PREVENTION PARTNERS℠

healthy places change lives

Profile of Healthy Workplaces 2016

Executive Summary

Prevention Partners' 2016 Profile of Healthy Workplaces describes trends seen from our experience working with over 750 organizations in the United States and beyond to create healthy workplaces. It reflects data collected from October 2008 through December 2015, and in a sense, it is a summary of the state of workplace health. While not a representative sample, WorkHealthy America℠ and WorkHealthy Global℠ combine to create one of the largest data sets of healthy workplace practices that exists, including time series data, and describes trends in employer-driven strategies to improve health.

Our approach is different

"Workplace wellness" is a phrase that means many things to many people, and can be a flash in the pan approach that costs a lot and does not produce measurable results. *Our approach is different* – it centers on engaging leadership to create evidence-based policies, benefits, and environmental changes that are integrated throughout the culture and fabric of an organization. This approach of creating healthy places where people work, learn, and receive care is the mission of Prevention Partners because we know that healthy places change lives. We invite you to use this data as a comparison point to your organization's practices and to help shape a broader discussion for what works in creating healthy workplaces.

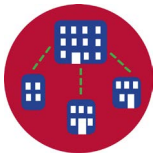
Highlight #1 **Organizations can significantly improve in less than one year.**

The 85% of organizations who improve, generally do so in under one year. These rates differ by sector and size of the organization, with businesses being the fastest moving sector and small or large organizations moving more quickly than moderately sized ones.

Highlight #2 **Organizations who use available tools and resources tend to have higher grades.**

Organizations that use the resources available within WorkHealthy America are more likely to have high grades, than those who do not use the automated reports, toolboxes, webinars, and in-person trainings.

Highlight # 3 **LeadHealthy America helps community leadership teams successfully engage and support organizational change.**



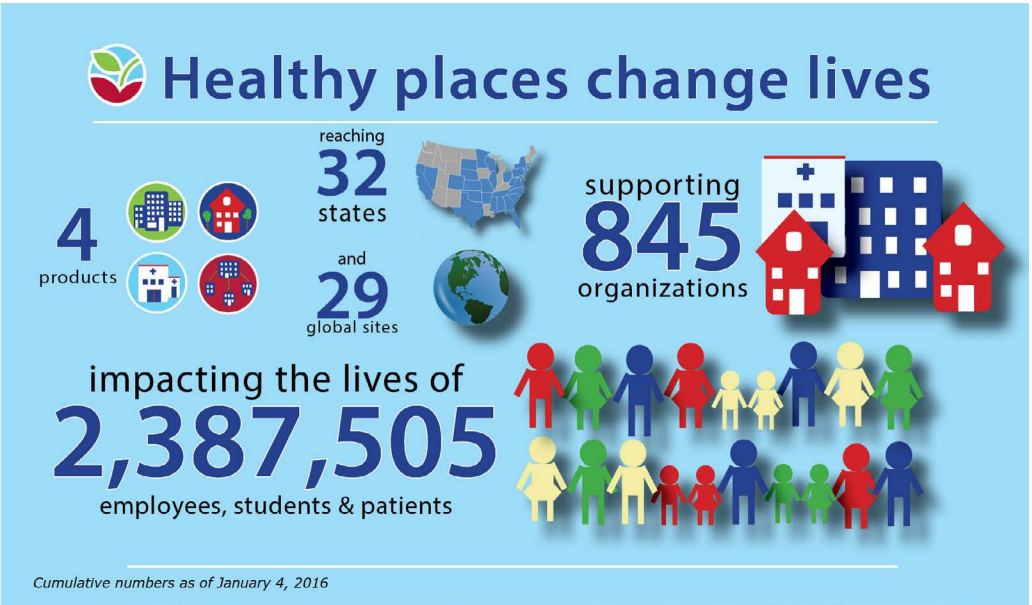
Scores on the LeadHealthy assessment positively correlate with reassessment rates, improvement rates, and the WorkHealthy America grades of the organizations in those initiatives.

Highlight # 4 **Global worksites face different opportunities and challenges than worksites in the United States.**

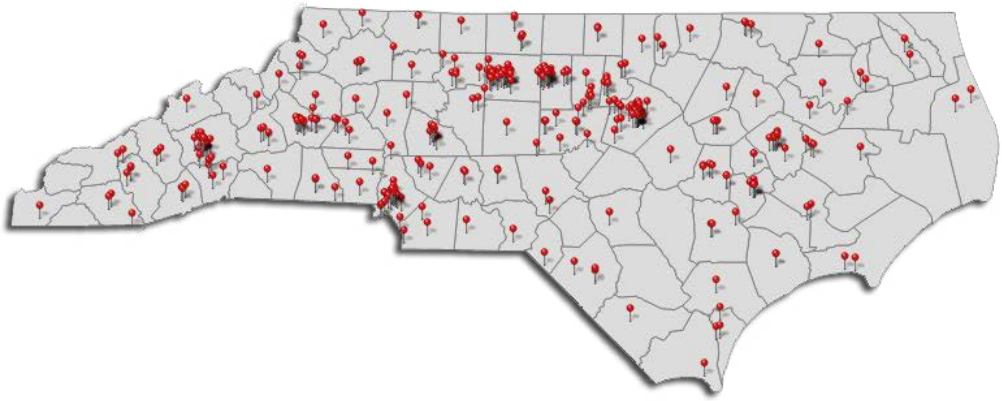
Table of Contents

About Our Data

Our data arises from Prevention Partners' 18 years of work in North Carolina and nationally on leading health issues, namely: decreasing tobacco use, increasing physical activity, promoting good nutrition and reducing obesity. We work to help decision-makers transform workplaces, schools, hospitals, clinics and other settings by changing policies, environments, and cultures from the top down. Much of this work is done through a suite of web-based tools centered on organizational assessments, tailored reports, implementation support, and recognition through interactive maps. While workplaces will be the focus of this report, more information about our other products can be found on our website at forprevention.org (LearnHealthy America℠, School Health Hub℠, Patient Quit-Tobacco System℠, and LeadHealthy America℠).



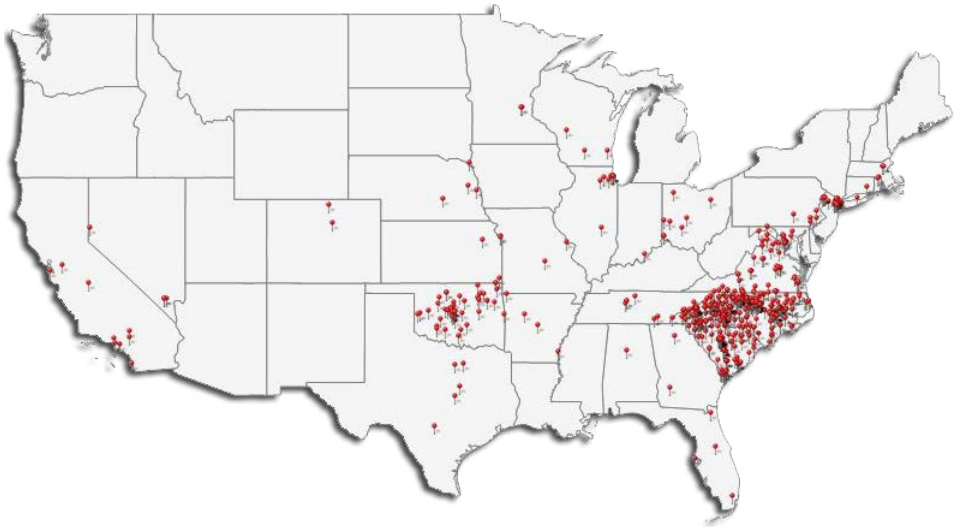
Prevention Partners' data focuses on organization-level measures. All publicly reported data is presented at the aggregate level to respect the confidentiality of our partners. Through formal research partnerships, we are willing to share our data in order to advance the body of evidence about workplace health, policy, environment, systems, and benefit strategies related to tobacco use, nutrition, and physical activity.



