scores exceeding 63%, demonstrating that even the worksites with a stronger showing in supporting physical activity, still had considerable room for improvement post-intervention. Four of the organizations had scores between 20% and 50%, four of the worksites posted scores lower than 20%. Some even lost ground pre and post pilot work with one dropping from 37% to 17% and one score dropped from 20% to 3%.

For those organizations that did increase the worksite supports for physical activity, it is likely that it had a positive effect on employees' health. Research shows that if policies and environments are modified to support or promote physical activity, that people are likely to become more active.⁶

The larger organizations, those with more than 150, showed a larger improvement in providing more opportunities for physical activity in the worksite. The ending score was also slightly higher than the smaller organizations, posting a stronger overall commitment.

Nutrition

The Maine Heart Check assessed worksites on a variety of worksite supports for improved nutrition among employees. The assessment areas included promotion of messages and supports for healthy diets, weight management, access to healthy selections at the worksite in places such as vending and in cafeterias and their overall worksite policies addressing healthy food offerings at employer sponsored meetings and or events.

The area of greatest improvement in score for the Maine Heart Check Assessment from pre to post intervention was in nutrition supports, a 78% change in score. However, the overall scores for nutrition remained the lowest of each of the five assessment categories, showing the largest potential for improvement. In fact, a closer look at the individual scores shows that 2 organizations posted very large gains, one increased from 27% to 83% and the other increased from 17% to 79%, having a large impact on the total scores for the set of 18. Several organizations (4) posted no improvements in their scores. For nutrition, the most frequently cited change was that the worksite provided or subsidized healthy eating opportunities. See Figure 3.

When considering organization size, defined by the number of employees, the results are quite interesting. The smaller set of organizations (9) (those with fewer than 150 employees) posted a 144% improvement in nutrition supports in the worksite, starting with a score of 18% and improving to 44%. For the larger companies, the improvement was from 28% score to 37%, a

⁶ Guide to Community Preventive Services, A Task Force established by the Community Preventive Services reviewed 10 research studies evaluating the impact of creating or enhancing access to places for physical activity and found it to be effective. The review can be found at www.cdc.gov.

lower gain and a lower ending score. Both small and large organizations had a lot to gain by addressing nutrition and still have more that could be done to support healthy food choices offered in the worksite and selected by their employees.

Tobacco Use

The Maine Heart Check scored the worksites on their policies on tobacco use as well as the supports available to tobacco users within the organization. The assessment covered the strength of the worksite tobacco use policy, employee access to supports to help them quit using tobacco and employer incentives to support tobacco-free lifestyles.

Improvements were measured among the worksites participating in the pre and post intervention assessment on tobacco policies and environments. Among the responding organizations, the increase was 24% over initial average levels. The most common improvement among the worksites was strengthening the worksite tobacco policy to further restrict or ban smoking in the worksite.

The changes for smaller and larger companies, defined as having more or less than 150 employees, were similar.

Administrative Supports

The Maine Heart Check took an inventory of organizational supports that promoted or supported wellness for their employees. These supports include the existence and work of the wellness team, a commitment to health promotion onsite, insurance coverage, worksite policies allowing flextime, including wellness as an annual organizational objective and commitment of senior management to wellness.

The pre and post assessments showed a stronger set of administrative supports among the responding organizations, improving from 40% to 49%. Eight- (8) organizations posted post scores over 50%, while the other 10 were lower than 50%. Even though the scores increased, the final scores still showed that the organizations only implemented or adopted 50% of the possible worksite supports for heart health.

The findings were similar for smaller organizations (those with fewer than 150 employees) and larger organizations. Smaller organizations scored 35% pre and increased to 46% post intervention and the larger organizations scored 44% pre and 52% post pilot intervention.

This finding highlights the need for organizations to build internal support for wellness in order to strengthen commitment and increase the likelihood of success for the work addressing specific behavioral or biological risks.

Summary of Findings

On average, the Maine Heart Check Assessment findings showed improved scores for the participating pilot sites in all categories: screening, physical activity, nutrition, tobacco and administrative supports. The stronger categories were the screening, administrative supports and tobacco categories. The categories with wider room for improvement included nutrition and physical activity. While successes were achieved within each individual category of assessment, continued and strengthened administrative support will be needed to continue the progress.

A comparison between the scores of the smaller employers (fewer than 150 employees) to the larger employers (more than 150 employees) showed some interesting findings. The larger companies started and ended with higher scores on almost all categories, the smaller employers showed the greatest improvements overall. The smaller employers also achieved a higher average score on nutrition than their larger counterparts

Overall, the worksites were successful in strengthening policies and improving environments to support heart health. The opportunities for improvement were realized across all organizations participating in the pilot.

