

Employee Wellness in La Crosse Area Small Businesses

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ABSTRACT

Worksite health promotion is increasing as businesses are becoming more concerned with the financial impact of poor employee health. Small businesses are less likely to implement health promotion activities than large businesses. This study assessed the attitudes, barriers, and existing health promotion activities in La Crosse area small businesses. The results showed that there is a strong interest in health promotion among small businesses, but many lack the resources required to plan and maintain health promotion activities. The majority of small businesses want to improve employee wellness because they believe this decreases insurance costs and absenteeism, and increases productivity. Financial resources were the most common barriers small businesses faced with health promotion. Most businesses were interested in getting help with healthy eating and physical activity and these were the most common health promotion activities in place. Tobacco use was the most common health concern in La Crosse area small businesses. Without outside support, many small businesses are not able to provide health promotion activities to their employees. By addressing these issues, health professionals can facilitate small business efforts to increase health promotion and improve the health of a large segment of the U.S. workforce.

INTRODUCTION

As obesity rates increase and more Americans obtain sedentary jobs, employee health is becoming a significant concern for many companies. In 2009, it was estimated that two-thirds of adults are overweight or obese and more than a quarter of America's health care costs are related to obesity (Trust for America's Health, 2009). Rising health plan costs are motivating employers to take steps to improve employee health as they learn how health affects their bottom line. The social and physical environments of worksites can be utilized to influence behavior change, as they have the potential to reach large groups of people who might not otherwise seek professional help on their own. Since most Americans spend considerable amounts of time at work, it is necessary to address both the work environment and individual health behavior to improve employee health.

Many employers are implementing worksite health promotion programs in order to contain rising health care costs (Zank & Friedsam, 2005). Illness and injury associated with unhealthy lifestyles or modifiable risk factors account for 30% to 60% of health plan costs (Hunnicut, 2006). The most significant of these risk factors are stress, tobacco use, obesity, lack of exercise and poor nutrition. In order to address these risk factors and decrease health plan costs, many employers implement health promotion activities that vary from bulletin board, pamphlet and newsletter information, to on-site fitness centers, health education classes and personal lifestyle change coaching. Research shows that employees with lower health risks incur significantly lower medical claims, are present at work more often, and are more productive on the job (Rubleski, 2007).

In addition to improving health status, well-designed and managed worksite health promotion programs are also cost-effective. In 2005, the University of Wisconsin Population Health Institute analyzed various publications on the return on investment for employee health promotion programs. The analysis found a wide range of ROIs and depending on the intensity and participation rates of health promotion programs, ROIs ranged from \$2.05 to \$5.82 for every dollar invested in the program (Zank & Friedsam, 2005). In addition to quantifiable cost reductions, the analysis showed that health promotion programs also lead to greater intellectual capacity, reductions in absenteeism and disability, increased employee morale, and positive perceptions of the company, all of which contribute to overall ROI. Although the research on ROI is somewhat biased since negative results are less likely to be published, the abundance of research demonstrating positive ROI makes a strong case. Some insurance brokers now offer discounted rates to companies that implement or subscribe to employee health promotion programs. In his interview with the Wellness Council of America, Senior Vice President of WebMD Health Services Larry Chapman stated, "In the years ahead, every business will not be able to afford *not* to invest in wellness" (Hunnicut, 2006, p. 7).

There have been many studies conducted to assess worksite health promotion programming, but the overwhelming majority of these studies have neglected small businesses. The U.S. Small Business Administration defines a small business as having less than 500 employees. Small businesses, especially those with fewer than 20 employees, are understudied and underrepresented in health promotion research, even though over 70% of U.S. businesses have less than 20 employees (U.S. Census Bureau, 2006). Just over half of the U. S. workforce is employed by small businesses (U.S. Small Business Administration). In addition, economic trends such as downsizing and outsourcing are decreasing the number of Americans who work for large corporations (Wilson, DeJoy, Jorgensen, & Crump, 1999). Reaching out to small business could have a huge effect on the overall health of America's workforce.

According to a national survey sponsored by the Association for Worksite Health Promotion, the U.S. Department of Health and Human Services, and the Office of Disease Prevention and Health Promotion, 90% of worksites offer at least one health promotion activity (McMahan, et. al, 2001). Common health promotion activities include safety, smoking cessation, nutrition, weight management and exercise programs. Large worksites consistently offer a greater number of health promotion activities than small worksites. This may explain the lack of data regarding worksite health promotion programming in small businesses. Large worksites typically see larger profit margins and have more resources to allocate to employee health programs. Small businesses face the challenges of lower profit margins, making it harder to invest and maintain health promotion programs, lack of staff with the expertise to develop and conduct activities, and often feel overwhelmed by occupational health and safety regulations so they are less like to offer programs that are not mandated by law (O'Donnell, 2002).

The available literature on small business health promotion programming does show that small businesses have significantly higher participation rates than large businesses (McMahan, et. al., 2001). Reasons for this may be that small businesses have fewer people to accommodate for so there is less time and money required to communicate to employees, health improvements are more visible among small worksites, and the sense of community in a small workplace provides a supportive environment (O'Donnell, 2002). Despite these opportunities in small businesses, this large segment of the workforce is an underserved population in regards to worksite health promotion programming.

