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"It's a smart business decision to invest in the long-term health of employees. Nurses can keep people healthy, happy, and productive, so they can do great things for the company."

—Gale Adcock, MSN, RN, FNP, Chief Health Officer, SAS Institute Inc. and Member of the North Carolina House of Representatives

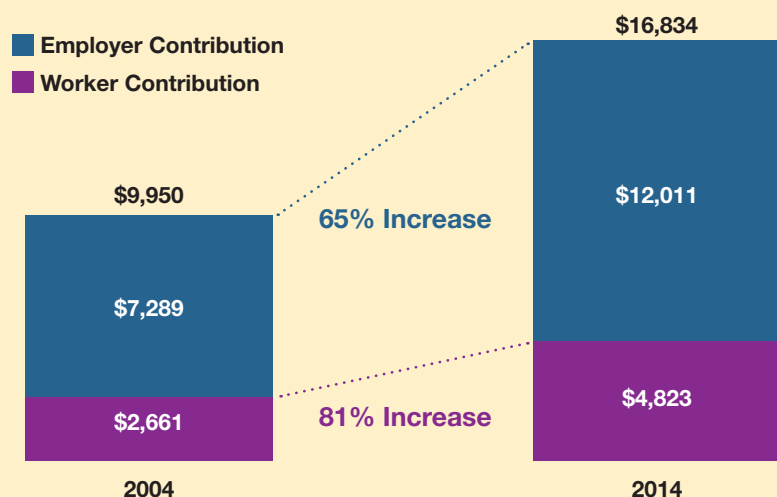
The Value of Nursing in Building a Culture of Health (Part 2): Helping Employers Create Safe and Productive Workplaces

Nurses are enabling employers to create work environments that nurture the health of employees. For more than 100 years, nurses have been active in the workplace, identifying safety hazards, delivering urgent care, and promoting well-being. Today, as health care costs climb and chronic disease saps productivity, employers are turning to nurses for their flexibility, leadership, and experience in building workplace Cultures of Health.

This brief profiles nurse-designed or -executed workplace initiatives, explores the challenges of measuring their effectiveness, points out the need for more nurse researchers in this field, and highlights a controversial policy aimed at improving employees' health. The brief also illuminates nurses' contributions to the Robert Wood Johnson Foundation's vision for a Culture of Health in which business, government, individuals, and organizations work together to foster healthy communities and lifestyles; Americans have access to affordable, quality, efficient health care; and good health flourishes across geographic, demographic, and social sectors. *The Value of Nursing in Building a Culture of Health (Part 1): Reaching Beyond Traditional Care Settings to Promote Health Where People Live, Learn, and Play* showcases nursing's contributions to building a Culture of Health in other settings.

Figure 1.
Employers and Employees Share the Burden of Rising Insurance Premiums

Average Annual Health Insurance Premiums for Family Coverage



Data Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2004-2014. CNF has modified this data display. See original at <http://kff.org/report-section/ehbs-2014-summary-of-findings/>.

Employer Engagement with Health, Safety, and Prevention

The United States spends far more on health care than other developed countries, yet lags behind in key indicators of the health of its people. Insufficient access prevents many Americans from receiving care, and social, economic, and environmental factors that engender chronic conditions—a major driver of health care costs—go unaddressed. Employers and their employees suffer the consequences of this imbalance, enduring unsustainable increases in the cost of health care (see Figure 1, p. 1).

This landscape is starting to change. Momentum is building for a wide array of worksite-based care delivery and preventive health experiments that target access, wellness, cost-reduction, and safety. Studies of these initiatives' financial return on investment (ROI) provide widely varying results, but a consensus is emerging that such programs pay off in many ways.

Nurses are often in the vanguard of these efforts, which include:

- Evaluating and changing the workplace environment to minimize workplace hazards (see pp. 3-5);
- Implementing programs to address job risks and life risks in tandem and to bolster worker resilience (see p. 4-5);
- Increasing access to evidence-based primary care through worksite clinics, which provide convenient, low-cost, and efficient care (see p. 6);
- Rebooting workplace culture through healthy menu choices, walking meetings, and fitness (see p. 7);
- Redesigning benefits to incentivize prevention and wellness (see p. 7);
- Measuring the impact of workplace health initiatives (see p. 8); and
- Building the business case for investing in the health of communities at large (see below).