Findings from the Employee Health Survey

Employee Health Survey

Employee satisfaction and perception of employer-sponsored wellness initiatives is a critical factor in the ultimate success and sustainability of a wellness effort. An employee health survey was conducted with some of the pilot sites to understand employee perceptions and practices about their employer's support for wellness in the workplace. The employees were asked to answer a series of questions about their health behaviors as well as worksite supports to engage in -

- Physical activity
- Nutrition
- Smoking cessation and
- Exposure to secondhand smoke.

The employee health survey was a confidential paper-based survey modeled after the questions used on the Behavioral Risk Factor Surveillance Survey and modified to include particular attributes and assets of each worksite. Since the surveys were tailored to each worksite and demographic data were not obtained, the employee health surveys were used specifically to report back to each employer about their own employees. The data from this survey can be used to provide qualitative insights or descriptive findings from employees.⁷

The Findings

Opportunities Increased

The first step in a process of change is to increase awareness of the new opportunities or changes. For the MCVHP Worksite Wellness Pilot Project, increased employee awareness of the worksite supports was a key outcome. Since several of the employers were active in supporting worksite health prior to the pilot project, it was important to capture the change in awareness after the pilot was implemented. There were three questions common to each Employee Health Survey; they were analyzed for 22 pilot sites with the full complement of pre and post project data. The three questions asked employees how strongly they agreed with each of three statements asking them about the opportunities at their sites that address tobacco cessation, physical activity and nutrition. The results of the employee pre and post participation measures show an increased awareness among employees of worksite efforts that support cardiovascular health. Those questions and the findings appear in Figure 6.⁸

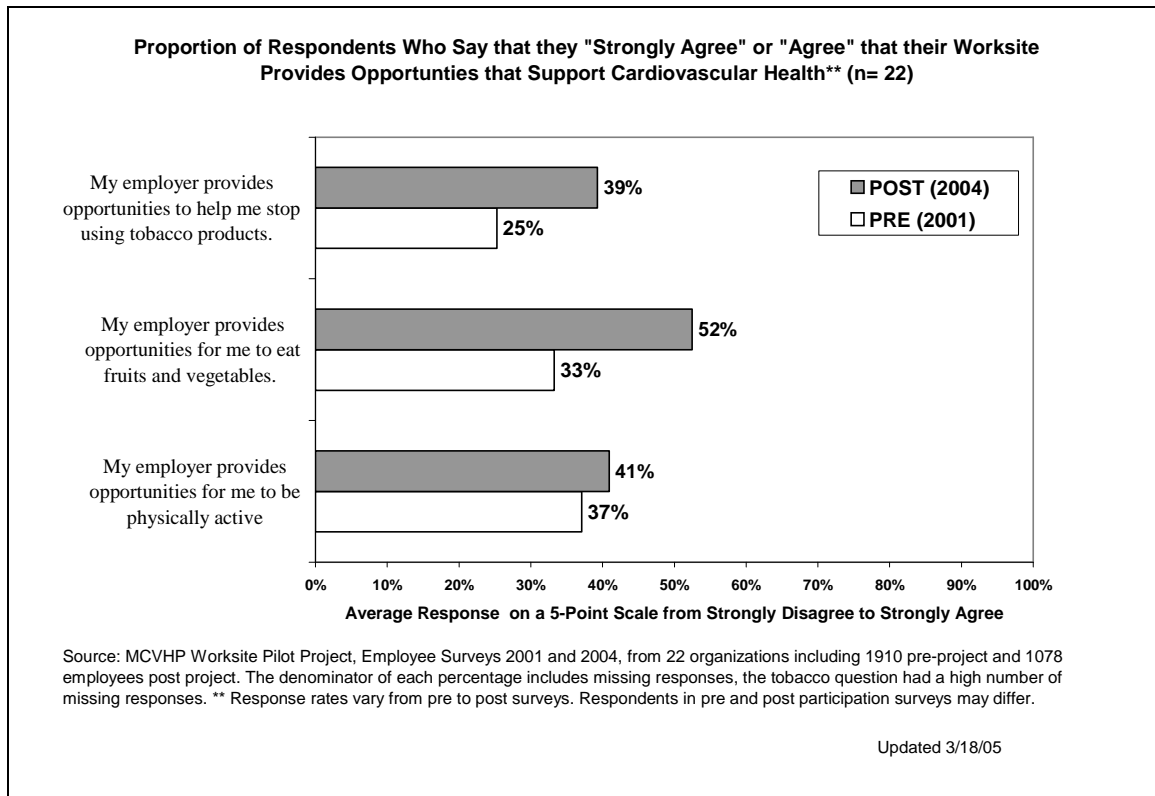
The findings from the employee health survey are important because they reinforce the findings from the Maine Heart Check Assessments that worksite changes have occurred. These survey findings show that the employees do recognize that there were improvements in the policies and

⁷ The reader is cautioned that the findings from the Employee Health Survey are not known to be representative of employees within the participating organizations or the greater set of participating employees in aggregate.