A greater understanding of the attitudes and barriers of small businesses is critical if health professionals want to increase worksite health promotion programming. To gain a better insight into worksite health promotion programming across the nation, this study referred to *Healthy People*. *Healthy People* is a national health promotion and disease prevention initiative that outlines health objectives for the nation every ten years. One of the objectives (objective 7-5) of *Healthy People 2010* is to have 75% of worksites offer comprehensive health promotion programs (U.S. Department of Health and Human Services, 2000). *Healthy People 2010* defines a comprehensive employee health promotion program as having the five following elements: 1) health education (i.e., creating awareness and disseminating information), 2) supportive social and physical environments (i.e., support of behaviors and policies to promote health and reduce disease), 3) integration (i.e. integration of health promotion program into the organization's structure), 4) linkage (i.e. linkage to related programs such as employee assistance programs) and 5) worksite screening and education (i.e., programs linked to appropriate medical care) (Linnan, Bowling, Childress, Lindsay, Blakey, Pronk, Wieker, & Royall, 2008).

The purpose of this study was to assess worksite health promotion in La Crosse area small businesses. Although the elements outlined by *Healthy People* were taken into consideration when developing the survey used for this study, this study does not aim to assess comprehensive health promotion programming. The objective of this study was to gain a better understanding of the attitudes and barriers of small business and what they are currently doing to support employee wellness. As defined by the Wellness Council of America, wellness is "being aware of and actively working towards better health" (Wellness Council of America, 2008). By assessing health promotion activities, which may be more casual and sporadic, rather than comprehensive, structured health promotion programs, one can gain insight into what small businesses are doing to encourage and promote health behaviors. Small businesses can take measures to support employee wellness, even though they may not have the resources to support a comprehensive health promotion program. By understanding these matters, health professionals will be able to better serve small businesses and in turn, advance national progress in reaching the *Healthy People* objectives. This study was done with input and advice from the Health Promotion and Market Research departments at Franciscan Skemp Healthcare, a Mayo Health System facility, in La Crosse, WI. The results of this study will be shared with the departments upon completion.

METHODOLOGY

Sample

The Market Research department at Franciscan Skemp Healthcare provided a list of 2,578 businesses in the Franciscan Skemp service area, which included La Crosse and the surrounding areas. This list included the name, number of employees and sales volume of each business. The businesses were sorted using a random number generator. Many of the businesses listed could not be surveyed since they were names of school districts, names of surrounding counties, or companies that were too large to survey. In these cases, judgment sampling was used in order to obtain the most useful information. The U.S. Small Business Administration defines a small business as having less than 500 employees. Using this definition, only businesses with less than 500 employees were included in the sample. In order to compare the responses between different business sizes, the goal was to obtain responses from 10 business with less than 20 employees, 10 businesses with 20-99 employees, and 10 businesses with 100-499 employees. This was an important aspect of the study since very small businesses face different issues than larger businesses and businesses with less than 20 employees are underrepresented in the literature.

Instrument

With the assistance of the Market Research and Health Promotion departments, a conversational survey was developed to use as a guide when speaking with respondents. Questions addressed existing health promotion activities, barriers to implementation, attitudes and interests, health issues of concern to the business, and insurance. While surveying businesses, the term “employee wellness” was used instead of “health promotion programming”. Although the latter is more commonly used in the literature, employee wellness seems to be a better understood and more common term with the average American worker.

The survey was tested with five businesses to evaluate how people responded in order develop a final draft. The only significant change for the final draft was in the first question of the survey. Originally, the question stated, “Does your business have any type of employee wellness program in place?” Some of the businesses were put off by this question, stating they had no formal program but had ways of encouraging and promoting healthy behaviors. The health educators and market researchers at Franciscan Skemp expected these responses, since they knew most small business did not have formal health promotion programs in place. By leaving the question as it was, the study would have gathered mainly “No’s” to this question and the data would not have been valuable. With the advice of Health Promotion and Market Research, this question was changed to “Does your business have anything in place to help employees to be aware of and actively work toward better health?” This wording aligns with the Wellness Council of America’s definition of wellness as “being aware of and actively working towards better health”. This restated question was better received in the final draft used for the 30 responses in the analysis.

Data Collection and Analysis

Phone numbers for the selected businesses were found on the Internet. Over a six-week period surveys were conducted by telephone, each of which required approximately ten minutes. At each business, the researcher requested to speak with someone from Human Resources. If there was no Human Resources department, the researcher then spoke to a manager or the person in charge of hiring. Most businesses were interested and willing to participate on the first call. Some requested a call back at a more convenient time. Once the data was collected, it was entered into a Microsoft Excel spreadsheet to be analyzed.

RESULTS

Response Rate and Sample Characteristics

Using the list provided by the Market Research department, 78 calls were made with 30 responses collected, 29 businesses unable to be contacted or the appropriate person was unavailable, and 3 agreeing to participate but the surveys were not completed. There were no businesses that refused to participate. The study obtained a response rate of 38.5%. Manufacturing was the largest industry segment, representing 21% of the sample, followed by Healthcare and Social Assistance with 13.3%, followed by Agriculture and Hunting, Home Repair and Improvement, Automobile Sales and Services, and Printing Services and Supplies representing 10% of the sample (see Figure 1).