Nurses are especially well suited to this work. They have the historical knowledge, clinical preparation, and ethical mandate to promote worker health and safety, and they are educated to consider medical issues within the larger context of the social determinants of health. The World Health Organization defines these as “the circumstances in which people are born, grow up, live, work and age,

and the systems put in place to deal with illness.” With many Americans spending most of their waking lives at work, employers and others seeking to improve the health of the nation can look to worksite nurses. These professionals have come full circle, blending contemporary strategies with interventions pioneered by earlier generations to build a Culture of Health.

GLOSSARY

Workplace Wellness programs encourage employees to modify their risk factors for chronic disease through behavior changes such as tobacco cessation, weight loss, and regular screenings. Wellness programs may involve policy changes, such as mandating “walk and talk” meetings, and environmental modifications, such as adding stairs or placing low-calorie snacks in vending machines.

Worksite Clinics provide health care to employees at or near the workplace. Worksite clinics are typically staffed by registered nurses (RNs) and Nurse Practitioners (NPs) and may offer a range of services including first aid, urgent care, primary care, disease management, wellness programs, pharmacy services, and physical therapy.

Total Worker Health® (TWH) is an approach developed by the **National Institute for Occupational Safety and Health (NIOSH)**, a federal agency. TWH integrates standard health and safety practices, such as ergonomics, chemical mitigation, and noise protection, with workplace health promotion policies, practices, and procedures.

Health Coaches work one-on-one with individuals to help them meet their self-identified health goals, such as losing weight or managing pain. Nurse health coaches provide self-management support, serve as bridges between primary care providers and patients, and help patients navigate the health system.

Case Management programs often use nurses to coordinate the care of individuals with serious, complex conditions. These nurses identify the most cost-effective and clinically appropriate treatments and manage care across multiple sites.

Disease Management programs use in-person or telephonic coaching to identify gaps in care for common chronic conditions and to improve patients' medication compliance, self-care abilities, and health knowledge.

The Case for Business Investment in Community Health

By design, large businesses operate as small ecosystems that can positively impact the health of the communities in which they reside. Conversely, the health of their workers largely reflects the social, economic, and health conditions of the workers' home communities. A recent study found that many companies are already engaged in programs that address community health. Commonly cited reasons for this investment include:

- To build a good reputation in their communities;
- To improve the health of workers' families, thereby reducing costs;
- To influence other drivers of health care costs outside the workplace, such as the quality and availability of medical services;
- To engage in business development and build a market for products; and
- To attract and retain employees.

In July 2015, a second report called upon employers to extend their corporate health investments into the community, using data to guide decision-making.

Sources: Health Enhancement Research Organization. *Environmental Scan: Role of Corporate America in Community Health and Wellness*, submitted to the Institute of Medicine Roundtable on Population Health Improvement. 2014.

The Vitality Institute. *Beyond Four Walls: Why Community is Critical to Workforce Health*. 2015.

How Nurses Protect and Promote Worker Health

Occupational health nurses (OHNs) promote and protect the health of workers—and their families and communities—by preventing illness and injury and promoting healthful behaviors. In forward-looking companies, OHNs' education and perspective unite the diverse disciplines of health, safety, wellness, and benefits to build a Culture of Health.

The earliest OHNs in the United States cared for marble quarry workers and coal miners in the late 1880s, treating minor injuries and visiting ill workers at home. These nurses worked to create a Culture of Health by providing health and childcare education to the community, supervising lunchroom menus, and organizing such social activities as glee clubs and picnics. By the turn of the 20th century, with the industrial revolution well underway, factories, retail stores, hotels, and insurance companies all employed industrial nurses. State workers' compensation laws and the advent of World War I further fueled the profession's growth, as did passage of the Occupational Safety and Health Act of 1970.

