



# **State Agency Worksite Wellness**

**As Required By  
Government Code, Chapter 664**



**Department of State Health Services  
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## **Executive Summary**

[Government Code, Chapter 664](#) requires the Department of State Health Services (DSHS) to designate a statewide wellness coordinator to create and develop for use by state agencies, a model statewide wellness program to improve the health and wellness of state agencies. Section 664.053(5)(b)(4) requires DSHS study the implementation and participation rates of state agency worksite wellness programs, and report the findings to the legislature biennially.

Since 2008, state agency wellness efforts have been based on the Texas Model Wellness Program, which established policy and program objectives for agencies to use as a foundation for wellness activities. Objectives include:

- Increasing usage of preventive screenings and services
- Improving tobacco prevention and cessation
- Increasing physical activity
- Increasing healthy eating
- Improving stress management (including Employee Assistance Program services)
- Supporting nursing mothers

In fiscal years 2013 and 2014, state agency wellness liaisons, coordinators, agency wellness committees, and supporting staff initiated a broad array of activities to support the health of state employees. In return, interest in and utilization of wellness benefits and resources remained high among state employees, although more work is necessary to raise awareness of these benefits, and to build the capacity of agencies to offer programs. Many wellness programs are limited to the basic requirements of Chapter 664 or reflect a lack of funding resources.

Looking forward, Health and Human Services (HHS) leadership and the Statewide Wellness Coordinator will continue implementation of the new smoke-free campus policy, which will be rolled out on HHS-owned/leased properties across Texas in FY 2015. Additionally, HHS agencies will continue to implement annual initiatives such as the Get Fit physical activity challenge, state agency wellness conference, and the farm-to-work program to support the health of state employees.

## **Introduction**

### **The Importance of Worksite Wellness**

Data collected by the Employees Retirement System (ERS) of Texas shows state employees' health behaviors and health conditions closely mirror those of all adult Texans, among whom:<sup>1</sup>

- 20 percent smoke
- 66 percent are overweight or obese
- 28 percent do not exercise or routinely get physical activity
- 10 percent have diabetes
- 27 percent have high blood pressure
- 38 percent have high cholesterol.

These behaviors and conditions not only affect the health of our workers, but also the state's healthcare expenditures and the productivity of our state agencies. For example, medical expenses for an obese employee in the U.S. are estimated to be 42 percent higher than for a person with a healthy weight<sup>2</sup> and, nationally, each employee who smokes costs his or her employer an extra \$3,383 per year, including \$1,760 in lost productivity and \$1,623 in additional medical expenses.<sup>3</sup>

Evidence-based interventions addressing key risk factors such as tobacco use, physical activity, and healthy eating offer substantial opportunities to reduce healthcare costs, improve productivity of employees, and increase employee morale and engagement. Studies demonstrate that increased productivity, reduced absenteeism, and lower turnover can be seen within the first year of implementation. These studies show that measurable health plan savings may be seen in as little as two years if appropriate wellness initiatives are implemented and if employee participation is significant, while full savings may take five years or longer.<sup>4 5 6</sup>

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<sup>1</sup> Texas Department of State Health Services. (2010). Texas Chronic Disease Burden Report 2010. Retrieved April 4, 2011, from Health Promotion and Chronic Disease Prevention Section Publications:

<http://www.dshs.state.tx.us/chronic/publications.shtm>

<sup>2</sup> Finkelstein, d E. A., Trogdon, J. G., Cohen, J. W., & Dietz, W. (2009). Annual medical spending attributable to obesity: Payer-and service-specific estimates. *Health Affairs*, 28(5), w822-w831. doi: 10.1377/hlthaff.28.5.w822

<sup>3</sup> Fellows, J. L., Trosclair, A., Adams, E. K., & Rivera, C. C. (2002). Annual smoking-attributable mortality, years of potential life lost, and economic costs-United States, 1995-1999. *MMWR Morb Mortal Wkly Rep.*, 51, 300-303.

<sup>4</sup> Halpern, M. T., Dirani, R., & Schmier, J. K. (2007). Impacts of a smoking cessation benefit among employed populations. *Journal of Occupational and Environmental Medicine*, 49(1), 11-21  
10.1097/JOM.1090b1013e31802db31579.