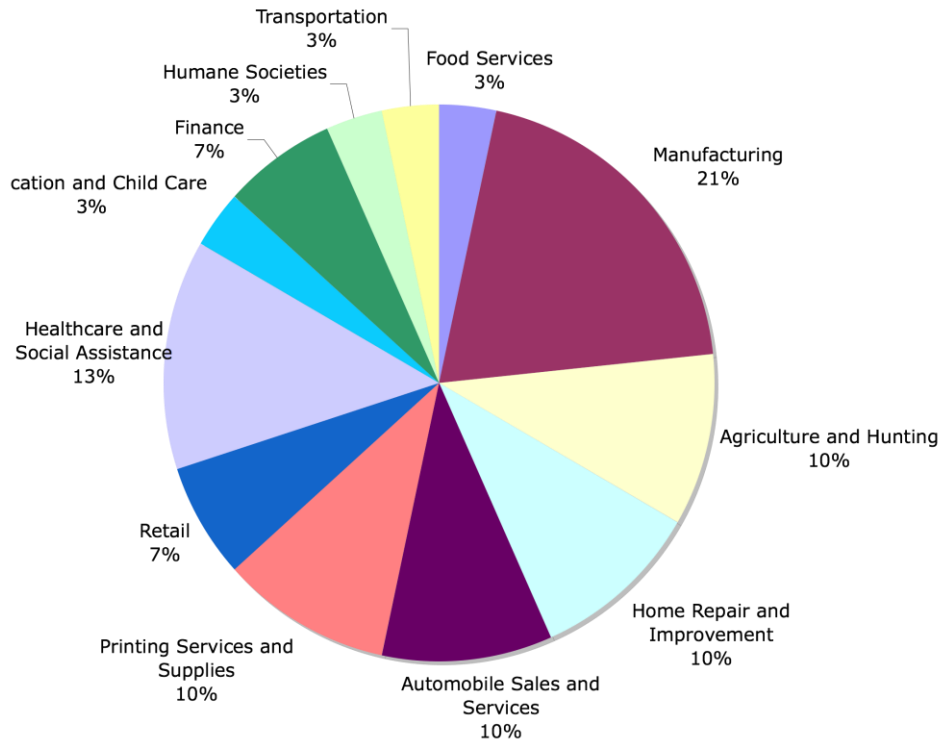


Figure 1. Distribution of respondents by industry

Attitudes Toward Employee Wellness

The majority (86%) of respondents believed employee wellness programs to be a worthwhile investment. Every business with 100-499 employees, 90% of businesses with 20-99 employees and 70% of business with less than 20 employees reported these views. Overall, respondents stated that employee wellness leads to decreased insurance costs, decreased absenteeism, and less turnover, while increasing employee morale and productivity. Most respondents viewed these programs as a benefit to both the healthier, happier employee and the more productive, profitable organization. Many respondents stated that they realize behavior change is difficult and it may take awhile to see the return on investment, but the resources invested are worth the cost savings in the end. Businesses with 100-499 employees focused on insurance costs and the bottom line more so than the other size categories. Smaller business provided reasons related to the well being of employees and improved work environment first, followed by reasons related to cost. Respondents who did not view employee wellness as a worthwhile investment perceived health as an individual responsibility.

Half of the respondents believed that employers should have some level of responsibility for helping employees maintain healthy lifestyles. The majority (70%) of worksites with 100-499 employees, half of worksites with 20-99 employees, and one third of worksites with less than 20 employees reported these views. For those businesses that believe employers have some level of responsibility, they commented that a lot is expected from employees so employers need to provide resources to keep their employees productive at work. Wellness also makes good business sense since insurance costs are increasing because of unhealthy behaviors. For those who did not share this view, they reported that these issues are individual responsibilities and it does not matter what employees do on their own time, as long as they perform on the job.

Barriers to Implementation

Businesses of all sizes reported financial resources as the most common barrier to the implementation of health promotion activities. Employee interest was as much of a barrier as financial resources for worksites with 100-499 employees. Human resources was the second most common barrier for worksites with 20-99 employees. Human

resources and lack of time were the second most common barriers for business with less than 20 employees (See Figure 2).