Today, OHNs stand at the intersection of work, regulations, employer priorities, and employee health needs. In the public health tradition, they track health and safety risks, mitigate hazards, prevent illnesses, and seek to modify risky behaviors that can lead

to chronic conditions. As clinicians, they treat minor illnesses and injuries, and in some cases manage chronic diseases and prescribe medications. Employers in diverse industries (utilities, transportation, and food production among them) rely on OHNs to keep workers safe, reduce absenteeism and workers' compensation claims, slow the rise in health care costs, and improve productivity.

Still, occupational health nursing has been dubbed the invisible profession. With just 19,000 OHNs nationwide—less than 1 percent of the nursing workforce—nursing students and the public are largely unaware of the field. Rarely do nurses become OHNs directly following their undergraduate years; rather, they first gain experience in emergency, critical care, medical-surgical, or public health nursing.

"Occupational health nursing calls for a unique set of skills and the ability to work in an independent setting, qualities that you don't typically find in brand new graduates," says [American Association of Occupational Health Nurses \(AAOHN\)](#) president Jeannie Tomlinson, RN, COHN-S, FAAOHN, a Robert Wood Johnson Foundation Executive Nurse Fellow.

Specialist education in occupational health nursing is offered at 13 of the 18 Educational



"No matter what kind of product or service a business produces, employees are their number one asset. People spend

most of their waking hours at work. It is where nurses can make the biggest impact."

—Erlinda Singarajah, MN, COHN-S, CEAS, ANP-C, Staff Adult Nurse Practitioner, Boeing Aerospace

and Resource Centers funded by the National Institute for Occupational Safety and Health (NIOSH) and through a limited number of additional academic programs. These programs combine public health and occupational health nursing content and practice. OHNs can also voluntarily earn certification through the American Board of Occupational Health Nurses, but few OHNs have gone on to earn the graduate degrees that would prepare them to conduct the research necessary to firmly establish best practices in the field. The employment outlook for OHNs is strong, with employers needing more trained OHN nurses than are currently available.

The Value of Nursing, Then and Now

The first photo shows occupational health nurses at work in a company clinic, circa 1920. The original caption read in part, "[T]he industrial nurse is a discouragement to the germs of infection, while her sympathetic interest, her willingness to do everything she can, is an antidote for a grudge against the firm."

In the second photo, a Johnson & Johnson nurse in shorts and a t-shirt leads a fellow employee in stretch band exercises. The



Photo: Courtesy of the Library of Congress



Photo: Courtesy of Johnson & Johnson

multinational firm is a leader in employing nurses to design and implement occupational health, preventive and ambulatory health care, and health promotion programs. RNs and NPs lead multidisciplinary [Live for Life](#) teams that offer health education and coaching, health risk assessment services, and clinical interventions at on-site health clinics. Live for Life teams engage employees in challenges, activities, and programs designed to support healthy lifestyles and encourage the use of on-site fitness centers. Although today's OHNs engage in a far more diverse range of activities than before, the way in which their work blends clinical, social, injury prevention, and health promotion activities brings their role in the workplace full circle.

Total Worker Health

Factory workers, truck drivers, and other blue-collar workers are at special risk of poor health. They endure such on-the-job health risks as noise, chemical exposures, and night-shift work. In addition, studies have shown they may be more likely to engage in such unhealthy behaviors as binge-drinking and tobacco use. These life risks and job risks interact synergistically, increasing the profound impact of each risk beyond simple addition.

This insight, coupled with the reality that many employers' health promotion, worksite safety, and health benefits programs operate in silos with different assumptions, goals, and tools, led NIOSH in 2011 to introduce **Total Worker Health® (TWH)**. TWH is an approach that melds worksite safety and health promotion programs with the goal of improving worker safety, health, and well-being. TWH rests on a bedrock of

interprofessional collaboration and has rapidly gained popularity amongst researchers, OHNs, and other occupational health and safety professionals. It is seen as relevant to all job types and workplaces.

TWH rests on the precept that workers are more likely to engage in wellness programs when they are integrated with occupational health and safety activities. This approach has long been championed by OHNs.