⁸ See Footnote 7.

environments in their worksites. In other words, employees were aware of the work of the wellness teams. This finding shows that more employees were aware and therefore may be positively influenced or may take advantage of the opportunities in their organizations.

Figure 6. After Implementation of the MCVHP Pilot Project, More Employees state that their Worksite Provides Opportunities to Improve Cardiovascular Health



Employees changed their Cardiovascular Health-related Behaviors

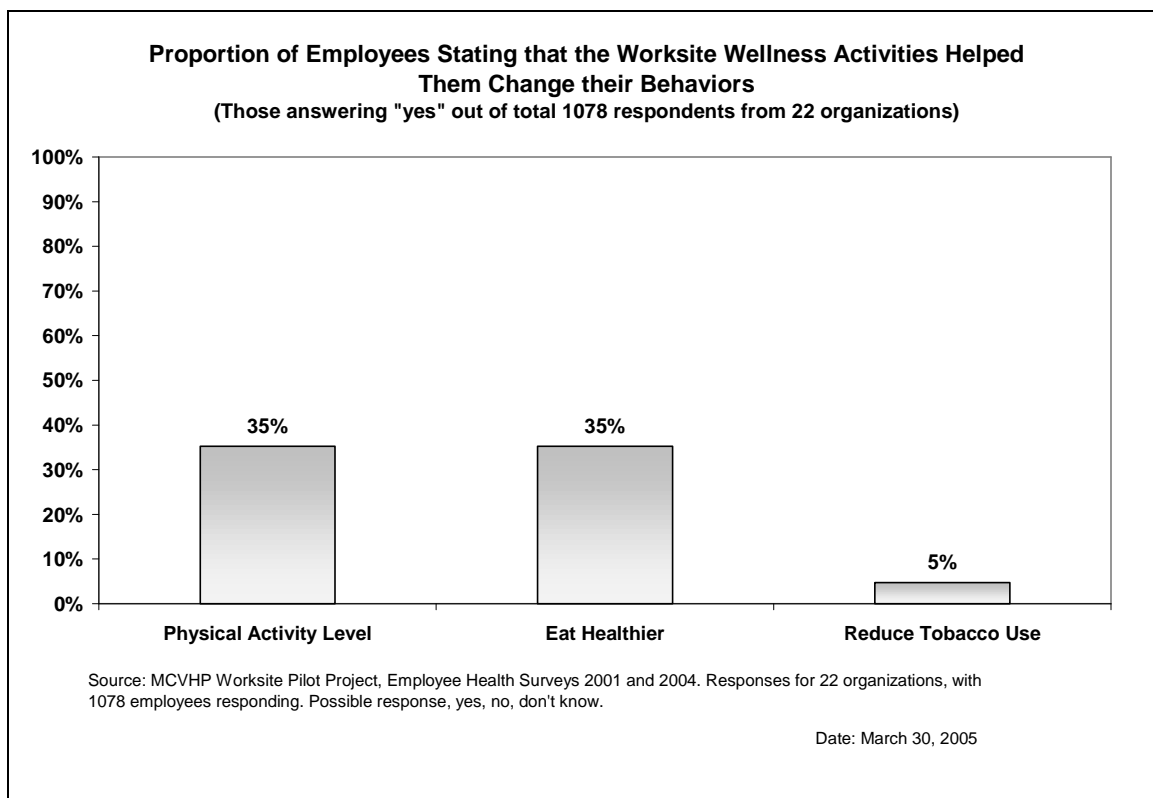
Awareness of opportunities to support employee health is very important; however, participation or accessing these opportunities is the key to improved health. Thus, the Employee Health survey included a set of questions asking employees if they participated in any of the activities or initiatives implemented at their organization.⁹ Each organization had its own set of activities or initiatives listed in the Employee Health Survey. Employees were asked if they had participated in those activities, and if collectively, the activities increased their physical activity levels, improved their eating habits or helped them to reduce tobacco use. The findings from the Employee Health Survey are found in Figure 7.

⁹ The reader is cautioned that the findings from the Employee Health Survey are not known to be representative of employees within the participating organizations or the greater set of participating employees in aggregate.

While each organization implemented activities and initiatives that met their own needs, overall the findings show that one out of three respondents said that they did improve their health behaviors by increasing levels of physical activity and eating healthier. Moreover, 5% of respondents said that the worksite supports helped them reduce tobacco use. The reports of reduced tobacco use varied considerably among the 22 organizations, with 9 sets of worksites' responses showing no reduction or no impact and the other 13 sets reporting positive results.