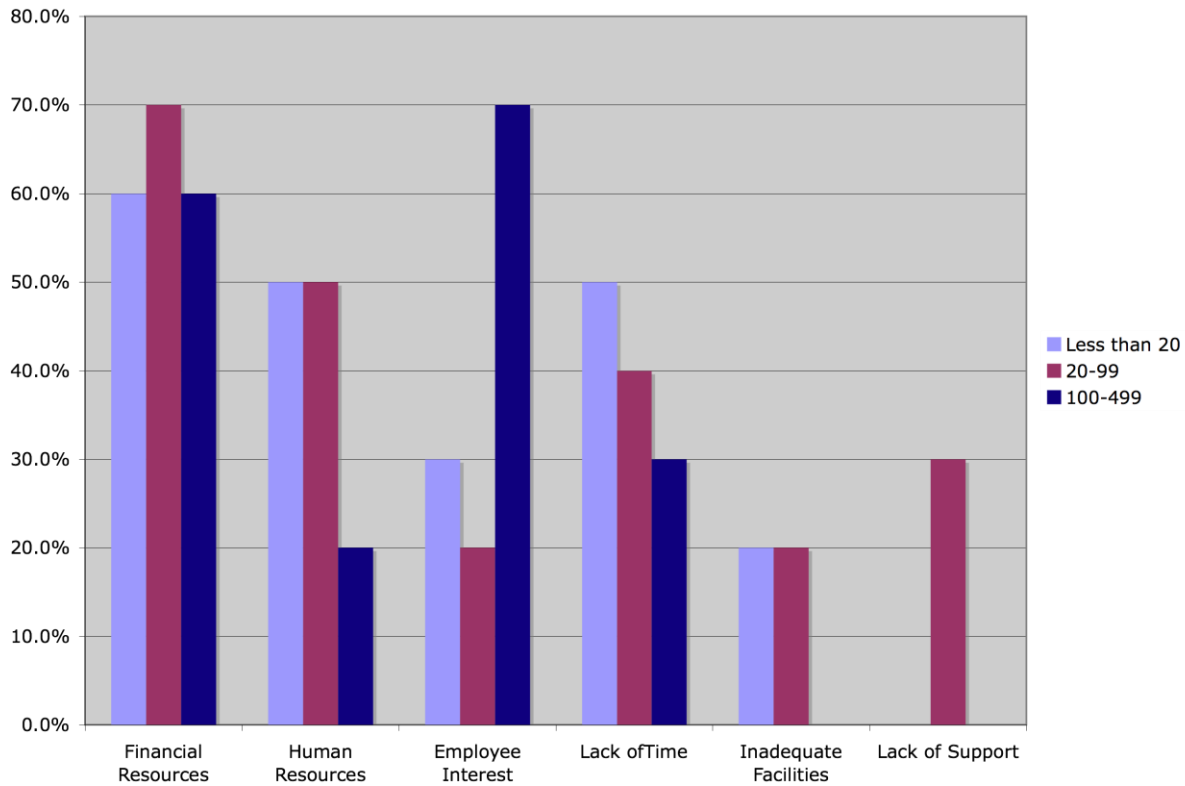


Figure 2. Barriers by worksite size

Health Interests and Concerns

If a local organization offered resources to support employee wellness, 63.3% of respondents reported they were somewhat likely to take advantage of this and 20% of respondents reported very likely. The larger business showed more interest than the smallest businesses. Every business with 100-499 employees was somewhat or very likely, 80% of businesses with 20-99 employees were somewhat or very likely, and 70% of businesses with less than 20 employees were somewhat likely. Overall, respondents were most interested in getting help with physical activity and healthy eating. Worksites with 100-499 employees were most interested in getting help with healthy eating and quitting tobacco use. Worksites with 20-99 employees were equally interested in getting help with healthy eating, physical activity and stress management. Worksites with less than 20 employees were most interested in getting help with physical activity, followed by an equal interest in healthy eating, quitting tobacco use, and injury prevention (See figure 3). Cost and time were the biggest issues as to whether or not respondents would take advantage of such resources.