"Some people think it is easier to change behavior than to change the work environment," says Anita L. Schill, PhD, RN, COHN-S. "TWH debunks that approach. It says, you can't change behavior when the environment around someone conspires against them."

To advance knowledge of TWH, NIOSH funds four national **Centers of Excellence**. Researchers from diverse fields including



in people's health."

—Anita L. Schill, PhD, RN, COHN-S, Senior Science Advisor to the Director, NIOSH

"It might take longer to change the environment and it might be more expensive, but once you do that, you are set up for greater success in effecting long-term change

nursing, industrial hygiene, organizational psychology, and labor economics collaborate to pilot test promising policies and programs, develop toolkits, and investigate program costs and benefits.

A meta-analysis of more than a dozen studies of heterogeneous TWH interventions shows that they more effectively improve workforce health and address worker injuries and chronic diseases than individual interventions delivered sequentially.

For More Information

Visit www.cdc.gov/niosh/TWH/ and see [Effectiveness of Total Worker Health Interventions](#). *Journal of Occupational Health Psychology*. 2015;20(2):226-247.

Nurse Gets to the Heart of Police-Work

Behind their crisp uniforms and tough image, the nation's 900,000 law enforcement officers are under tremendous stress. Encounters with serious accidents, domestic disputes, and rescues may trigger the fight-or-flight response, while night-shift work and 24-hour accountability contribute to chronic stress.

Physiological responses to stress are likely primary reasons why cardiovascular disease is 70 percent more prevalent in retired police officers than in the general public.



Photo: Joe Kloczek

"The public has a vested interest in the health of police," says University of Iowa College of Nursing and Public Health professor Sandra Ramey, PhD, RN, who has made researching occupational illness among sworn officers her life's work. "When departments experience budget cuts or disability rates climb, officers' stress levels are likely to rise, and everyone pays."

In Ramey's view, the solution lies both in reducing those on-the-job stressors that can be controlled and also in building officers' stress resiliency. Training in stress resiliency gives people a structured way to manage their response to stressful situations and quickly regain their balance. This intervention could benefit many additional workers including nurses, other health care providers, and emergency responders, all of whom endure comparable stressors.

From 2012 to 2014, Ramey was awarded \$100,000 from the Department of Justice and the University of Iowa's Healthier Workforce Center for Excellence in the College of Public Health to pilot test HeartMath® Institute's **The Resilience**

Advantage™ program with the Milwaukee Police Department. The intervention teaches officers to modify stress by using self-regulation so as to align their physical, cognitive, and emotional systems. Users monitor their progress through a small portable device or iPhone app.

After the pilot test, Ramey's cohort showed improvements in diastolic blood pressure, summary scores for post-traumatic stress disorder, and key measures of heart rate variability. A similar intervention delivered to correctional officers showed significant decreases in LDL cholesterol, heart rate, blood pressure, and DHEA, a hormone likely associated with response to stress.

"The simple logic," says Ramey, "is that if you can control your stress and feel better about your day-to-day life, it will most likely translate into better sleep and better overall health, leading to better job performance and decision-making."

Last December, Ramey was invited to present her research to President Obama's Task Force on 21st Century Policing. She was the only nurse who presented.

Nurse-Researcher Sounds Alarm for Sleep

Claire Caruso, PhD, RN, FAAN, a research health scientist at NIOSH, has devoted 20 years to studying the health effects of night-shift work—jobs that take place after 6 p.m. and before 7 a.m. About 15 percent of full-time U.S. employees—nurses, emergency service workers, truckers, police officers, and manufacturing workers among them—work nights and evenings, or rotate between days and nights. Evidence is mounting that these interruptions to a body's circadian rhythms can lead to cancer, cardiovascular disease, and depression.

"Each year, it seems that scientists are finding more research about the harms of shift work,"

says Caruso. "When you sleep, your body is very busy—repairing wear and tear, getting rid of cancer cells, and laying down memories."

In May 2015, Caruso's team at NIOSH introduced a free, online continuing education program to help nurses and their managers learn better strategies for coping with shift work. Among the modifications that researchers recommend: Nurses should be given some ability to control their schedules, and employers should use permanent/fixed night shifts with caution.