North Carolina

In 2014, Prevention Partners launched an initiative named Healthy Together NC in collaboration with The North Carolina Department of Commerce, the North Carolina Hospital Association, the North Carolina State Health Plan, the North Carolina Association of County Commissioners, the North Carolina Community Foundation, Population Health Improvement Partners, Vidant Health, and Cone Health. The goal of the initiative is to reach at least 10 of the largest workplaces in each of North Carolina's 100 counties by 2025. Healthy Together NC has currently met that goal for 11 counties.

As part of a grant funded by the Kate B. Reynolds Charitable Trust, Prevention Partners is launching Simple Steps, a new workplace tool, in two NC counties in 2016. Simple Steps℠ is a brief assessment that includes a small subset of existing WorkHealthy America questions along with a set of new questions related to organizational readiness. Organizations that take Simple Steps receive a "readiness score" along with recommendations on some of the easy first steps organizations can take to create a healthy workplace.



United States

Prevention Partners has worked with 684 workplaces across the United States impacting 1,044,992 employees. There are one or more organizations in 32 states, and 7 states have 10 or more workplaces that have used WorkHealthy America. Much of this work is accomplished through partnering with state, multi-state, or municipal initiatives. Initiatives active in 2015 include Working Well, a multi-sector campaign in South Carolina; WorkHealthy Hospitals in Oklahoma; NYC Tobacco-Free Hospitals; Ambassadors for Health, a campaign with select military hospitals; and WorkHealthy Virginia, a hospital-based campaign. Participating worksites outside of North Carolina also include corporate worksites and Children's Hospitals.

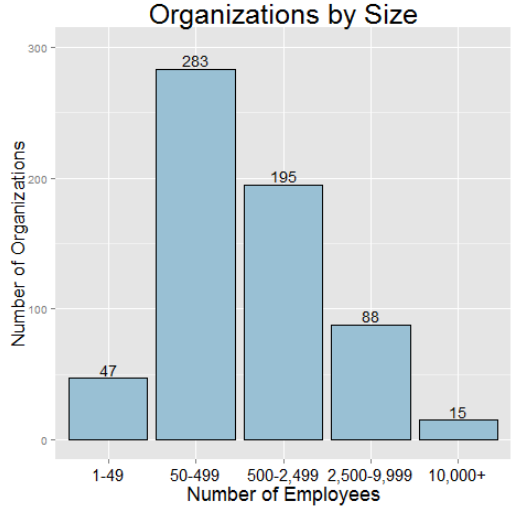
Global

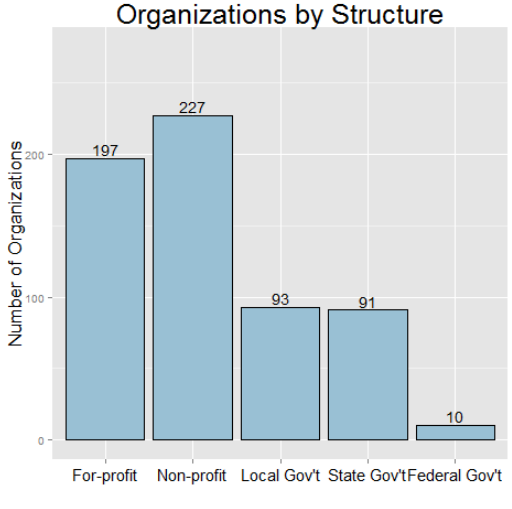
Workplaces in 29 countries outside of the United States are using WorkHealthy Global, an online strategic planning tool that is similar to WorkHealthy America but has been modified for the needs of worksites internationally. These 69 workplaces representing 25,735 employees currently come from a single corporation, but the tool will be available for use by any multi-national organization in 2016.

WorkHealthy America

WorkHealthy America is an evidence-based strategic planning tool to help employers of all sizes and sectors create healthier workplaces by pointing to the most sustainable and effective policies and practices. Core elements include: an online assessment to help organizations evaluate and benchmark their current wellness policies, benefits, and environments; automated and tailored reports, recommendations, and action plans; and implementation support through online training sessions, toolboxes featuring over 250 resources, such as case studies, sample policies, and implementation guides, and one-on-one coaching. WorkHealthy America focuses on the areas of Culture of Wellness, Tobacco, Nutrition, and Physical Activity.

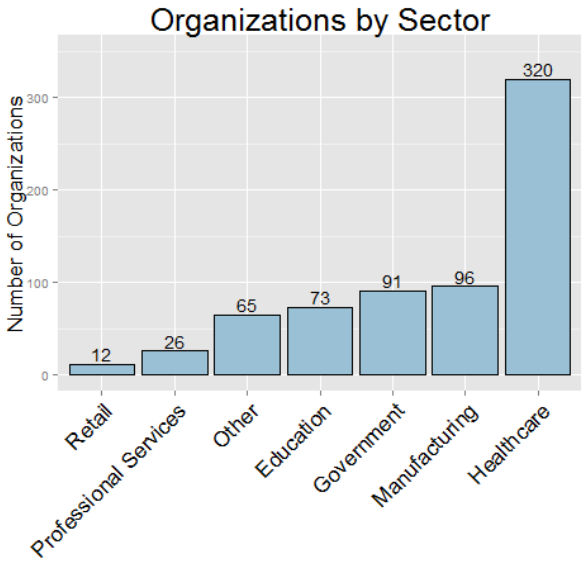
As of December 31, 2015, 684 organizations have completed an assessment in one or more topics within WorkHealthy America, representing over 1,044,891 employees. Of those workplaces, 494 (72%) have completed a full baseline assessment across each of the four topic areas. Organizations using WorkHealthy America come from 32 different states and represent a wide variety of workplaces including small businesses, healthcare systems, state and local government offices, schools, and large corporations.