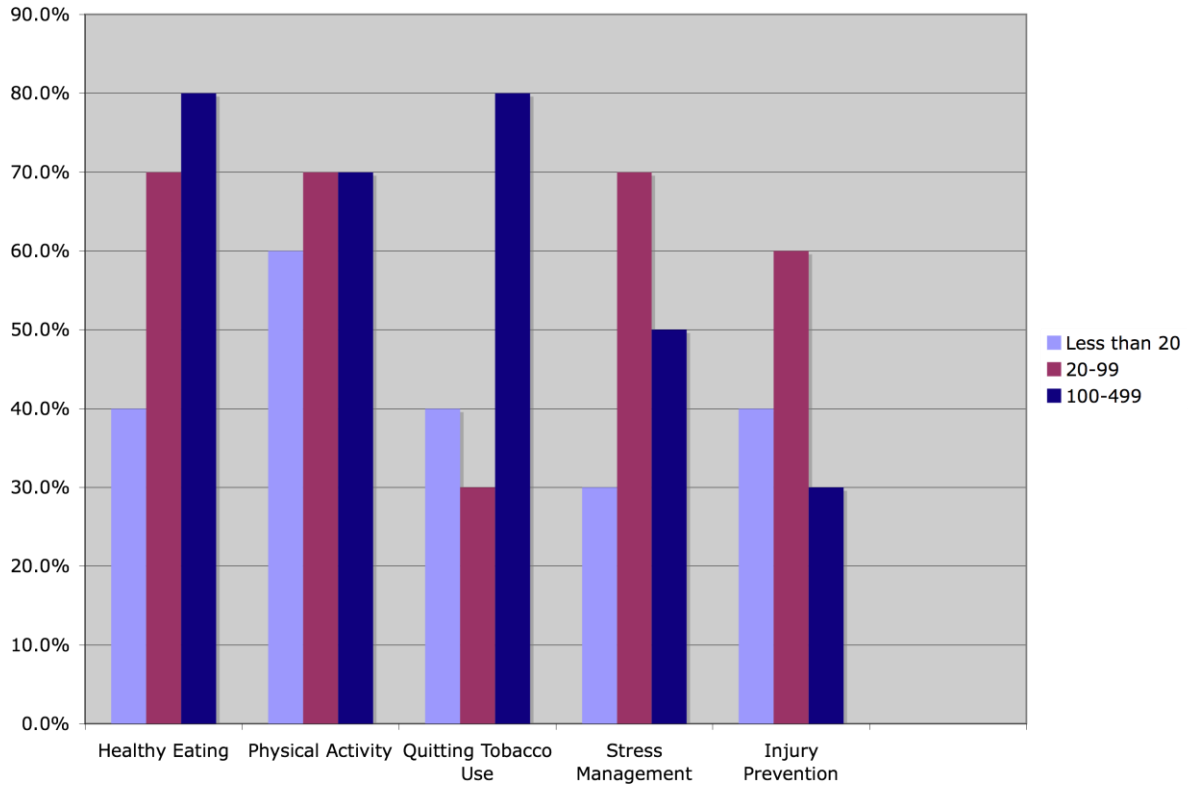


Figure 3. Topic of interest by worksite size

The most common health concern to respondents was tobacco use. About half (53.3%) of the respondents reported tobacco use as a concern, followed by lack of exercise (50%), followed by stress (46.7%). Concerns varied by business size, as illustrated in Figure 4. Tobacco use and lack of exercise were the most common concerns for businesses with 100-499 employees, mental/emotional health for businesses with 20-99 employees, and injuries on the job for business with less than 20 employees. Two respondents were most concerned about the prevalence of chronic diseases, such as Type 2 Diabetes. Overall, respondents were most concerned about these health issues because of increased insurance, followed by increased absenteeism and poor productivity. Every worksite with 100-499 employees was concerned with health issues because of increased insurance, while only half of the worksites in the lower two categories reported insurance as a reason for concern.

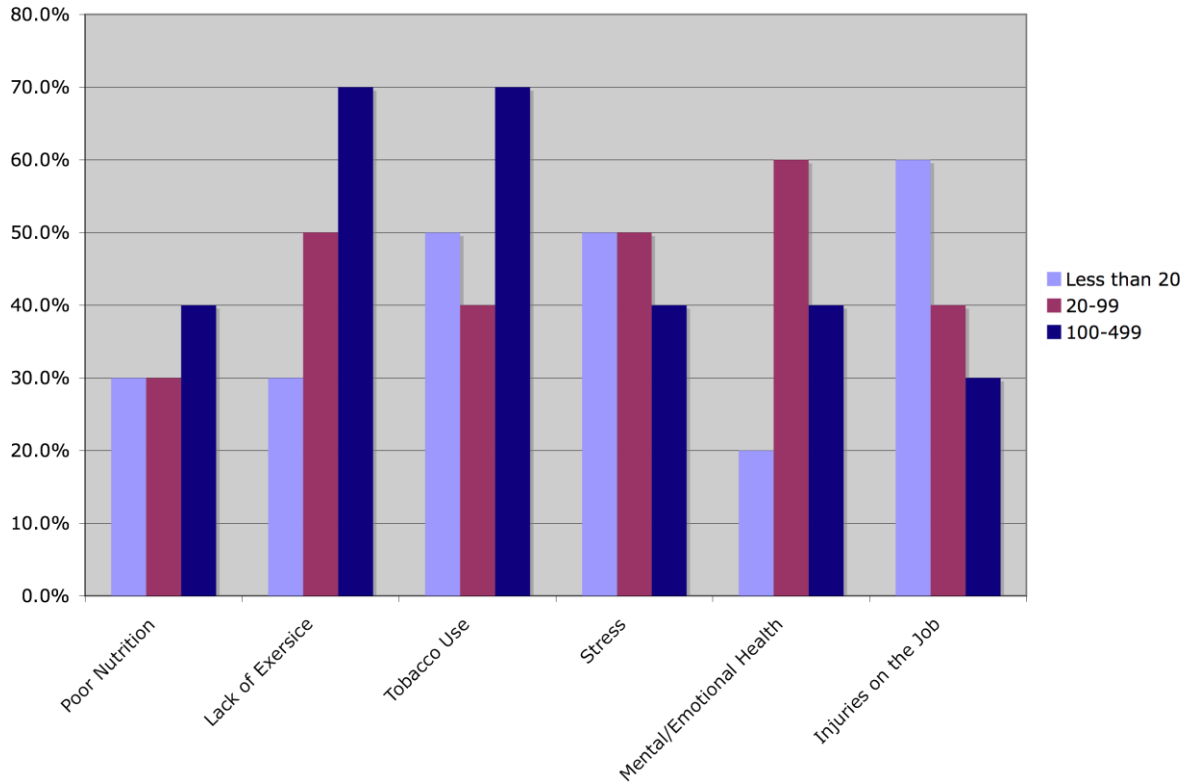


Figure 4. Health concerns by worksite size

Existing Health Promotion Activities

Of the total respondents, 53% reported having something in place to help employees be aware of and actively work towards better health. By worksite size, 90% of worksites with 100-499 employees, 50% of worksites with 20-99 employees and 20% of worksites with less than 20 employees reported having something in place to help employees work towards better health. Of those who did not have anything in place, none had plans to introduce health promotion activities, but 36% of respondents said they would consider it. Approximately 30% of the respondents that reported having something in place also had staff in charge of wellness. The majority (70%) of businesses with 100-499 employees had staff in charge of wellness. Only 20% of businesses with 20-99 employees and zero businesses with less than 20 employees had staff in charge of wellness.