These findings show that if employers implement initiatives that address the needs of their employees, employees will change their behaviors. Additional study is encouraged to understand the long-term success for behavior change.

Figure 7. After Implementation of the MCVHP Worksite Wellness Pilot Project, Employees State that they Have Changed Behaviors

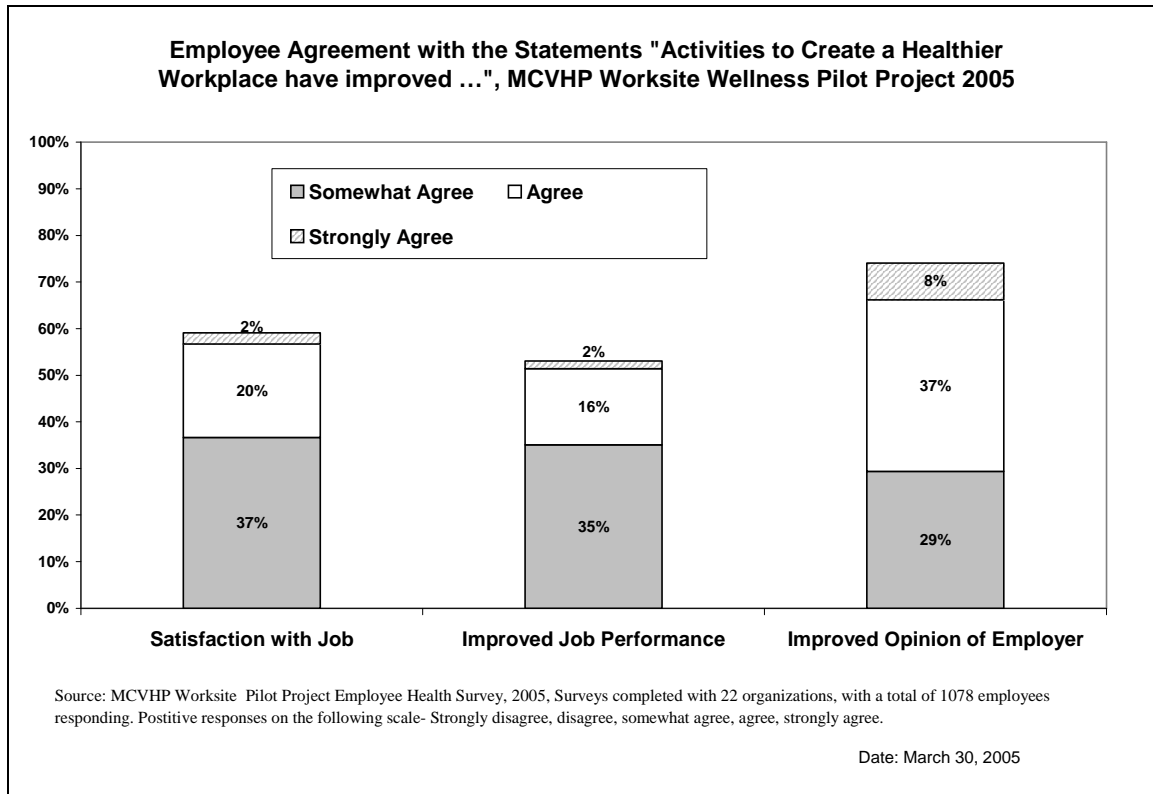


Employee Perceptions of their Employer Improved

Through the Employee Health Survey, employees showed positive changes in awareness and participation in the activities and efforts implemented by the wellness teams at their organizations. Many also described a behavior change as a result of the worksite wellness efforts. In the longer term, these improvements and behavior changes can lead to lower healthcare costs and increased productivity for employers. In the shorter term, wellness efforts can improve employee perceptions of their employer as an organization that cares about employees and provides a supportive environment. A final set of questions was included in the post pilot

Employee Health survey to understand if this pilot project wellness work changed employees' perceptions of their employers or their work situation. See Figure 8.¹⁰

Figure 8. Employees State that their Perceptions of their Employer Improved after the MCVHP Worksite Wellness Pilot



The findings show that overall, responding employees state an improved perception of their employers after implementation of the MCVHP Worksite Wellness Pilot Project at their worksite. The largest impact was in the employee's perception of their employer, with more than 74% of the respondents saying that it did, improve their opinion. Through their survey responses, employees also state that they have increased job satisfaction (58%) and improved job performance (53%). These findings show that the wellness pilot project not only improved employee wellness and wellness supports but also improved employee's perceptions of their employer.