Hospitals as Community Leaders

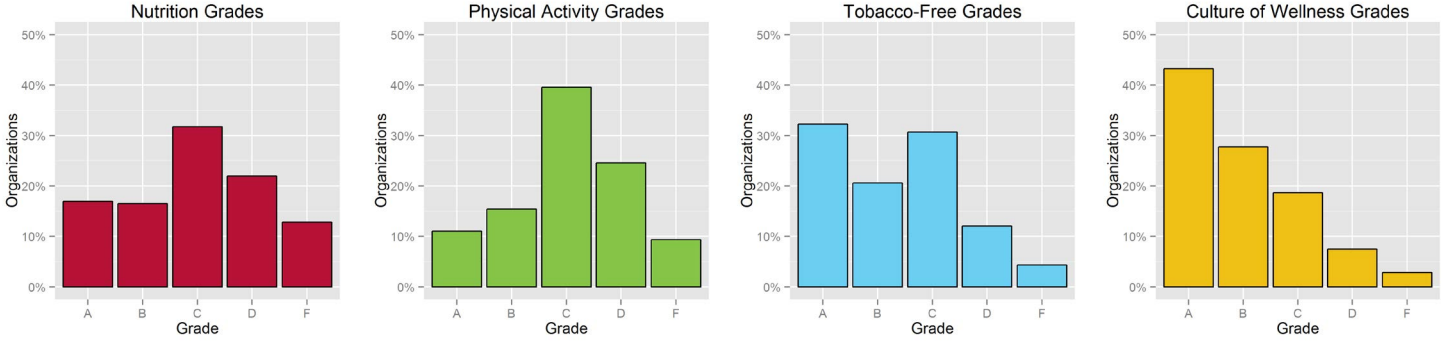
Forty-seven percent of organizations using WorkHealthy America are hospitals and hospital systems. We have found that hospitals are not only typically one of the largest employers in their community, they are also eager to be community leaders and demonstrate the positive impact healthy workplaces have in improving community health. For more details about this work with hospitals see The Carolinas: Leading the Nation in Hospital Wellness (www.forprevention.org/HospitalLeadingWay).



WorkHealthy Grades

The WorkHealthy America assessment includes 125 questions on the topics of Culture of Wellness, Nutrition, Physical Activity, and Tobacco. Questions focus on prevention policies, environments, benefits, programs, and practices, and they are based on national standards for what works in workplace wellness, including but not limited to: the CDC's Guide to Community Preventive Services, Healthy People 2020 targets, and the Guide to Clinical Preventive Services. All of the items in the assessment are research-based (garnered from scholarly publications, peer-reviewed journals, clinical research, and expert advisors) and weighted based on the strength of the evidence behind them. Questions are also practice tested by relevant stakeholders and regularly reviewed by Prevention Partners' staff and expert advisors for face and content validity. The tool recently underwent psychometric testing to ensure that it is an internally valid and reliable instrument for measuring healthy workplaces.

Every question in the assessment is weighted based on the strength of the evidence supporting the practice, with three points for strongly evidence-based concepts, two points for key process measures with less evidence, and one point for promising practices. Additional questions provide information on, and how practices are implemented and are not scored. The total points earned by an organization are then translated into a letter grade using a predetermined scale, with grades ranging from "A" to "F" in each topic area. The grades are useful for helping workplaces benchmark their practices and set goals for improvement. On average, grades are higher in the topics of Culture of Wellness and Tobacco, and lower in the areas of Nutrition and Physical Activity.



Underlying the letter grades is a continuous variable based on points earned that can be useful in analytics and describing change over time. On average, organizations are scoring about half of the available points in all topics, ranging from 51% in Physical Activity to 65% in Tobacco-Free. Organizations that assessed in all modules, on average, scored 60% of the total points possible in WorkHealthy, indicating that most organizations have significant room for improvement in each of the topic areas.

WorkHealthy America Raw Scores			
Topic	Maximum Points Possible	Average Percent Earned	Organizations (N)
Culture of Wellness	45	61%	521
Nutrition	37	52%	654
Physical Activity	33	51%	641
Tobacco-Free	38	65%	644
All Topics	153	60%	493

Grade Improvement

Of the 684 organizations that have completed an assessment in one or more topics within WorkHealthy America, almost 60% of organizations (N=394) have reassessed in at least one topic, allowing us to look at trends in improvement and change over time. Of organizations that have reassessed in one or more topics, 85% have improved by at least one letter grade in one or more topics, and 21% have improved in each of the four topics. By topic, high rates of improvement are seen in Tobacco-Free (71%), Culture of Wellness (65%), and Nutrition (64%) with fewer organizations achieving grade change in Physical Activity (55%).

Amount of Grade Improvement	
Number of Topics with Improvement	% Reassessed that improved
1 topic	24 %
2 topics	21 %
3 topics	18 %
4 topics	21 %
1 or more topics	85 %
	N=394

Grade Improvement by Topic	
Topic	% Reassessed that improved
Culture of Wellness	65 %
Nutrition	64 %
Physical Activity	55 %
Tobacco-Free	71 %
	N= 394

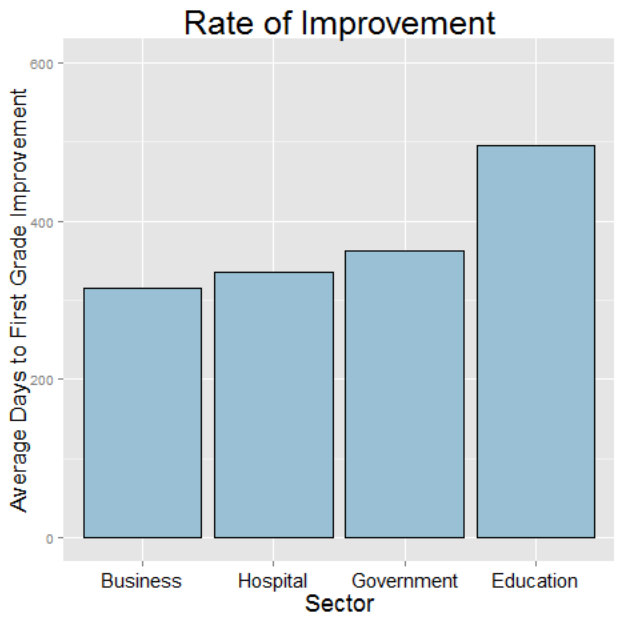
Rate of Improvement

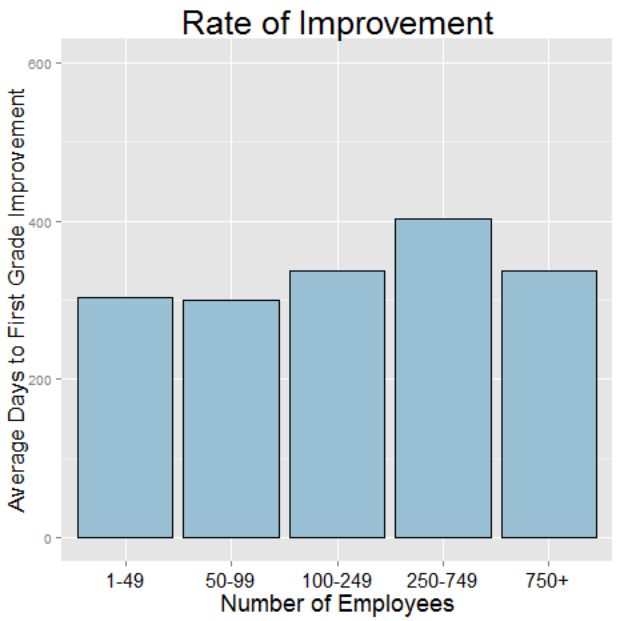
In order to better understand improvement, we looked at the amount of time it takes organizations to improve their grades. For this analysis, we restricted the sample to only include organizations that started after January 1, 2012, so that organization's experience closely resembles our current practices. The set is further restricted to only include organizations that have at least one reassessment with a grade above the baseline grade. There were 384 organizations that started after January 1, 2012, and of those, 164 organizations had at least one reassessment grade that was above their baseline.