<sup>5</sup> Meenan, R. T., Vogt, T. M., Williams, A. E., Stevens, V. J., Albright, C. L., & Nigg, C. (2010). Economic evaluation of a worksite obesity prevention and intervention trial among hotel workers in Hawaii. *J Occup Environ Med*, 52 Suppl 1, S8-13. doi: 10.1097/JOM.0b013e3181c81af9

<sup>6</sup> Naydeck, B. L., Pearson, J. A., Ozminkowski, R. J., Day, B. T., & Goetzel, R. Z. (2008). The impact of the highmark employee wellness programs on 4-year healthcare costs. *J Occup Environ Med*, 50(2), 146-156. doi: 10.1097/JOM.0b013e3181617855

## **Background**

### **The Texas State Agency Model Wellness Program – Our Road Map to Success**

In 2008, a panel of experts from DSHS and other state agencies collaboratively reviewed literature on wellness, health promotion, and prevention strategies and services. From this review, six priority objectives were identified for inclusion in the Texas State Agency Model Wellness Program. These objectives represent the foundation on which agencies build their wellness program activities. They include:

- Increase usage of preventive screenings and services
- Improve tobacco prevention and cessation
- Increase physical activity
- Increase healthy eating
- Improve stress management (including Employee Assistance Program services)
- Support nursing mothers

Evidence shows when appropriate supporting strategies are implemented, these objectives can be achieved and yield healthcare savings, improved productivity, and reduced staff turnover.<sup>7 8 9 10</sup>

The expert panel identified and incorporated strategies into the programs that are 1) shown to be effective, or show strong promise for success; 2) cost-effective to implement; and 3) feasible to implement within a public agency. Only strategies that meet all three of these criteria were included in the model wellness program. Information about the specific strategies and implementation resources is available on the Texas State Agency Model Wellness Program website at [www.wellness.state.tx.us](http://www.wellness.state.tx.us).

### **State Agency Wellness Policy and Program Implementation and Use**

In 2014, DSHS conducted two surveys: one asking wellness liaisons about the level of wellness program development in their worksite supporting Government Code, Chapter 664, and a second survey asking all state employees about their use of wellness-related infrastructure. Key findings from these surveys are described in the next section.

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<sup>7</sup> Meenan, R. T., Vogt, T. M., Williams, A. E., Stevens, V. J., Albright, C. L., & Nigg, C. (2010). Economic evaluation of a worksite obesity prevention and intervention trial among hotel workers in Hawaii. *J Occup Environ Med*, 52 Suppl 1, S8-13. doi: 10.1097/JOM.0b013e3181c81af9

<sup>8</sup> Naydeck, B. L., Pearson, J. A., Ozminkowski, R. J., Day, B. T., & Goetzl, R. Z. (2008). The impact of the highmark employee wellness programs on 4-year healthcare costs. *J Occup Environ Med*, 50(2), 146-156. doi: 10.1097/JOM.0b013e3181617855

<sup>9</sup> Carnethon, M., Whitsel, L. P., Franklin, B. A., Kris-Etherton, P., Milani, R., Pratt, C. A., & Wagner, G. R. (2009). Worksite Wellness Programs for Cardiovascular Disease Prevention: A Policy Statement From the American Heart Association. *Circulation*, 120(17), 1725-1741. doi: 10.1161/circulationaha.109.192653

<sup>10</sup> Baicker, K., Cutler, D., & Song, Z. (2010). Workplace wellness programs can generate savings. *Health Affairs*, 29(2), 304-311. doi: 10.1377/hlthaff.2009.0626

## Level of Wellness Program Development

- 60 out of 140 wellness liaisons/coordinators/other staff responded (43 percent response rate).
- 74 percent report having a wellness policy already in place and an additional seven percent report having a policy in development.
- 59 percent report that their agencies have a wellness council.
- 62 percent report that their agencies have a wellness plan for implementing activities.
- 60 percent report that their agencies provide no wellness budget, and 20 percent report having a budget under \$1,000 per year.

The number of responding state agencies that have in place key infrastructure pieces for developing and sustaining a successful wellness program has steadily grown since 2008.

Table 1 shows the provisions in place in agency wellness policies.