Of the total respondents, 70% had at least one health promotion activity in place. The most common health promotion activities were related to healthy eating, with 46.7% of respondents reporting they actively encouraged and promoted this in the workplace. 43.3% of respondents stated they actively encouraged and promoted physical activity and injury prevention. As illustrated by Figure 5, significantly more worksites with 100-499 employees conducted health promotion activities than the small size categories. Most worksites with 100-499 employees had activities in place to encourage and promote healthy eating. Employee assistance and injury prevention were the most common activities in worksites with 20-99 employees and physical activity in worksites with less than 20 employees.

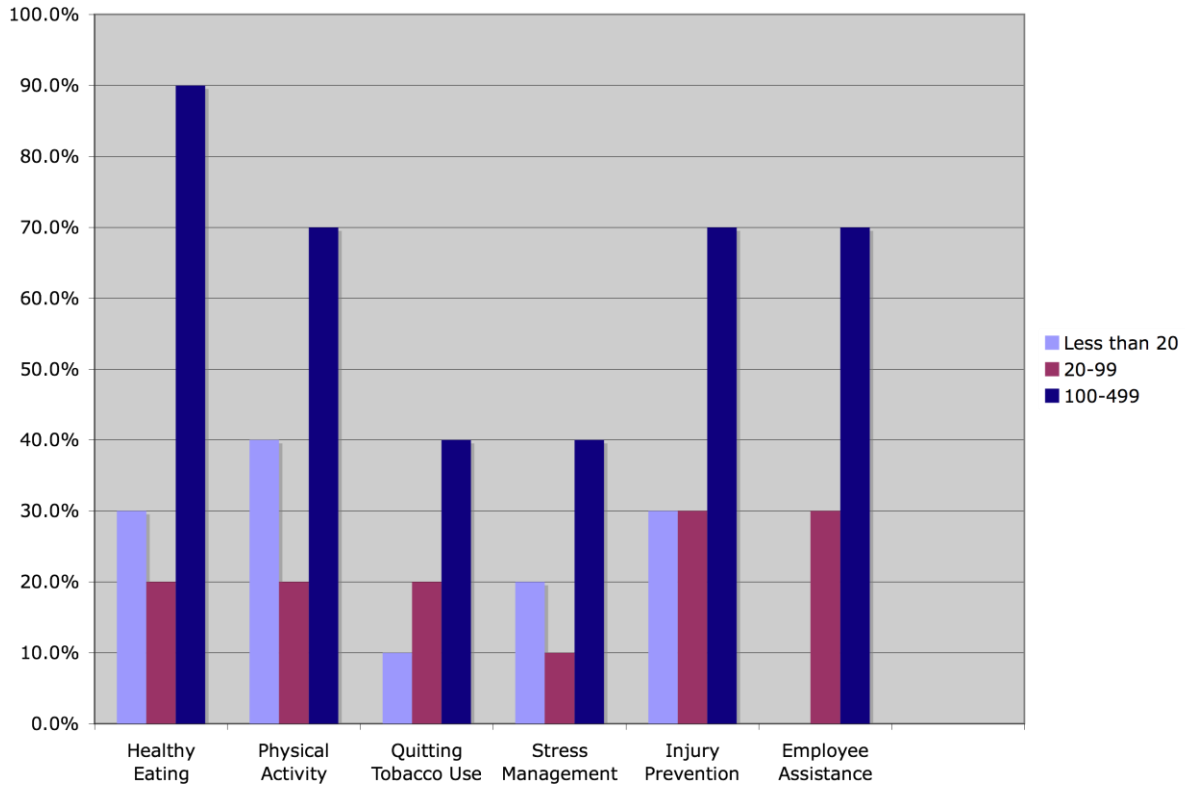


Figure 5. Health promotion activities by worksite size

As illustrated by Figure 6, the most common method to encourage and promote health promotion activities was incentives, with 46.7% of total respondents using this method. The majority (80%) of businesses with 100-499 employees and 60% of businesses with 20-99 employees offered incentives. Businesses with less than 20 employees did not offer incentives, but many were intrigued by the idea during the survey. Incentives were reported to be relatively effective in motivating employees to engage in health behaviors. The most common incentives were subsidized health club memberships and financial assistance to help employees to quit smoking. Other reported incentives were reimbursements for flu shots, fitness or weight loss competitions, rewards for zero injuries, better insurance premiums, and monetary incentives for perfect attendance. Other common methods to encourage and promote health promotion activities were posters and newsletters (30%) and food options (23.3%), such as healthy vending machine options or healthy food in meetings and cafeterias. Larger businesses were more likely to use these methods while businesses with less than 20 employees reported talking among employees as a common method.