Summary of Findings from the Employee Health Survey

By participating in the MCVHP Worksite Wellness Pilot Project, employers were able to improve supports for cardiovascular health, encourage employee behavior change to address

¹⁰ The reader is cautioned that the findings from the Employee Health Survey are not known to be representative of employees within the participating organizations or the greater set of participating employees in aggregate.

risks for cardiovascular disease and also improve their own image among employees. The MCVHP has the opportunity to share these positive findings with other organizations contemplating a cardiovascular health initiative in their organization. Sharing the positive results from other organizations, that employees participated in the initiatives and took advantage of the opportunities, and that the work reflected positively on the employer and improved job satisfaction, are all motivating factors for an employer to consider when implementing a cardiovascular health initiative.

For future evaluation, the MCVHP should address the low response rates of the Employee Health Survey by considering alternate methods of collecting the data. In addition, further discussion or information is needed from those employees that did not participate in any initiatives or did not change their behaviors. This information could help the MCVHP to understand the remaining challenges to employee participation in wellness efforts in the worksite.

Findings from the Worksite Wellness Coordinator Interviews

Worksite Wellness Coordinator Key Informant Interviews

The worksite wellness coordinators at each site were key players in convening the worksite wellness team, working with the MCVHP Worksite Health Coordinator for technical support and championing the project to their own senior management. Therefore, in 2004, the evaluation conducted one on one or key-informant interviews with each coordinator to understand their accomplishments, their challenges and experiences with the project to improve cardiovascular health at their worksite. These interviews provide qualitative insights to the data collected through the Maine Heart Check surveys and the employee health surveys and also give the coordinators the opportunity to reflect on their own experiences. The findings also describe their successes and challenges, provide insights into the sustainability of their efforts and provide recommendations for future MCVHP efforts to address cardiovascular health in the worksite setting.

Worksite Wellness Teams

Almost every worksite had a wellness team, led by a Wellness Coordinator. The Wellness Coordinators were selected for their leadership roles by either their job responsibilities in the organization or their personal interest in health and wellness. Team members were either volunteers or appointed positions, most with a mix of both. The appointments were made to make sure there were a variety of viewpoints or specific parts of the organization included. The wellness teams developed work plans based on input and ideas from their employees, from their formal Maine Heart Check organizational assessment of heart healthy work supports, health risk appraisals and brainstorming.

Outcomes of the Work of the Wellness Team

Since detailed data on outcomes were collected and reported on MCVHP Worksite Pilot participant changes through the Maine Heart Check Assessment¹¹, Wellness Coordinators were asked to describe their experiences on a list of common initiatives that were implemented by most of the worksites.

¹¹ Heart Check Assessment is a detailed assessment tool that scores organizational capacity on five categories of worksite policy and environments that support heart-health: organizational supports, physical activity, nutrition, screening and tobacco use. The MCVHP Worksite Pilot Project conducted pre and post intervention Heart Check assessments on a set of the participating worksites. The results of these assessments are discussed in the report, "Maine Cardiovascular Health Program, Bureau of Health, Maine Department of Health and Human Services, 2005."

Organizational Supports for Cardiovascular Health

The establishment and operation of the wellness team is one of the most important organizational supports for employee health. These teams were successful in implementing a variety of policies and environmental changes at their worksites to support improved cardiovascular health among employees. In addition to describing the formation and function of the wellness teams, the Wellness Coordinators were also asked if their organization adopted formal performance objectives for employee health. Only two respondents stated that performance objectives for managers relating to support for employee health were implemented while one was not sure. A few Wellness Coordinators expressed optimism and interest in adopting these performance objectives in the future.

Screenings on the Risk Factors for Cardiovascular Health

Each organization provided detailed results in the Maine Heart Check on their efforts to provide screening opportunities to employees for detecting high blood pressure and high blood cholesterol, the biological risk factors for cardiovascular disease. In addition to the screening opportunities, health risk appraisals or overall assessments of an employee's health status and health risks were also conducted by some of the organizations. The Wellness Coordinators found these health risk appraisals to be very useful tools. Health risk appraisals were used by most of the worksites to determine health status of employees, generate ideas and to prioritize the work of the wellness teams (23 of the 28).

Nutrition Supports in the Worksite

Wellness Coordinators and their teams were very active in implementing low-cost nutrition initiatives. While the opportunities for change depended on the size of the organization and the access to food on-site, the initiatives were creative in addressing the needs of a variety of organizations and situations. Generally, the successful nutrition initiatives were characterized as those projects that added health options but did not remove other not-so-healthy options, such as in vending machines and at organization meetings.

- Honor system healthy snacks were a popular initiative, implemented by 21 organizations.
- Changes in the offerings of vending machines, for those companies with vending machines, were implemented by 19 organizations.
- Most organizations also implemented a "healthy" food policy for organization events, implemented by 20 organizations.