**Table 1. Prevalence of Wellness Policy Provisions among Agencies**

<b>Provision</b>	<b>Percent of Agencies</b>
3 x 30 minutes/week for physical activity	62%
Permission to attend wellness education opportunities	59%
Leave incentive (eight hours) to complete health risk assessment (HRA) and physician visit	48%
Creation and operation of a wellness council	47%
Designated senior-level support for wellness activities	31%

Note: n=60 responding state agencies

Table 2 shows the percent of responding agencies with suggested programming in place addressing model wellness program objectives.

**Table 2. Prevalence of Suggested Programming among Agencies**

<b>Programming</b>	<b>Percent of Agencies</b>
Increase physical activity	91%
Support health risk assessments/screenings	86%
Support stress management	82%
Support breastfeeding	82%
Increase healthy eating	60%
Support tobacco cessation	58%

Note: n=60 responding state agencies



Table 3 shows the most commonly implemented programming that addresses model wellness program objectives.

**Table 3. Most Commonly Implemented Programming**

<b>Programming</b>	<b>Percent of Agencies</b>
<u>Increase Physical Activity</u>	
Allowing time during the workday for physical activity	67%
Providing on-site fitness classes	49%
<u>Support Health Risk Assessments (HRA)/Screenings</u>	
Providing flu vaccination clinics	71%
Providing incentives for completion of HRA	47%
<u>Support Stress Management</u>	
Providing education/resources addressing stress	53%
Educating managers on referring staff to services	49%
Compressed work week schedule or telecommuting	47%
<u>Support Breastfeeding</u>	
Providing a private, comfortable room for breastfeeding	78%
Meet/Exceed Texas Mother-Friendly Worksite criteria	42%
<u>Increase Healthy Eating</u>	
Farm-to-work program	40%
Increasing availability of healthy foods in cafeterias	26%
<u>Tobacco Cessation</u>	
Establishing a smoke-free or tobacco-free campus policy	42%
Promoting telephone counseling	22%