To see the full training, visit <http://www.cdc.gov/niosh/docs/2015-115/>.

The Quadruple Aim

Whether from lifting patients, violent encounters, needlesticks, or an array of other hazards, health care workers suffer a disproportionate number of workplace injuries. In response, a growing movement calls for adding a fourth aim—caregivers' experience—to health care's **Triple Aim** framework (improving the patient experience, improving the health of populations, and reducing per capita health care costs). The proposed Quadruple Aim adds helping health care workers find joy and meaning in their work. In order to achieve this, workers must be protected from injury, violence, bullying, and burnout—classic indicators of high-stress, hierarchical workplaces.

Health care workers, like all workers, tend to underreport injuries. Employers can do their part by creating a policy of zero-tolerance, where one injury or act of violence is too many.

"The precondition for restoring joy and meaning is to ensure that the workforce has physical and psychological freedom from harm, neglect and disrespect," write Rishi Sikka, MD, Advocate Health Care, Julianne Morath, RN, MS, CPPS, Hospital Quality Institute, and Lucian Leape, MD, Harvard School of Public Health. "For a health system aspiring to the Triple Aim, fulfilling this precondition must be a non-negotiable, enduring property of the system."

The Value of Nursing

In early 2014, Optum™, a division of UnitedHealth Group, launched **Moment Health** to offer mindfulness programs to customers and UnitedHealth's own employees. Nurse Dawn Bazarko, DNP, RN, FAAN, founded the business line.

Research shows that mindfulness helps to reduce stress, improve emotional regulation, and strengthen performance by helping to focus attention. The six-week program is delivered to workers virtually and is tailored to employee groups' specific challenges and work demands, such as handling customer calls. Although the business is not yet two years old, Bazarko's training has reached 45,000 people including more than 15,000 who take part in her weekly 20-minute guided meditation sessions offered via WebEx or phone. Bazarko says that employers invest in such programs to strengthen company loyalty, foster engagement, and promote health and well-being.



Photo: Rabbit Productions

PROFILES IN LEADERSHIP



Photo: Studio 309

Carolyn Sheridan, RN, clinical director, AgriSafe Network

When Carolyn Sheridan, a nurse and grain farmer, became one of the nation's first certified Agricultural Occupational Health Nurses in 1990, few providers knew about the health risks of farming—or how to prevent them. Not so today, thanks in part to Sheridan's work to found the non-profit **AgriSafe Network**. Through AgriSafe, Sheridan helped build agricultural health and safety services in 20 states, Australia, and Canada. She also managed a hospital-associated AgriSafe department in Spencer, Iowa, where she provided education to primary care providers and direct care to farmers for farming-related occupational illnesses such as respiratory diseases, pesticide exposure, depression, hearing loss, and back pain.

Growing up on a dairy farm, Sheridan recalls her father coughing after haying and suffering blood poisoning from a cut—ailments she now knows as farmer's lung and a staph infection caused by exposure to cow manure.

Since the Spencer clinic closed due to budget cuts in 2014, Sheridan has continued as AgriSafe's clinical director, planning, developing resources, and teaching college and online courses.

"We always hear about slips and falls, tractor rollovers, and other injuries, but there's a whole health element to farming that providers may often miss," says Sheridan. She urges nurses and other rural providers to ask patients, "Are you a farmer?" so they can tailor their care plans appropriately.

Worksite Health Clinics: A Promising Approach

One way that employers are lowering health care costs—and improving quality—is by providing health care on the factory floor and in office complexes. Today’s worksite health clinics hark back to the earliest days of occupational health nursing, but in addition to offering first aid, urgent care, and occupational health services, they may also provide primary care, wellness management, rehabilitation, and pharmacy access.

RNs and NPs are the chief providers of workplace care. These nurses provide non-emergency services such as physical exams, immunizations, and treatment for respiratory and urinary tract infections. Nurses also

provide urgent care for cuts and contusions, migraines, and simple fractures, and sometimes coach workers to reach their health goals. Increasingly, NPs also diagnose and provide ongoing treatment for chronic diseases.