Number of Organizations Included by Category			
	Started after 1/1/2012 N=384	Improved N=164	Improved to 'A' Grade N=91
Sector			
Business	127	63 (50%)	30 (24%)
Education	31	11 (35%)	6 (19%)
Government	35	18 (51%)	5 (14%)
Hospital	150	72 (48%)	50 (33%)
Size			
1-49	18	8 (44%)	4 (22%)
50-99	39	22 (56%)	14 (36%)
100-249	60	34 (57%)	16 (27%)
250-750	84	34 (40%)	15 (18%)
750+	128	63 (49%)	41 (32%)

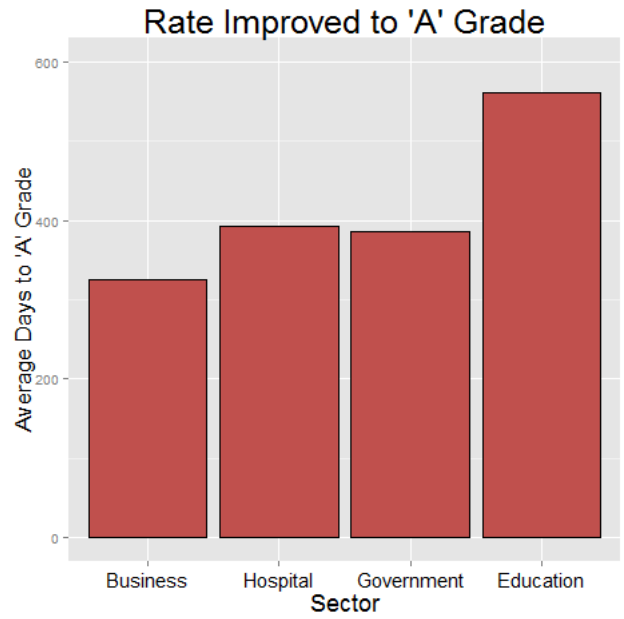
The average number of days to first grade improvement in any topic was just under a year at 342 days. In the 2015 Profile of Healthy Workplaces, we demonstrated that increasing a letter grade typically translates into an average of three new evidence-based practices. This means that worksites that improve are able to implement three new evidence-based practices in about one calendar year.

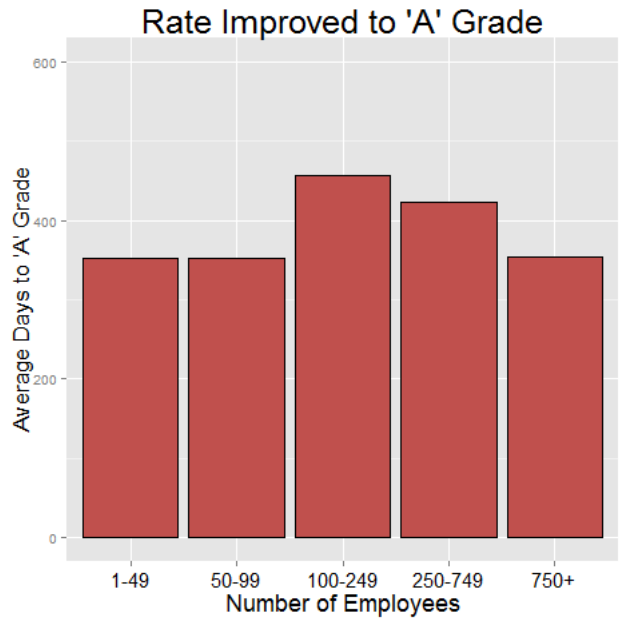
We then looked to see if there were differences by sector or size. We found that the business sector had the quickest rate of change with an average of 316 days, and the education sector had the slowest pace at 495 days. In our experience, education as a sector (which includes colleges as well as K-12) faces unique challenges to focusing on employee wellness in the face of high demands and a tendency, particularly among K-12 schools, to focus on students. In looking at the effect of employer size, we found that moderately small employers (50-99 employees) had the quickest rate of change at 301 days, compared to moderately large employers (250-749 employees) with the slowest rate of 402 days. While small businesses do face many challenges compared to larger employers, and fewer reach the highest bar, this shows that small businesses that do improve are nimble and able to change quickly.



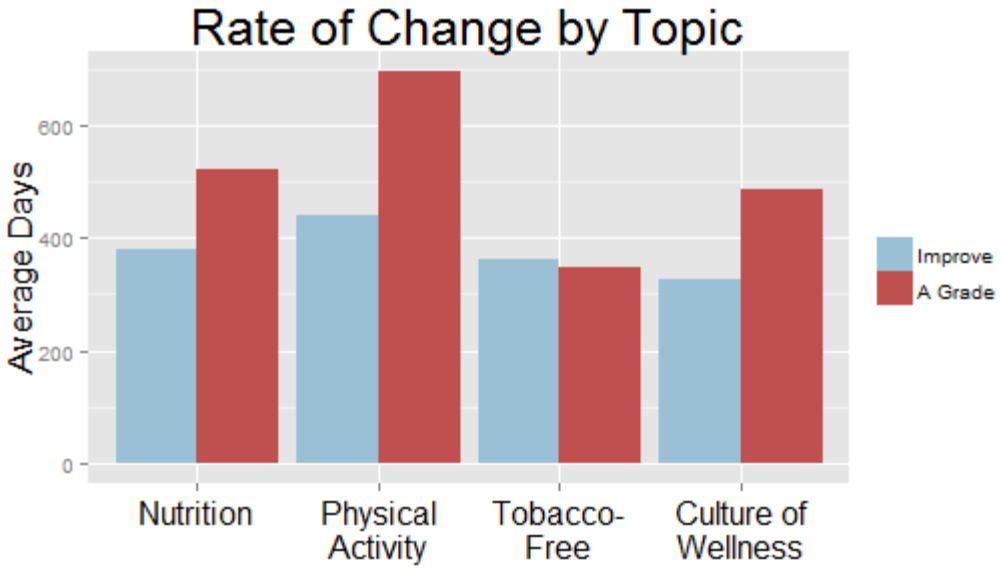


Next we conducted a similar analysis looking at the length of time to achieve an "A" grade in any topic. For this analyses, we only included organizations that did not receive an "A" on their initial assessment, and therefore had to improve to reach the "A" grade. Of the 91 organizations included, it took them just over one year on average to reach an "A" at 381 days. There were similar results when looking at sector with the business sector reaching the "A" most quickly in 325 days, and the education sector taking 1.5 years or 561 days. It should be noted the sample size for organizations reaching the "A" in education and government is quite small (<10). When looking at size, very small (1-49), small (50-99), and large employers (750+) performed at about the same rate reaching an "A" at just shy of a year. Medium sized employers (100-249) showed the slowest pace at 456 days.





We also looked at topic specific improvement and saw that organizations improved most quickly in Culture of Wellness at 327 days and most slowly in Physical Activity at 438 days. The time for reaching the "A" grade was shortest for Tobacco-Free at 349 days, and considerably slower for Physical Activity at almost two years (695 days). These results match with our experience that organizations struggle the most in the topic of Physical Activity, and may focus first on the other topics. In Tobacco-Free and Culture of Wellness, where baseline grades are often higher, it may seem more achievable to make initial improvements in these areas.