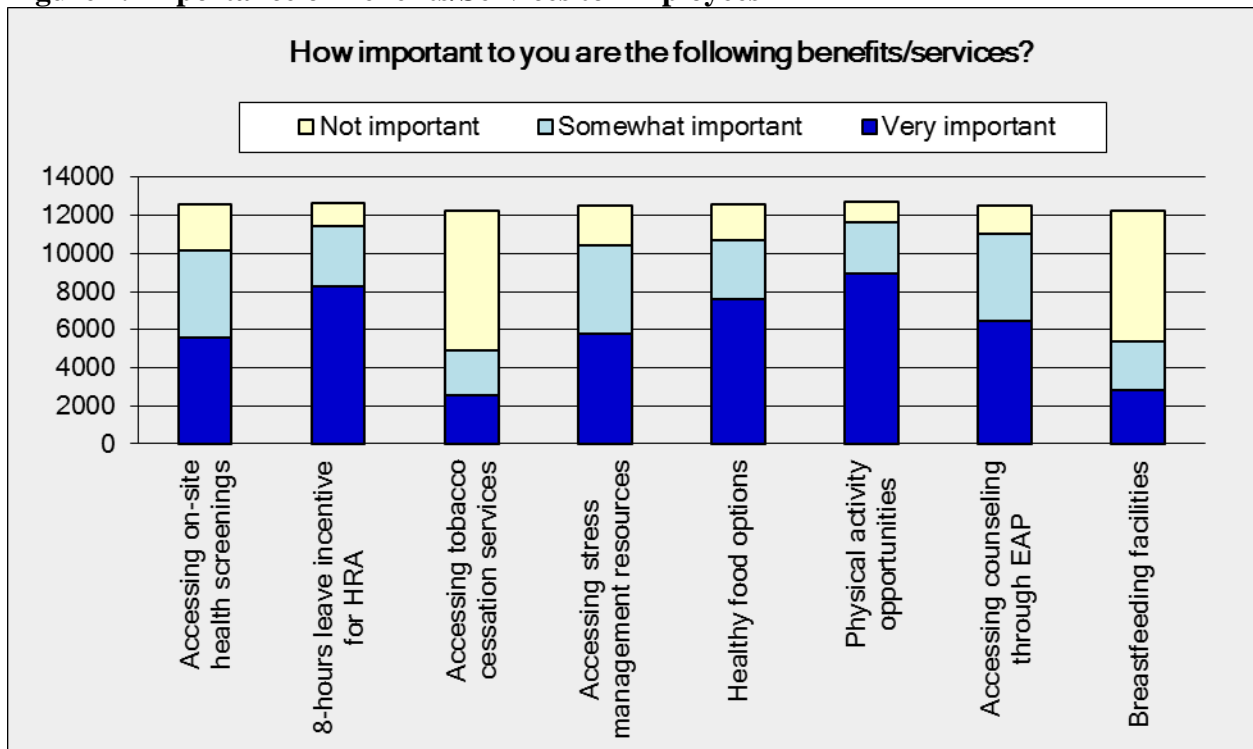
Note: n=60 responding state agencies

## State Employee Use, Needs, and Interests Related to Wellness

- About 13,000 state employees out of approximately 150,000 responded (8.7 percent response rate) to a survey asking about use, interests, and perceptions related to state agency wellness infrastructure
- Ten percent of respondents reported any tobacco use
- The majority of respondents rated almost all wellness benefits/services as “Very Important” versus “Somewhat Important” or “Not Very Important”
- Only tobacco cessation and breastfeeding resources were rated somewhat or less important by a majority of respondents

Figure 4 illustrates staff attitudes toward specific wellness benefits/services.

**Figure 4. Importance of Benefits/Services to Employees**



Note: n=12,903 responding state employees

Table 5 illustrates staff utilization of wellness benefits/services from 2012-2014.

**Table 5. Staff utilization of wellness benefits/services from 2012-2014**

<b>Benefits/Services</b>	<b>Percent of Staff</b>
Leave incentive (eight hours) for HRA	20%
Available exercise time (3 x 30 min/week)	20%
On site health screenings	19%
Physical activity programs	19%
Employee Assistance Program	14%
Healthy eating programs	9%
On site massage therapy	8%
Stress management counseling	6%
Tobacco cessation services	1%
Breastfeeding facilities	1%
I have not used any of these services	46%

Note: n=12,903 responding state employees

Table 6 shows staff responses/attitudes when asked what would make it easier to be more physically active, eat more healthy, and quit using tobacco at work.

**Table 6. Perceived Facilitators to Healthy Behaviors**

<b>Facilitator</b>	<b>Percent of Staff</b>
<u>Physical activity</u>	
If there was a place to exercise on site	60%
If there were workout classes on site	40%
If there were showers on site	38%
If there were walking groups	28%
Other	18%
Not interested in physical activity at work	12%
<u>Healthy eating</u>	
Healthier options in the vending machines	49%

Discounted nutrition programs	41%
Healthier options at meetings or office events with food	33%
Healthier options in the cafeteria	32%
Someone participating in healthy eating efforts with me	21%
Other	16%
Not interested in healthy eating at work	10%

Tobacco cessation

I don't use any tobacco products	89%
Not interested in tobacco cessation services	5%
If I knew more about the tobacco cessation services	3%
If it was easier to access services	3%
Other	3%
If there was more incentive to participate	2%

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Note: n=12,903 responding state employees

**Analysis**

The majority of staff respondents rated almost all wellness benefits/services as “Very Important” versus “Somewhat Important” or “Not Very Important.” Only tobacco cessation and breastfeeding resources were rated less favorably by a majority of respondents. Generally, 25-40 percent of respondents indicated that any of the individual physical activity or healthy eating strategies listed would help them be healthier at work, and fewer than 15 percent expressed no interest in any physical activity or healthy eating strategies. Nevertheless, overall utilization of health benefits in the past three years is just over 50 percent of respondents. This suggests either a lack of availability or awareness of wellness infrastructure, or a combination of both.

The programs implemented most among state agencies tend to be those that require minimal resources, are developed and administered by other organizations, and/or reflect the provisions of Government Code, Chapter 664. According to wellness liaisons and coordinators, 80-90 percent of the responding state agencies offer some programming in support of physical activity, health risk assessments, stress management, and breastfeeding (all of which, other than stress, are addressed by Chapter 664), while 60 percent support healthy eating and tobacco cessation, which are not addressed.

## **State Agency Wellness Accomplishments**

Over the last two years (2013-2014), DSHS, through the Statewide Wellness Coordinator, committed considerable resources and time to the implementation of Government Code, Chapter 664. This commitment resulted in numerous accomplishments, including several initiatives as described below.