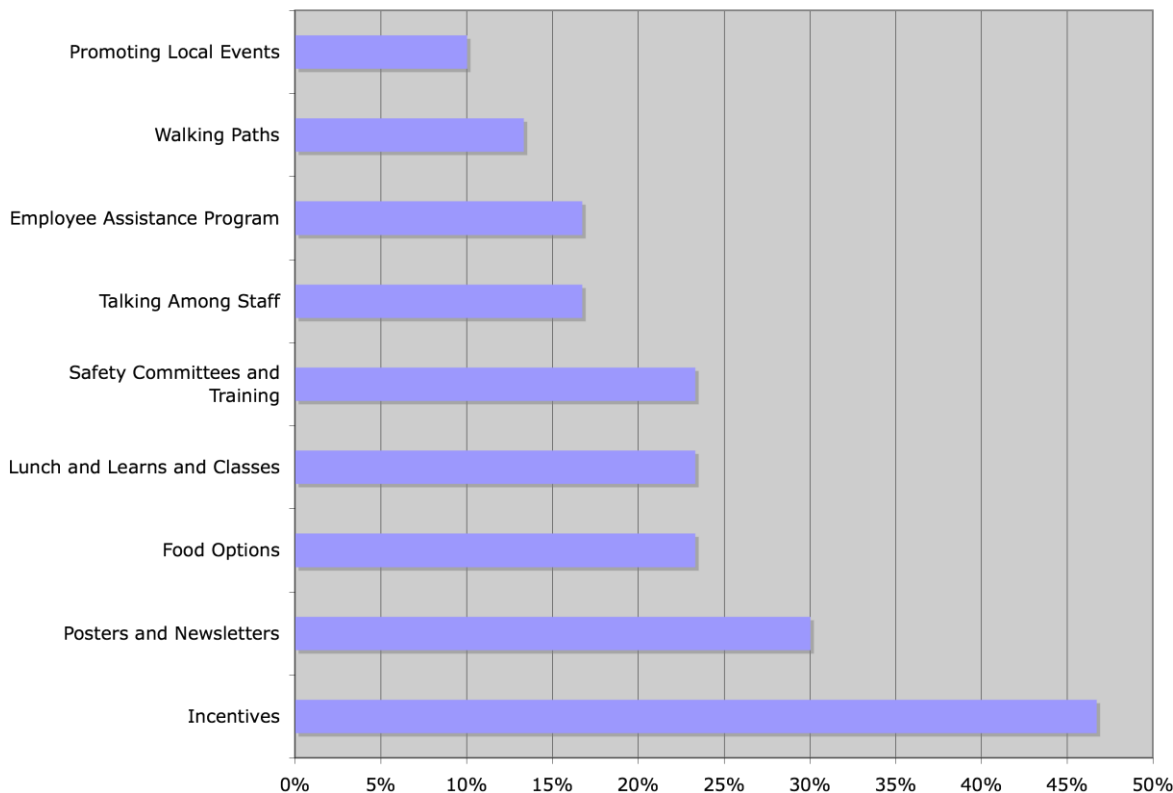


Figure 6. Methods used to implement health promotion activities

One third of the total respondents offered a health risk assessment in the last 12 months. By worksite size, 60% of worksites with 100-499 employees, 20% of worksites with 20-99 employees and 10% of worksites with less than 20 employees offered a health risk assessment. A number of businesses that have not offered health risk assessments expressed interest in doing so in the future. Of the total respondents, 86.7 % offered health insurance to employees and their families. Every worksite with over 20 employees offered insurance while 60% of worksites with less than 20 employees offered insurance. High cost and not enough demand were reasons why insurance was not offered.

DISCUSSION

The results of this study suggest that most La Crosse area small businesses support the concept of worksite health promotion, whether or not there are current health promotion activities in place. The vast majority (86%) of small businesses believe employee wellness programs are a worthwhile investment. This belief grows with the number of people employed at the worksite. Although most businesses support employee wellness, these activities can be resource intensive and La Crosse area small businesses must overcome many barriers to introduce and maintain them. Over 80% of businesses were likely to take advantage of resources to support employee wellness, with larger businesses more likely than smaller businesses. Cost and time determined how likely businesses were to take advantage of such resources.

The Wellness Council of America states that healthy employees incur lower medical claims, are present at work more often, and are more productive (Rubleski, 2007). La Crosse area businesses tend to agree with these findings, as the most commonly stated reasons for supporting employee wellness were decreased insurance costs, decreased absenteeism, and increased productivity. Larger businesses were in favor of employee wellness programs because of cost related issues while smaller business often reported reasons related to employee well being and improved work environment. Since larger businesses are more concerned with the impact poor employee health has on the bottom line, health promotion has a higher priority. Also, larger businesses typically see higher profit margins and have more resources available than smaller businesses. This leads to more health promotion activities in larger businesses than smaller businesses.

Although there was less programming offered at businesses with less than 100 employees, these businesses did not consider employee interest to be a major barrier. This is consistent with research showing that small businesses have significantly higher participation rates than large businesses (McMahan, et. al., 2001). Businesses with over 100 employees were more than twice as likely to consider employee interest a major barrier to the implementation of health promotion activities. Smaller business have fewer people to accommodate for, health improvements are more visible, and the sense of community provides a supportive environment (O'Donnell, 2002), all of which contribute to increased employee involvement. Many businesses with less than 20 employees reported that the small workforce was a close group who had worked together for many years. They were concerned about health issues because they had to look out for each other and often engaged in healthy behaviors together.

This study found that 70% of La Crosse area worksites offer at least one health promotion activity. This finding is different than the national survey that found 90% of worksites offering at least one health promotion activity (McMahan, et. al., 2001). This shows that La Crosse area businesses are behind the national average, but are still taking considerable measures to encourage and promote employee wellness. Businesses with 100-499 employees were nearly twice as likely as businesses with 20-99 employees, and four times as likely as business with less than 20 employees to have something in place for employees wellness. The most common health promotion activities in place were healthy eating, followed by physical activity and injury prevention. These were also the topics most businesses were interested in getting help with. In our nation, there is a strong focus on diet and exercise as the main determinants of health, so it makes sense that these activities are present in the workplace. Occupational health and safety initiatives are often mandated by law, but many businesses are going beyond what is required. The most common health concern to La Crosse area business was tobacco use. This could be contributed to the impact tobacco use has on insurance costs. Many businesses reported that they wanted to work on tobacco use in the workplace, but had nothing in place to do so. The Indoor Smoking Ban that will be in effect July 5, 2010 (Wisconsin Legislative Reference Bureau, 2009) was motivation for some business to help their employees quit smoking.