“Nurses are well suited to run these clinics because they have the breadth of clinical experience and can deliver care cost-effectively,” says Larry Boress, executive director of the [National Association of Worksite Health Centers \(NAWHC\)](#).

Many nurse-managed worksite clinics are set up and run by employers. The clinics also represent a growing business opportunity for

large health systems, health insurers, and private vendors such as HealthStat and Premise Health.

In addition to saving employers money, the clinics benefit employees—and often their family members—who enjoy the convenience of a nearby location, low or no co-pays, same-day appointments, and longer consultation times with providers. Employers cite higher productivity, increased employee engagement, and improved quality of care as additional reasons for setting up clinics.

Cost-savings associated with these clinics can be substantial for both employers and employees (see Figure 2). At Johns Hopkins Hospital in Baltimore, for example, the provision of urgent care at an on-site clinic reduced the number and frequency of employee emergency department visits for non-urgent conditions, [saving](#) the organization’s health plan \$39 per member each year. Employees also were spared co-pays of \$75 to \$150 per visit.

Researchers are still working on determining clinics’ full value. The true opportunity in controlling health care costs lies in preventing high-cost hospitalizations and managing chronic diseases. A 2014 NAWHC white paper suggests that future studies might examine how on-site clinics improve on-the-job productivity or reduce the number of high-cost acute conditions. Researchers might also seek to differentiate between the long-term health outcomes of worksite-clinic users and nonusers.

Figure 2.
One-Year Cost of Treating Upper Respiratory Infections (URIs) at a Nurse-Run On-Site Clinic vs. Off-Site Care

ON-SITE CLINIC			OFF-SITE CARE		
No. of cases	Avg. Cost	Total Cost	No. of cases	Avg. Cost	Total Cost
209	\$19.23	\$4,020.08	209	\$128.75	\$26,909.52

Net difference \$22,889.44

Researchers compared the cost of treating university employees at an on-site health clinic, staffed by a certified family NP, an RN, and a certified nursing assistant, against billings incurred for employees treated by outside providers in one calendar year. Primary Physicians Care, the administrator of the self-insured employer’s insurance claims, provided the average cost of care for each study diagnosis. URIs included sinusitis, upper respiratory tract infections, bronchitis, allergic rhinitis, viral illnesses, influenza, asthma, and pharyngitis. Cost comparison does not include an additional savings of \$4,801 in avoided employee co-payments.

* Numbers do not total exactly due to rounding.

Data Source: McCaskill S, Schwartz L, Derouin A, & Pegram A. [Effectiveness of an On-Site Health Clinic at a Self-Insured University: A Cost-Benefit Analysis.](#) *Workplace Health & Safety.* 2014;62:162-169.

Nursing Contributes to Health at SAS

When SAS introduced a nurse-managed corporate health center 30 years ago, the idea flew in the face of fee-for-service medicine. But for the world’s largest privately held software company, it was business as usual.

The company, headquartered in Cary, North Carolina, values flexibility, egalitarianism, and creativity, and among SAS’ top three goals is to be an exemplary employer. So it made sense, explains Gale Adcock, MSN, RN, FNP, chief health officer, SAS Institute Inc., to operate an NP-managed, comprehensive

primary care center with extended hours at no cost to employees and their families.

Today, more than a third of SAS Health Care Center (HCC) employees are nurses. At the 35,000-square-foot HCC, SAS employees and family members have access to primary care and physical therapy, counseling, pharmacy, nutrition, biofeedback, and breastfeeding support. Most appointments last 30 minutes, and the HCC is measured on patient satisfaction and health outcomes.

SAS knows that the HCC saves millions in avoided medical-claim costs each year, while saving employees valuable time. In

a [study](#) with Duke University, SAS found that employees who used the HCC as their medical home saved SAS \$482 per year in health care costs, when compared to employees who identified a community medical provider as their chief source for primary care.