### **Smoke-Free Campus Policy**

In early 2014, HHS leadership decided to implement a smoke-free campus policy for properties owned or leased by HHS agencies. The policy bans smoking cigarettes, cigars, and other tobacco products to protect employees, patients, and visitors from secondhand smoke; encourages smokers to seek cessation benefits; and supports the same culture of health that HHS promotes in all Texas communities. With support from the Statewide Wellness Coordinator, DSHS Disease Prevention and Control staff, and representatives of the five HHS agencies, a two-phase policy was developed for implementation. Phase I, which covers the central campus area in North Austin occupied by the five state agencies, began in September 2014. Phase II implements the ban on all property statewide beginning March 1, 2015. The policy effort includes providing enhanced tobacco-cessation resources to smokers and educating employees via a thorough communications campaign. As of the writing of this report, Phase I of the policy launched on time with limited resistance from smokers and only minor logistical issues, which have been documented to inform the roll out of Phase II in March 2015. When fully implemented, this policy will provide healthier worksites for more than 54,000 employees.

### **Farm to Work Program**

The Farm to Work Program improves healthy eating choices by increasing the availability of farm-fresh produce to state employees at their worksites. Employees order a basket of produce online by Friday of each week for delivery to their worksites on Tuesday of the following week. Each basket costs an employee \$20 and contains vegetables and fruit grown by local central Texas farmers. The Farm to Work Program has expanded to 15 state agency worksite locations. Between September 1, 2012 and August 31, 2014, the program reached 5,881 unique customers and sold a total of 21,686 baskets, generating more than \$430,000 for central Texas farmers.

### **State Agency Wellness Conference**

In 2012, the State Agency Wellness Conference, Building Our Momentum, was held on October 17 in Austin. The conference was attended by 155 state agency wellness personnel and other employees involved with worksite wellness efforts. Attendees were educated on health promotion and behavior change principles related to chronic disease prevention. The 2014 conference, Worksite Wellness: Making the Ideal Real, was held on October 14, 2014. Attendees gained knowledge, skills and tools to effectively implement the evidence-based strategies of the Texas State Agency Model Wellness Program. Conference sessions discussed policy and environmental changes that support healthy behavior and how to access and utilize wellness-related programs and resources through the Employees Group Benefits Insurance Plans, Employee Assistance Program providers and community organizations.

### **Flu Vaccination Clinics**

Each fall, DSHS provides training to state agencies on strategies for hosting flu clinics on-site at agency worksites. Through these clinics and well-coordinated communication through the state agency wellness liaisons, an average of 1,820 state employees receive vaccinations at their workplace each year. For 2014, the Statewide Wellness Coordinator, in partnership with the Employees Retirement System of Texas and United Healthcare, identified vaccination providers who could provide the vaccines onsite and charge the cost to the health plan, resulting in zero cost for employees. As a result of this new benefit, participation in on-site flu vaccination is expected to grow in future years.

### **Get Fit Texas State Agency Physical Activity Challenge**

In 2013 and 2014, DSHS and DADS staff collaborated to offer the Get Fit Texas physical activity challenge to state employees. The program celebrates employees who meet the recommended level of physical activity (150 minutes per week) for at least six of the 10 weeks of the challenge. In 2013, almost 21,000 state employees participated, while 2014 saw more than 16,000 state staff members join the challenge. Get Fit is driven by a strong collaborative effort between DSHS and DADS, featuring an interactive website that enables staff (and teams) to enter and track minutes of physical activity. The challenge culminates in an awards lunch recognizing state agencies with the highest levels of staff participation, led by DSHS Commissioner Dr. David Lakey.

### **Conclusion**

DSHS learned multiple lessons in supporting the wellness of state agency employees during fiscal years 2013 and 2014. While many employees report using wellness services and being very interested in available benefits, significant room for improvement exists in terms of expanding wellness infrastructure and employee utilization. During the next two years, DSHS will focus on implementing statewide initiatives aligned with the objectives of the model wellness program, and will continue to support state agency wellness planners as they implement wellness activities in their agencies. Additionally, DSHS plans to initiate demonstration projects in state agencies that currently do not participate in wellness programming. This approach will place program development responsibilities on DSHS, and only the development of logistical processes for implementation would fall to other agency involved. Additionally, through ongoing support for and collaboration with the Worksite Wellness Advisory Board (WWAB), DSHS will continue to address the state-level issues that affect wellness efforts across all agencies.