Physical Activity Supports in the Worksite

The wellness team initiatives to increase worksite support for physical activity were some of the more successful efforts at the worksite. Incentive programs that challenge an employee to track progress on physical activity goals were widely implemented and popular among employees. The physical activity efforts provided opportunities for the worksites to partner with other agencies or organizations in their areas to implement the programs and changes. In addition, most worksites provided employees with pedometers to track physical activity as they

participated in the incentive initiatives or for use on their own. Like the nutrition initiatives, the physical activity initiatives were successful in adding new options and raising awareness for the employees.

- Almost all organizations, 27 of the 28, implemented incentive-based physical activity programs such as “Move and Improve” or “March into May.”
- “Pedometers for Employees” were implemented by 25 of the organizations.

Tobacco Use at the Worksite¹²

Most wellness teams tried to address tobacco use by employees either through on-site restrictions on smoking or through offering smoking cessation related programs and benefits.

- Twenty-three of twenty-eight Worksite Wellness Coordinators said that they or their team worked on restricting smoking, while five did not.
- Nearly three quarters of Worksite Wellness Coordinators stated that they or the team encouraged their organization to promote existing resources or provide additional treatment resources or services.
- More than one third stated that smoking cessation clinics and classes had been sponsored and one fifth mentioned that smoking cessation packets and patches had been distributed.

Successes and Challenges Faced by the Wellness Teams

Successful Initiatives

Worksite Wellness Coordinators offered a variety of actions and activities that were described as successful at their organizations. The reasons for success included employee interest, increased awareness, convenience, expanded promotion, recurrence and meeting employees’ needs.

- The most common successful activity reported, mentioned by more than two thirds of respondents, related to exercise and fitness.
- Other successful activities, mentioned by more than a quarter of respondents, were initiatives offering healthy snacks.
- One quarter of Coordinators stated that smoking cessation activities and events were successful at their organization.
- Other successful activities mentioned were wellness lecture series, health risk appraisals, monthly newsletters outlining wellness issues, and the Wellness Fair, among others.

¹² While tobacco control and prevention is addressed by the PTM for the state of Maine, tobacco use remains the leading modifiable risk factor for cardiovascular disease and so remains an important issue to address in a worksite wellness project addressing cardiovascular health. The MCVHP Worksite Wellness Pilot Project and this evaluation study provided an opportunity for the two Maine Bureau of Health Programs to collaborate on work that overlaps the focus of each program.

Unsuccessful Initiatives

The common theme for unsuccessful activities was lack of employee interest. Barriers to making these activities successful included cost, time, interest, lack of follow-up support, lack of publicity, difficulty of changing behaviors and coordination or scheduling problems.

- The most frequently mentioned unsuccessful activity was a smoking cessation program, cited by seven respondents. Interestingly, another seven respondents mentioned that the tobacco cessation work was successful at their organization.
- Other unsuccessful activities listed by Coordinators included healthy snacks and fruit baskets, healthy lunches, the nutrition program, and having speakers.

Overall Success of Wellness Teams

Most coordinators described their wellness activities as “very successful” or “successful.” The Worksite Wellness Coordinators considered the work of the wellness teams to be successful.

- They measured success by the participation and acceptance of their work by their fellow employees. They also measured success by the energy level and continued commitment of their team members.
- Barriers to success included a lack of time, lack of energy, lack of commitment and participation, low budgets, lack of interest and lack of awareness and education on the importance of wellness.
- Other mentions included clear-cut data to support and substantiate activity success, more creative ideas, more incentives or rewards for participation, more collaboration by the worksite and the community, offering family-friendly activities and increased awareness.

Use of Resources

Almost all of the worksites tapped the technical expertise and assistance provided by the MCHVP Worksite Wellness Coordinator. In addition, they used the following resources -

- They worked with their local Healthy Maine Partnerships and other local health agencies to understand local opportunities.
- Some worked with their insurance company on developing and implementing initiatives.
- Many worked with their trade associations to receive additional technical assistance.
- The Internet provided the most access to information for the worksites, but they also used brochures, posters and pamphlets and other information sources.

Funding to Support the work

Each of the participating organizations in this study received \$1,000 to \$7,600 in grant funding to initiate the pilot at their site. In addition, the Wellness Coordinators said that they received financial support from their own organization, from small fund-raisers onsite, and from mini-grants from health-focused organizations.

Sustainability of the Pilot Worksite Wellness Teams

Perhaps the most important outcome of the MCVHP Worksite Wellness Pilot Program is the sustainability of the wellness teams and their work. While the policy and environmental change approach does assure sustainability of some of the changes implemented, the ultimate test of organizational commitment to wellness and heart health is determined by the willingness to continue the work of the team. The strong position of wellness teams and ongoing commitment of members were most often cited as reasons the wellness teams would continue.

Recommendations for Other Companies thinking about starting their Own Wellness Team

There were many recommendations and suggestions offered by Worksite Wellness Coordinators for companies interested in establishing a worksite wellness program.