Prevention Partners' President & CEO Meg Molloy and Board Member Reggie Pearson, Senior Vice President of Vidant Medical Center, discuss how change swept across North Carolina during an initiative to create healthy food environments in North Carolina hospitals.

Evaluation Spotlight

Mars, Incorporated is a private, family owned business that operates six business segments, including Petcare, Wrigley, Food, Chocolate, Drinks, and Symbioscience. Headquartered in McLean, Virginia, Mars employs more than 25,500 Associates throughout the United States. In February 2012, Mars began working with Prevention Partners to benchmark, enhance and sustain Associate health and wellbeing efforts in the US. Initially beginning with one worksite from each segment, 56 sites across segments have taken Prevention Partners' WorkHealthy America survey, reaching 10,292 Associates in 22 states as of August 2015.

A Strong Foundation

Mars has offered its Associates best in class health and wellbeing programs including dedicated on-site wellness activities for years. Mars was challenged however, with low Associate (employee) participation – less than 25% of Associates were engaging in incentivized programs. It was also difficult to promote concrete goals and collect measures for sites across all segments. In 2012, Mars began using WorkHealthy America to create healthy worksites and a sustainable culture of wellness at Mars US sites.

Alongside this new focus on creating healthy workplaces, Mars had a strong history of evaluating its health-related outcomes. A long business partnership with medical benefit provider Aetna means that Mars receives credible health and cost data from a validated external system.

With exemplary health and wellbeing programs in place including a team of dedicated Mars' nurses and wellness advisors from Health Fitness Corporation, guidance from Prevention Partners on creating healthy worksites, and readily available metrics, Mars was able to measure and share its impressive Associate health outcomes.

Getting Results

As Mars created a sustainable culture of health and wellbeing at its sites, the financial and health-related outcomes for its Associates followed:

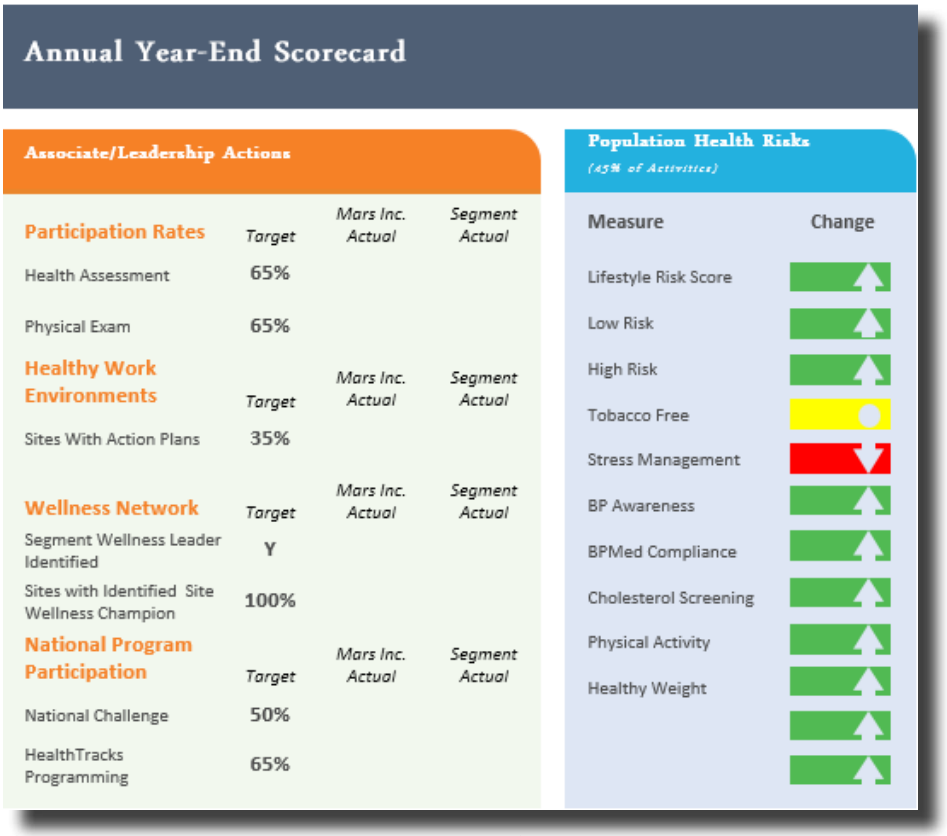
- Mars' medical benefit trend rate has been below the industry average for the past three years
- Blood pressure medication compliance rates rose over 20%
- Awareness of blood pressure increased by over 38%
- Over 2% of Mars' Associate population who smoked, quit
- The mean duration of absences at Mars is approximately half that of the U.S. average
- Participation in their incentive program has increased by more than 40%

Overall, the Mars U.S. worksites are excelling at building and supporting a culture where healthy choices at the worksite are easier to make. More than 75% of the participating sites have... few to no changes to make to reach the highest standard for a healthy culture.

-WorkHealthy America Summary Report, July 2015

Sharing Results

The way Mars communicates these outcomes is key to fostering engagement in its health and wellbeing programs. By using a one-page scorecard that summarizes results for Mars overall and for each segment, sharing outcomes with leadership across segments is easy. Presenting the data in this way fosters a dialogue with Mars' leaders that drives interest in health and wellbeing, and guides future plans for programming. Gena Tallarico, Senior Manager of US Health and Wellbeing at Mars shares, "you lead with your data, and then the rest of the story unfolds based on the conversation… from that dialogue we learn what leaders are concerned about in their segments, what they are driving, and what's important to them."



Other sections of the Mars Annual Year-End Scorecard show Associate absence/return-to-work data, cost trends, and three year benefit trends.

Using a scorecard also promotes leadership involvement by creating competition – not only between segments, but for individual segments to improve against their own metrics year over year. Leadership is asked to take action in their segment to increase participation and to identify wellness leaders. Information is shared quarterly and then aggregated on an annual basis. Other data on population health risks, cost trends, and benefit trends is provided by Aetna, while Associate absence and return-to-work data is provided by Reed Group.

Next Steps

What's next in health and wellbeing efforts at Mars? Their scorecard matures year after year, and allows them to promote leadership engagement while tracking their Associates' health and participation. Based on their scorecard, and using data from Aetna, Mars is piloting a musculoskeletal health program in order to reduce Associate absenteeism. Mars is always striving to provide Associates with the highest quality programs, and their partnership with Aetna has led them to expand their current success in addressing hypertension to a focus on metabolic syndrome. As Mars couples its best-in-class health and wellbeing program with a focus on creating healthy workplaces, the benefits build over time. Through data-driven planning and communication, Mars continues to build their sustainable culture of wellness – and the positive financial and health outcomes are clear.

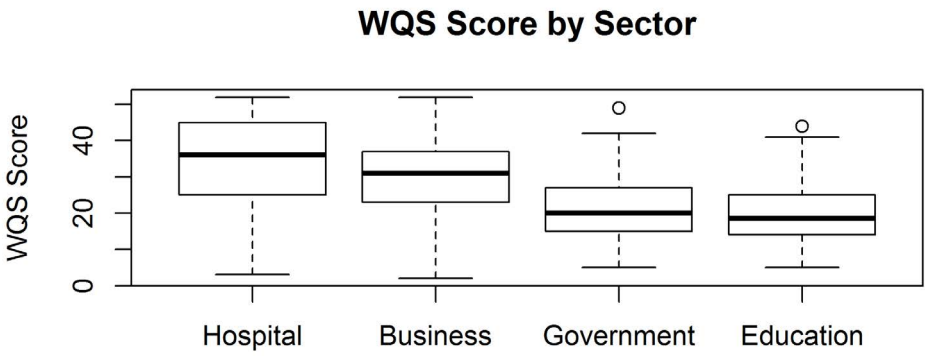
More information on Mars' commitment to a culture of wellness can be found in a post on the Consumer Goods Forum blog.