Another metric speaks to SAS’ original goal: Company turnover is 4 percent, a small fraction of the software industry’s typical turnover rate. Says Adcock, “I wish I had a dollar for every patient who said to me, ‘The health care center is one of the main reasons I’m sticking around here until I’m 70.’”

Workplace Wellness: A Work in Progress

According to the most recent data, half of all employers with 50 or more workers and more than 90 percent of employers with more than 50,000 workers offer a wellness program. Such programs vary widely but typically include individual health-risk assessments and such health-promotion activities as tobacco-cessation efforts and healthy weight programs, as well as such changes to the environment as healthier menus and new walking paths. Some employers also operate disease-management programs under the wellness umbrella.

Nurses are often called upon to administer key aspects of wellness programs, including delivering biometric screenings that set a baseline for individual improvement. In some programs, they coach employees in person or over the phone to help them reach wellness

goals. They also educate and, at times, manage the care of individuals with chronic diseases, with the goals of improving health and averting costly hospitalizations.

At first glance, lifestyle-management programs seem to be an obvious remedy to the rising burden of lifestyle-related chronic disease, yet wellness programs—and incentives for participation—are controversial despite their popularity. A 2010 systematic review of the literature on workplace-wellness interventions suggested that they yield a substantial return on investment, but more recent studies have cast doubt on that assertion and the practice of using cost savings alone to gauge value.

“I would argue that we aren’t using the right metrics to measure wellness,” says Julie Sochalski, PhD, RN, FAAN, interim associate



“Powerful incentives to participate in wellness programs make sense when the other elements of a Culture of Health are in place: communication, trust, a benefits structure that incentivizes prevention,

leadership support, opportunities for fitness activities, and coaching.”

—Mary Beth Kingston, MSN, RN, NEA-BC,
Executive Vice President and Chief Nursing Officer, Aurora Health Care

dean for academic programs, University of Pennsylvania School of Nursing. Future research should consider the impact of wellness programs on such outcomes as absenteeism, morale, recruitment, and productivity.

Wellness Incentives: Polarizing and Powerful

Until recently, wellness programs have been challenged by low employee participation rates. The Affordable Care Act (ACA) allows employers to increase the value of the financial incentives offered to employees for reaching health-related goals through participation in wellness programs. Incentives can equal up to 30 percent of the cost of health insurance for losing weight, meeting cholesterol targets, or achieving other health goals—and as high as 50 percent when those goals relate to tobacco use.

In 2015, incentives for participation averaged \$693 per employee at companies that used this tool. Incentives can be framed as a reward, a premium reduction, or an increased premium payment. Studies show that when incentives are presented as a penalty or a loss, they are more effective in driving behavior change.

Critics say such financial penalties are regressive, disproportionately affecting the poorest employees, who are also most likely to engage in risky behavior and endure on-the-job hazards. In 2014, the Equal

Employment Opportunity Commission filed suit against three companies, alleging their wellness incentives were discriminatory.

“Exposing the most vulnerable employees to that level of pressure would be sound policy if, and only if, workplace wellness programs were powerful enough to reverse years of deeply engrained behaviors,” writes Soeren Mattke, MD, DSc, senior scientist at the not-for-profit RAND Corporation. “Our data show that wellness programs have just a modest impact on participants.”

The Live Well Program

In 2010, [Aurora Health Care](#), an integrated health system in Milwaukee, Wisc., launched Live Well, a wellness program focused on healthy weight, tobacco cessation, preventive screenings, influenza vaccination, and behavioral health. Today, nurses have conducted health risk assessments on more than 85 percent of Aurora employees and their spouses. Less than 10 percent of employees smoke—half the statewide

average—and 100 percent of eligible employees are vaccinated against the flu. Aurora has made vaccination a condition of employment.

Aurora leaders credit the program’s success to strong, loss-framed incentives. Aurora charges non-participants and those who don’t meet wellness goals an extra \$1,040 per person each year for health insurance.

“It captures people’s attention,” says David Smith, MD, MPH, vice-president of care management, “which then allows them to take the next step of making change.” While some employees have complained, he adds, “We have heard so many stories about people who were angry and later thanked us. They said, ‘I wouldn’t have done this if you hadn’t forced me.’”