- Nearly half of respondents recommended that companies ensure there is senior management support
- More than a third suggested companies determine the needs, priorities and focus of the organization
- More than a quarter recommended that companies use as many resources and as much information as possible
- Other suggestions include getting as many employees involved as possible, setting aside enough time, starting small and to not make things mandatory in the beginning, and paying employees for their time when doing work for the wellness team.

Potential Role for MCVHP in working with Worksites on Wellness Initiatives

Information and communications materials were seen as the most important ways the MCVHP could support worksite wellness.

- The Coordinators described the potential role of the MCVHP working with worksites on worksite wellness as one of educator, liaison and as a resource.
- Other proposed ideas were to have the Bureau of Health be a liaison between worksites and insurance companies, to have a representative from the MCVHP guide, support and meet with the wellness team.
- Some mentioned that the MCVHP could be more visible and get more involved at the local level.

Analysis of Findings

Overall, the Worksite Pilot Project was successful in carrying out its goal in working with the organizations to improve supports for cardiovascular health in the work setting. The organizations, for the most part, appointed a champion, implemented the wellness teams and carried out the worksite changes to support heart health. From this pilot project, the MCHVP can learn many lessons about addressing health and wellness in the worksite setting in the future.

Management commitment to wellness was the basic ingredient necessary to initiate the project and maintain Worksite Wellness Coordinator/Wellness Team momentum. In fact, the organizations that did not have commitment from management did not have working wellness teams.

The Opportunity for the MCVHP

- The MCVHP has the opportunity to make the business case for worksite wellness to management to show them how employee wellness can impact the productivity and insurance costs of their organization. Supporting materials and case studies to show examples of successes from other organizations, similar in business sectors, or numbers of employees, would be helpful to show the potential benefits to the organization.
- One point of access for reaching senior management in an organization, mentioned by pilot participants, is to work with trade associations or business groups. MCVHP can work with these associations to enlist their help in building the case for worksite supports of cardiovascular health as well as to disseminate information.

The pilot sites found the MCVHP Worksite Wellness process to work well for them; they appreciated the technical support and the links to other health promotion resources.

The Opportunity for the MCVHP

- The MCVHP has an opportunity to educate worksite wellness teams/team leaders about the relationship between behaviors, risk factors, and cardiovascular disease, so that they can understand how to improve their own worksite policies and environments. Providing supports, information or technical assistance on how to conduct organizational or employee assessments would be helpful to worksites to identify potential initiatives and projects and to evaluate the impact of their work.
- There is also an opportunity for the MCVHP to establish a network or a list of supporting organizations that can provide additional resources to worksites. An on-line resource center or information list would be an effective way to reach many businesses in Maine.
- MCVHP can work with local Healthy Maine Partnerships to give them technical assistance on how to create a set of local supports/information for worksites addressing cardiovascular health. Using this local relationship, organizations can learn about what is available for cardiovascular health supports in their own area.
- Moreover, the local supports and list of resources could be shared with organization employees after they complete a health risk appraisal or participate in screening for risk factors for cardiovascular health. The goal of providing follow-up information and lists of local contacts would be to help the employee address his or her risk factors for cardiovascular health.

The worksite wellness team initiatives that were convenient, low-cost and invited employee participation were the most successful.

- The MCVHP has the opportunity to showcase a few of these successful initiatives as examples or case studies to share with other organizations working on wellness or contemplating wellness work.

Future worksite initiatives should include assessments of worksite supports, employee perceptions and feedback from the participating organizations.

Future MCVHP Worksite Project evaluation considerations

- Conducting baseline measures of the organizational supports for cardiovascular health through the Maine Heart Check Survey (modified for Maine) provided a valuable pre/post comparison in each organization. It also provided a means to conduct comparisons among different companies. These pre/post surveys should be continued.
- The employee health surveys are difficult to conduct in large organizations and where employees work in shifts. Alternative methods may be needed to capture employee input for some of these organizations. In addition, the employee health surveys should include demographic and other important measures to make sure the employee base is well represented and the results are not biased.
- The interviews with the Worksite Wellness Coordinators who completed the MCVHP Worksite Pilot Project provided interesting insights into their experiences addressing cardiovascular health in their organization. Understanding the insights and experiences of those organizations that did not carry out the work of the pilot would provide insights into potential barriers and resistance to worksite wellness efforts.

Recommendations for Addressing the 2004 CDC Heart Disease and Stroke Worksite Priorities

In the summer of 2004, the Centers for Disease Control and Prevention (CDC) published “Prevention Strategies: An Outline for States” listing the specific strategies for cardiovascular health promotion programs working with worksites. These strategies include:

- Increase healthcare coverage for employees and their families that includes primary and secondary heart disease prevention services as well as rehabilitation services,
- Adequate cost coverage/reimbursement for prescription drugs required for primary and secondary prevention of heart disease and stroke,
- Provide worksite detection and follow-up services with employees for control of blood pressure and cholesterol,
- Assure employee training and education on signs and symptoms of heart attack and stroke, CPR and Automated Emergency Defibrillators, and
- Assess policies and environmental supports for heart-healthy worksites and provide education on strategies to enhance environments for heart health.