Wellness Quality Scorecard

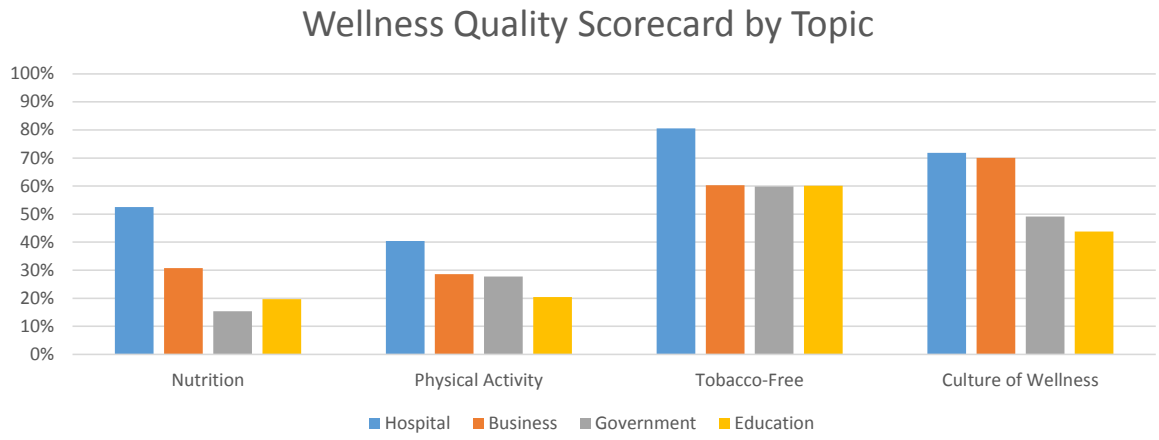
Derived from WorkHealthy America, Prevention Partners developed a sentinel set of indicators known as the Wellness Quality Scorecard. Through a careful process, 20 indicators were selected based on the strength of evidence supporting the practice, factors such as changeability and sustainability, and a desire to have balance across the topics in WorkHealthy America. To learn more about how the indicators were selected, visit www.forprevention.org/aboutWQS.

Data from these indicators are shared publicly through a mapping portal on Prevention Partners' website, as well as used frequently in reporting to various stakeholders. Through these interactive maps (www.forprevention.org/nationalmap), aggregate data is shared at the state level, including overall Wellness Quality Scorecard score, sub-topic scores (for Culture of Wellness, Nutrition, Physical Activity, and Tobacco-Free), and the percent meeting the standard for each indicator.

The average overall score on the Wellness Quality Scorecard is 29 out of 52 total possible points. There is a wide variation in overall score with 25 of 494 organizations receiving a perfect score, and 26 organizations receiving less than 10 points. When looking at average score by sector, hospitals score the highest with an average score of 34, and education scores lowest with an average score of 20 points.



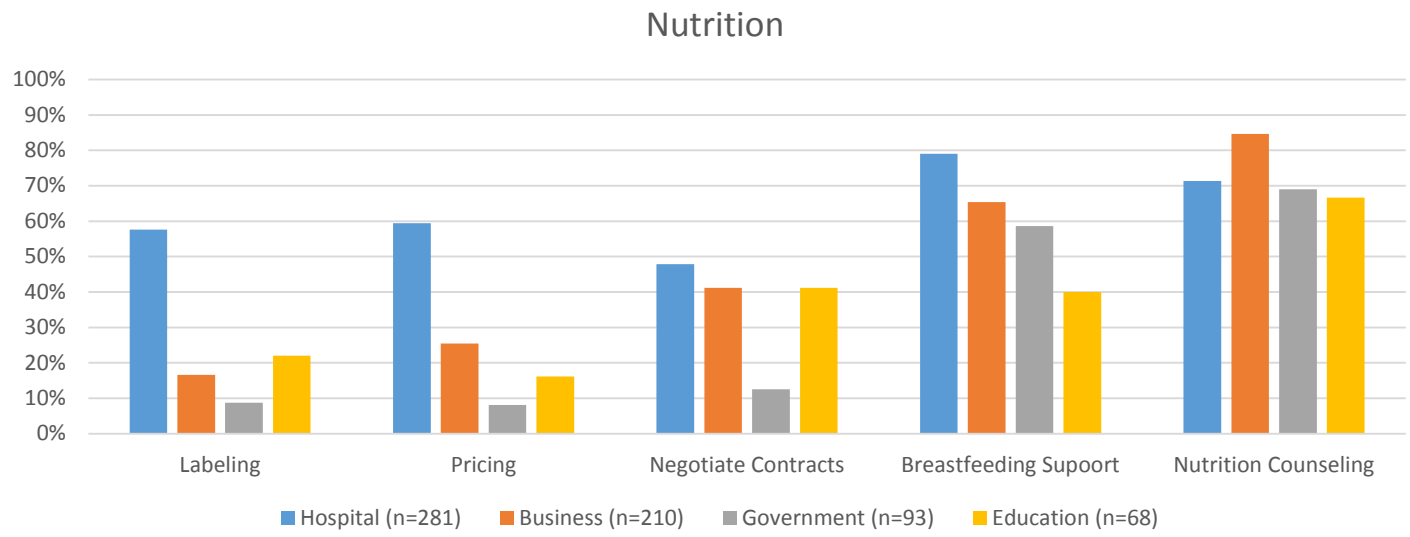
When looking at scores by topic, organizations earned the highest percentage of available points in Tobacco-Free with all sectors earning more than 60% of available points. Hospitals earned a higher percentage of possible points than the other sectors in every topic. Education as a sector performed the poorest in all topics except Nutrition, where the government sector only earned 15% of the available points.



We also looked at each of the individual indicators that make up the Wellness Quality Scorecard to see if there were differences in how organizations answered based on their sector.