For More Information

[Workplace Wellness Programs Can Generate Savings](#). *Health Affairs*. 2010;29(2):304-311.

[Managing Manifest Diseases, Not Risks, Saved PepsiCo Money Over Seven Years](#). *Health Affairs*. 2014;33(1):124-131.

[A systematic review of the evidence concerning the economic impact of employee-focused health promotion and wellness programs](#). *Journal of Occupational and Environmental Medicine*. 2013;55(2):209-222.

RAND Corporation. [Workplace Wellness Programs Study](#). Sponsored by the U.S. Department of Labor and the U.S. Department of Health and Human Services. 2013.

Beyond ROI: Measuring the Impact of Workplace Health Initiatives

Workplace health initiatives are thriving. The wellness industry is valued at \$6 billion. Employers have increased leeway to push workers into wellness programs thanks to the ACA. NIOSH researchers are expanding upon the concept of Total Worker Health. And employers are experimenting with benefit designs, care-delivery innovations, and health-promotion programs aimed at building a Culture of Health.

Yet, with so much going on, the body of peer-reviewed evidence to support widespread adoption of any single intervention is sparse and sometimes contradictory.

"Folks in the field have been grappling with this quandary for many years," says AAOHN president Jeannie Tomlinson, RN, COHN-S, FFAOHN.

The field needs valid and reliable measurement tools that permit a consistent

assessment of outcomes across diverse worksites and work populations. Too often, only larger, more affluent, stable worksites are studied, so that results may not apply to small businesses or transient workforces.

Further, every employer's program is unique and none operates in isolation, Tomlinson explains, so the results of any intervention must be viewed within a context of the particular workforce, the local health system, community public health investments, other employer programs, and health insurance programs and benefit designs. "You have to factor in all of those inputs to understand the result or outcome, and the complexity makes it very difficult to compare apples to apples."

Traditionally, employers have measured their health programs' ROI in terms of reductions in health plan costs, worker's compensation claims, and workplace injuries. Now

consultants and employers are also seeking to measure programs' impact on absenteeism, morale, trust, and productivity. OHNs can support or lead this endeavor.

"A lot of academics are interested in populations at work, but there's not a lot of collaboration between university-based researchers and OHNs in the field," said Sally L. Lusk, PhD, RN, FAAN, FFAOHN, professor emerita, University of Michigan School of Nursing. "OHNs can make sure research questions are clinically relevant and provide access to worker populations for study."

As more employers adopt a holistic view of worker well-being, better interprofessional collaboration, data integration, and, above all, a greater number of research-prepared OHNs could set the stage for creating a solid body of evidence on which to measure current and future worksite health interventions.

Emerging Technologies and the Privacy of Employee Health Information

Although employers who collect employee health information may have written policies that guide the release, transmittal, and storage of that information, employees naturally worry about their ability to access their personal data and protect its privacy. For that reason, AAOHN's code of ethics compels OHNs to protect confidential information and release it only as required or permitted by law. Through their professional association, conferences, or their employers' legal departments, OHNs receive training on federal Occupational Safety and Health Administration privacy requirements and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which governs how individuals' health information may be disclosed.

Yet HIPAA was written nearly 20 years ago, a time when few policymakers could imagine how personal health data collected in the workplace might be used to improve individual health, population health, or the efficiency of care delivery. As a result, the data generated by today's wearable monitoring devices and

health application software are not protected by HIPAA. This points to an emerging area for research, regulation, and lawmaking to ensure data security, protect employees from discrimination, and guide employers in the storage, sharing, and use of employee health data.

"Data Exchange Moves at the Speed of Trust—

Many individuals and community organizations support the use of aggregated personal health information to inform how to improve health, but demand more clearly stated value propositions supporting data exchange. People want to trust that their data will be used for important and helpful purposes, while also being protected from invasions of personal privacy and breaches in their personal information."

Source: Robert Wood Johnson Foundation. *Data for Health: Learning What Works*. A Report from the Data for Health Advisory Committee, prepared by Virginia Tech. 2015.

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