The MCVHP Worksite Wellness Pilot Project, implemented in 2001, used several of these strategies that were recommended by the CDC in 2004. The pilot work was focused on supporting policy and environmental change to support heart health. This work was designed to help employees prevent the development of the risk factors for cardiovascular disease and also to help those employees who were already at-risk to control their risk factors. In addition, the pilot assessed worksite supports for screening and detection of high blood pressure and high blood cholesterol. Thus, addressing two of the five recommended strategies.

This evaluation provides insights into how the MCVHP can address the strategies proposed by the CDC in its 2004 priority document.

CDC Strategies - Increasing healthcare coverage for prevention services, rehabilitation services and prescription drugs to prevent or control cardiovascular disease

The employers participating in this pilot, for the most part, mentioned working with their insurance company as a resource and a guide to introducing some worksite changes. This finding shows an opportunity to begin to address increasing the insurance coverage of cardiovascular disease. The critical factor in this strategy will be for the MCVHP to assist wellness teams enlist the support of management in this effort. The MCVHP has an opportunity to provide data that shows associated cost savings to employers and insurance companies providing the additional coverage for prevention, treatment and prescriptions to prevent and control the risk factors for cardiovascular disease.

There is an opportunity for the MCVHP to work with the pilot sites and particularly their management and insurance companies to understand the potential successes and barriers in encouraging increased healthcare coverage for cardiovascular-related health supports.

CDC Strategy - Provide worksite detection and follow-up services with employees for control of blood pressure and cholesterol

The MCVHP Worksite Pilot Project and evaluation assessed and explored the pilot employers' experiences providing screening and health risk appraisals for employees. The on-site Wellness Coordinators found the health screenings and health risk appraisals to be important tools to use to design and implement initiatives. The MCVHP has the opportunity to use the pilot experience to provide technical assistance to worksites on implementing screening for employees. In addition, the MCVHP can work with employers to show them how to set up worksite supports and improve environments to support those employees who have been told they have high blood pressure or high blood cholesterol.

CDC Strategy - Employee training and education on signs and symptoms of heart attack and stroke, CPR and Automated Emergency Defibrillators

In January 2005, Maine was listed as the "oldest state in the nation," with an official average age of over 40 years. Age is one of the leading risk factors for heart disease and stroke, in addition to the existing risk factors among Maine's adults of physical inactivity, poor nutrition, tobacco use and overweight/obesity. Thus, there is an increasing need for Maine's population to be prepared to respond to this growing risk. The MCVHP on-going efforts can include an educational component and technical assistance for worksites to educate their employees on the signs and symptoms of heart attack and stroke and appropriate emergency response. By including this education component in the on-going technical assistance to worksites, the MCVHP can take advantage of the existing wellness team infrastructure to add-on this important education component.

There is also an opportunity for the MCVHP to work with the original pilot site participants in an education pilot on the signs and symptoms of heart attack and stroke, cardiopulmonary resuscitation (CPR) and proper use of an automated emergency defibrillator (AED). By working with the original sites, the MCVHP can learn how to introduce the education component and equipment to the wider employer audience in Maine.

CDC Strategy - Assess policies and environmental supports for heart-healthy worksites and provide education on strategies to enhance environments for heart health.

The findings from the evaluation of the MCVHP Worksite Wellness Pilot Project show that by enlisting senior management support, adopting a worksite wellness team and following the needs-based approach to address heart-health opportunities, the worksites can be very successful in improving policies and environments to support cardiovascular health. Supports addressing physical activity, nutrition and tobacco use will help worksites with primary and secondary prevention of cardiovascular disease among employees. The MCVHP now has the opportunity to move beyond these areas and address policy and environmental supports for the new CDC priorities; control blood pressure, control blood cholesterol, improve quality of care, improve emergency response, know the signs and symptoms and eliminate disparities.

The MCVHP has the opportunity to continue to provide technical assistance and support to worksites to help them implement this comprehensive wellness approach in their worksites through an on-going worksite initiative.

References

Community Guide to Preventive Services, found at cdc.gov.

Healthy Workforce 2010, Partners for Prevention, found at www.prevent.org.

Maine Behavioral Risk Factor Surveillance Survey findings 2003, found at www.cdc.gov/brfss.

“Prevention Works: CDC Strategies for A Heart-Healthy and Stroke Free America”, Centers for Disease Control and Prevention, Atlanta, 2004.