The most common method used to encourage and promote employees to practice health behaviors was incentives. Larger businesses have more resources so they were more likely to offer incentives to employees. Many businesses that did not have incentives liked the idea and reported they might start offering incentives after participating in this study. All of the incentives discussed were reported to be effective, but the author questions monetary incentives for perfect attendance. Businesses that offered this perceived it to be motivation for employees to stay healthy, and as a result they would not call in sick. A monetary incentive for perfect attendance could have the opposite effect, where employees who are sick and should be staying home still come to work because of the incentive.

The majority of worksites offered insurance to employees and their families. Worksites with less than 20 employees were less likely to offer insurance than the larger size categories. This study was conducted during a severe economic downturn, which most certainly affects a small business's ability to offer insurance or health promotion activities. If this study was repeated during better economic times, the incidence of insurance and health promotion activities may be higher. This study did not explore the cost covered by the employees or the quality of insurance offered. Many respondents indicated that insurance was only available to full-time employees.

This study shows that important opportunities to improve public health are being missed. Over half of the U.S. workforce is employed by small businesses and although small businesses are interested in worksite health promotion, there are many barriers to implementation. Future research should include a more in-depth analysis of the activities and policies in place in order to better understand the quality of employee health promotion in small businesses. Public health organizers can play an important role in facilitating small business efforts by providing support and resources. Without support from outside organizations, many small businesses will not be able to provide health promotion programming to their employees. This study will help health professionals to better understand the attitudes, barriers, and existing health promotion activities in small businesses. By understanding these matters, health professionals can provide the necessary resources and support to small businesses and advance the nation's progress in reaching the *Healthy People* objectives of increasing worksite health promotion programming.

LIMITATIONS

This study was conducted during a severe economic downturn and many respondents reported health promotion as a bigger concern for the future rather than the present. The results might be different if this study was conducted post-recession. The surveys reflected the responses of only one individual from each worksite. Their interpretations and opinions on worksite health promotion may not be representative of the entire worksite. Future studies should

involve more quantitative research than this study. This study obtained a lot of qualitative data, which can be interpreted differently by the interview and the respondents.

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REFERENCES

- Hunnicut, D. (2006, September). [Interview with Larry Chapman, Senior Vice President for WebMD Health Services. *The Impact of Worksite Health Promotion Programs*. Retrieved from http://www.welcoa.org/freeresources/pdf/larry_chapman_qa_092508.pdf
- Linnan, L., Bowling, M., Childress, J., Lindsay, G., Blakey, C., Pronk, S., Wieker, S. & Royall, P. (2008). Results of the 2004 national worksite health promotion survey. *American Journal of Public Health, 98*(8), 1503-1509.
- McMahn, S., Wells, M., Stokols, D., Philips, K., & Clitheroe, H. (2001). Assessing health promotion programming in small business. *American Journal of Health Studies, 17*(3), 120-128.
- O'Donnell, M. (2002). Workplace health promotion in small businesses. In M. P. O'Donnell, *Health promotion in the workplace* (pp. 493-514). United States of America: Thompson Learning Inc.
- Wilson, T., DeJoy, D., Jorgensen, C., & Crump, C. (1999). Health promotion programs in small worksites: Results of a national survey. *American Journal of Health Promotion, 13*(6), 358-365.
- Rubleski, J. (2007) Embracing workplace wellness. *WELCOA's Absolute Advantage Magazine, 6*(5), 30-33. Retrieved from http://www.welcoa.org/freeresources/pdf/embracing_workplace_wellness.pdf
- Trust for America's Health. (2009). *F as in Fat: How Obesity Policies are Failing in America*. Retrieved from <http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf>
- U.S. Census Bureau. (2006). *County Business Patterns*. Retrieved from <http://www.census.gov/compendia/statab/2010/tables/10s0742.pdf>
- U. S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2000). *Healthy People 2010 Objectives*. Retrieved from <http://www.healthypeople.gov/document/html/objectives/07-05.htm>
- U. S. Small Business Administration, Office of Advocacy. *Frequently Asked Questions*. Retrieved from <http://www.sba.gov/advo/stats/sbfaq.pdf>
- Wellness Council of America. (2008). *WELCOA Online Bulletins: Leading a Well Balanced Life*. Retrieved from http://www.csufresno.edu/eaw/documents/wellbalanced_dido_v9_no7.pdf
- Wisconsin Legislative Reference Bureau. (2009, May). *Legislative Reference Brief: Indoor Smoking Ban in Wisconsin*. Retrieved from <http://www.legis.state.wi.us/lrb/pubs/Lb/09Lb1.pdf>
- Zank, D. & Friedsam, D. (2005) Employee health promotion programs: What is the return on investment? *University of Wisconsin Population Health Institute Issue Brief, 6*(5). Retrieved from <http://uwphi.pophealth.wisc.edu/publications/issueBriefs/issueBriefv06n05.pdf>