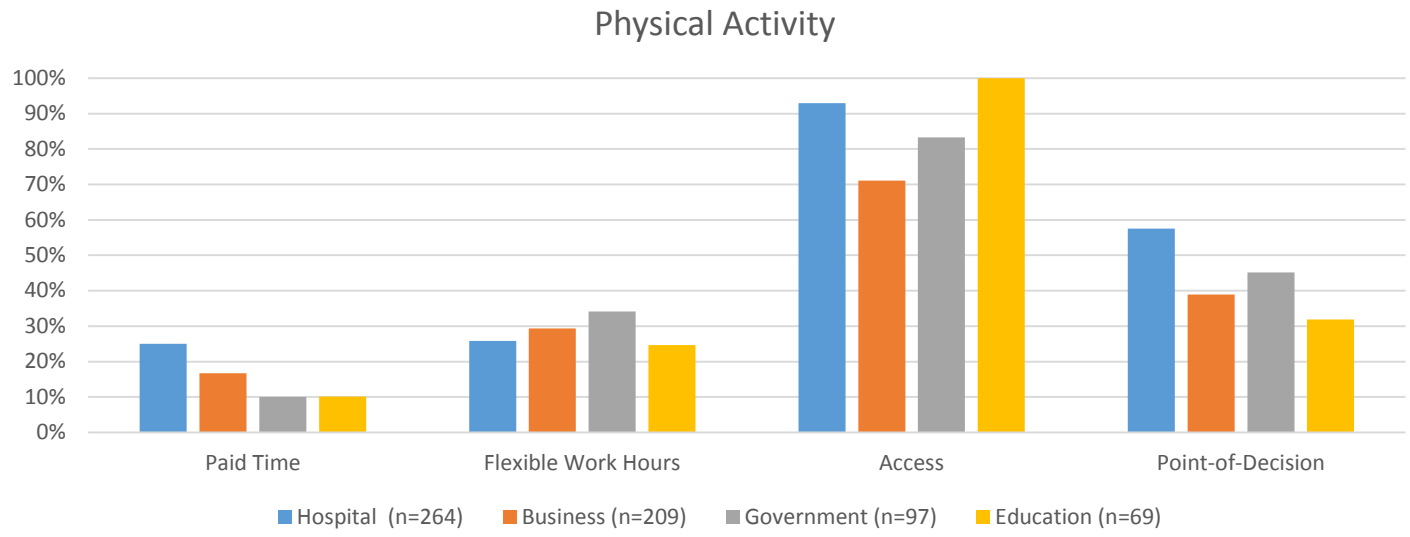
Nutrition

Across all sectors, organizations were more likely to provide nutrition counseling and have a breastfeeding policy, than they were to implement nutrition labeling or pricing strategies to encourage the purchase of healthy foods. Very few organizations in the government sector negotiate contracts with vendors to include healthy options compared to the other sectors, which may relate to a unique barrier these sites face due to state and federal purchasing regulations. Businesses outperformed hospitals in providing nutrition counseling for employees as a covered benefit.



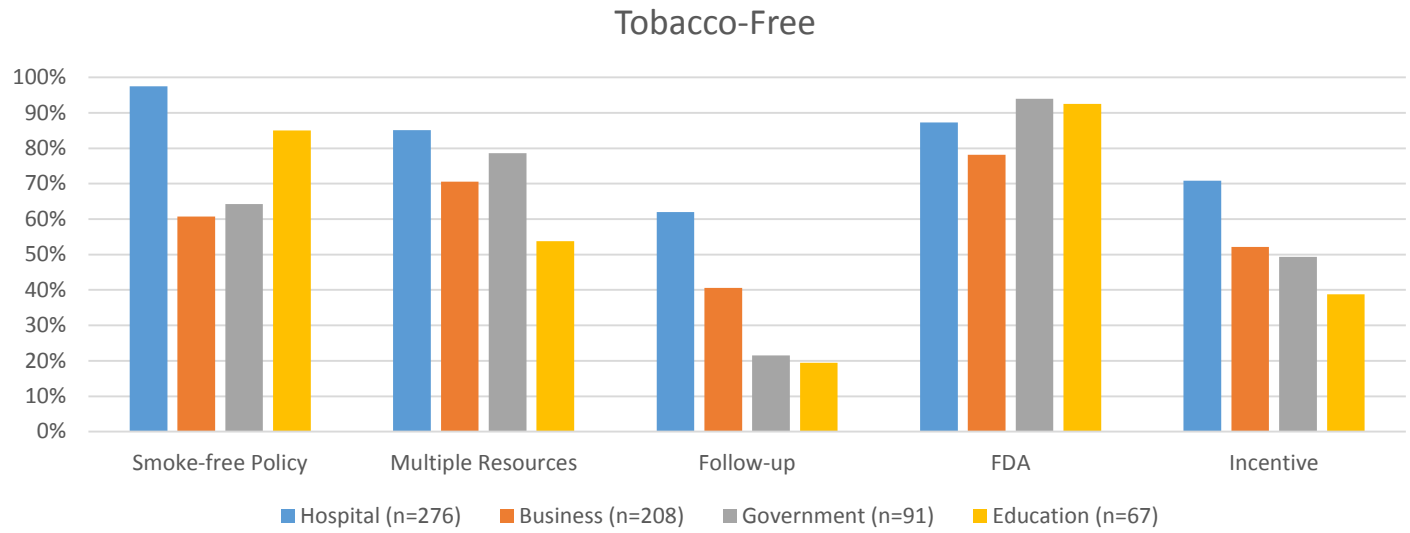
Physical Activity

More organizations in the education sector provided access for physical activity than any other sector, likely reflecting that many schools have recreational facilities built for students that can be utilized by staff. Government had the highest percentage of organizations allowing employees to use flexible scheduling for physical activity and the second highest percentage for making use of point-of-decision prompts.



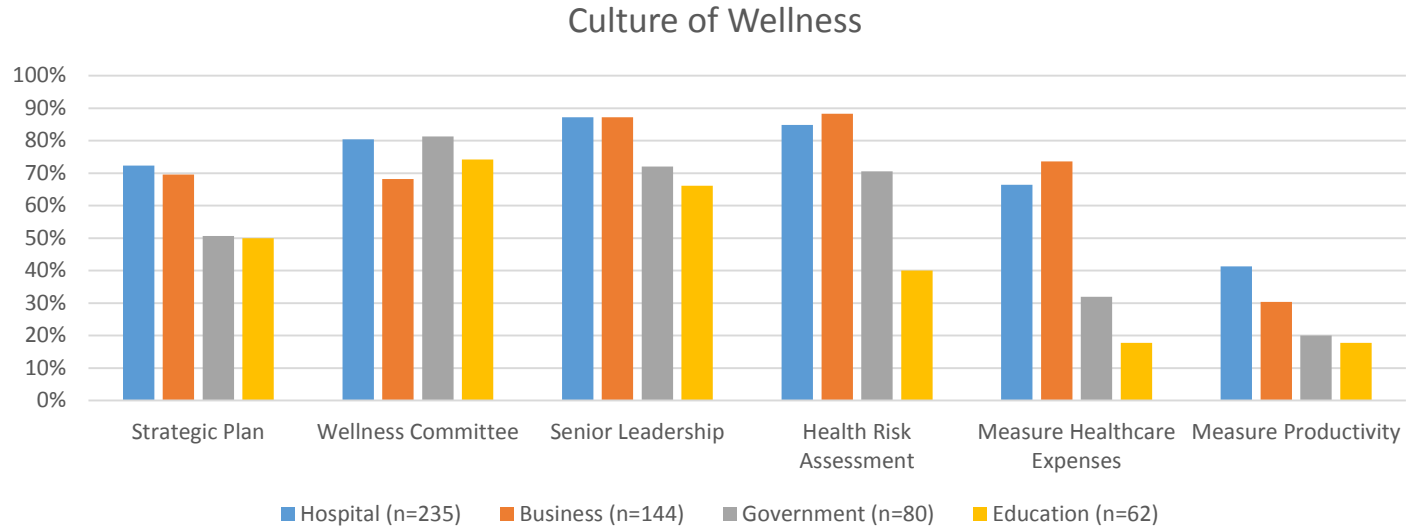
Tobacco-Free

Across each sector, a large percentage of organizations are implementing evidence-based practices in the area of tobacco such as tobacco-free property policies, referring employees who are ready to quit tobacco to multiple cessation resources, and including FDA approved medications on formulary as a covered benefit. Government and education sectors have the highest percentage for including FDA approved medications as a covered benefit. Businesses and hospitals are doing the best at following-up with tobacco users, though still less than half of organizations in the business sector are implementing this practice.



Culture of Wellness

Across all sectors, the majority of organizations report having wellness in their strategic plan, having wellness committees, and engaging upper levels of leadership to support a culture of wellness. All but the education sector also report high utilization of Health Risk Assessments with feedback. Businesses and hospitals report significantly higher use of evaluating the impact of wellness activities on healthcare costs. However, all sectors report a minority of organizations are evaluating the impact of wellness activities on employee productivity.



It is clear that different sectors have different barriers and opportunities when it comes to implementing evidence-based practices to create a healthy workplace. However, even sectors with barriers relating to funding and government regulation are able to excel on some indicators. While hospitals and businesses excel in many areas, there is still plenty of room for improvement for organizations in these sectors.

Utilization

WorkHealthy America is more than just an assessment. It also has features aimed at helping organizations to improve including tailored benchmarking reports, recommendations, searchable online toolboxes, in-person training events, a webinar series, confirmation calls, recognition, and public mapping of participation and achievement of the highest standards. For this analysis, we looked at the extent to which organizations are using these resources, and whether organizations using these features have higher assessment grades.

Inclusion Criteria: Prevention Partners' has a tiered licensing structure that allows organizations to choose the level of access that provides them with the resources they need to succeed. This analysis only includes organizations that had access to each of these features. Also, since we are looking at improvement, only organizations with reassessments are included. Data has been systematically recorded for tools and reports since late 2012. Therefore only organizations that assessed after 1/1/2013 are included in the analysis. There are 196 organizations that met each of these criteria.

There was a wide variation within the degree to which organizations made use of these features. For example, when looking at the number of tools accessed within online toolboxes, a handful of organizations each used over 75 of the 250+ available tools, while most users accessed between 10 and 20 tools. For this reason, we used the median as a cut-off to categorize users as High or Low utilizers for each feature, as well as for a composite utilization score that looks at degree of utilization across all of the features.

Utilization within WorkHealthy America

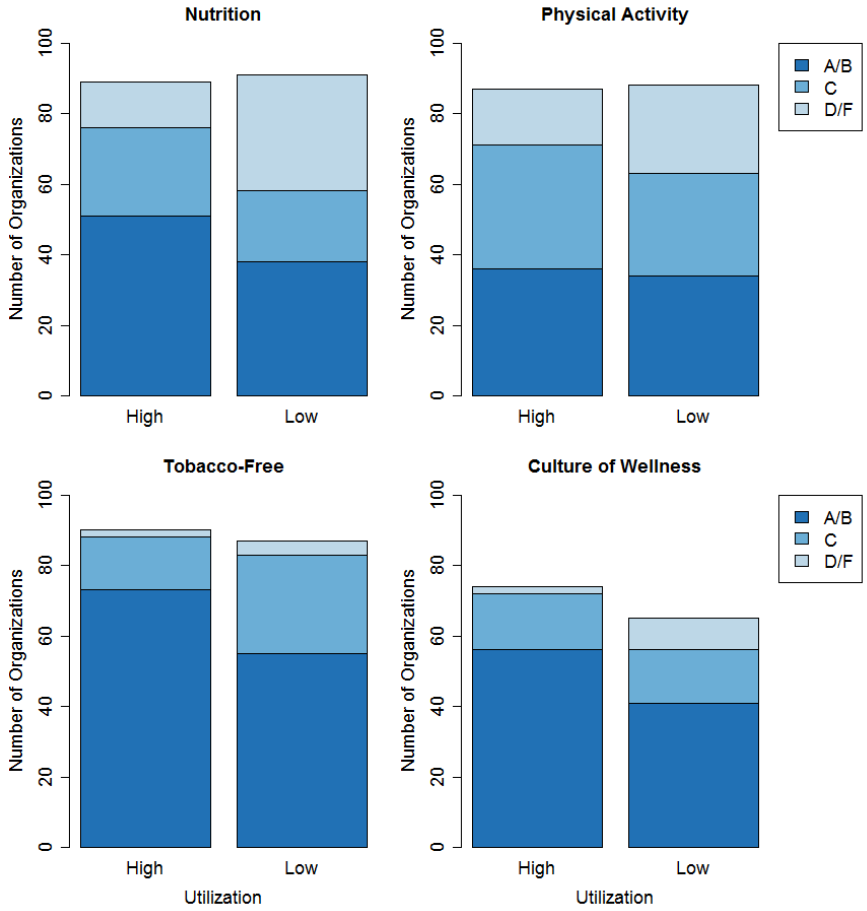
	Description	Median Utilization per Organization
Webinar*	Web-based trainings that provide content on key topic areas and have guest speakers sharing examples of how they implemented various strategies.	2
In-person events*	In-person events that provide content on key topic areas and best practice sharing amongst peers.	1
Executive Summary	A benchmarking report that provides organizations with their grade history and shows how they compare to organizations of the same size, sector, and geographic region.	2
Recommendations Report	A tailored report that lists a recommendation for every practice than an organization is not yet achieving. The report helps organizations to prioritize by listing the most important items first.	5
Action Plan	A more detailed tailored report that provides a short-term and long-term action step to achieving any practice the organization is not yet meeting, as well as links to specific tools to help with the item. This report is sortable and customizable allowing organizations to assign tasks to individuals and set target dates.	3
Tools	Searchable toolboxes containing tools to help organizations improve including archived webinars, sample policies, case studies, planning documents, web-resources, and fact pages.	13

*Tracking for in-person events and webinars was systematized in 2014 and therefore the analysis only includes data from events and webinars that occurred in 2014 and 2015.

Next we looked at each of the topics to see if organizations that were high utilizers (e.g. accessing each feature more than the median for that feature), also had higher grades at reassessment. Due to a small cell count at some grade levels, grades were collapsed into three categories: A/B, C, D/F. There was a statistically significant difference in frequencies found using the Chi-Square test of independence for Nutrition, Tobacco-Free, and Culture of Wellness but not Physical Activity so that organizations that are high utilizers scored more "A's" and "B's" than low utilizers"; and organizations that were low utilizers had more "D's" and "F's" than high utilizers. For example, in the topic of Nutrition, 57% of high utilizers scored an "A" or "B" compared to 42% of low utilizers that scored an "A" or "B".

Utilization by Grade Level

	Nutrition		Physical Activity		Tobacco-Free		Culture of Wellness	
	High	Low	High	Low	High	Low	High	Low
A/B	51	38	36	34	73	55	56	41
C	25	20	35	29	15	28	16	15
D/F	13	33	16	25	2	4	2	9
	N=180, p=.003		N=175, p=.27		N=177, p=.03		N=139, p=.04	



From this analysis, we can see that organizations that are high utilizers of improvement resources provided within WorkHealthy America tend to have better assessment grades. At the same time, we see some organizations with high grades are low utilizers of tools, reports, and training opportunities. This supports the development of a tiered license structure that allows organizations to make use of such features, but recognizes not every organization needs the added support they can provide.

LeadHealthy America

Prevention Partners is a national leader in facilitating organization-wide change in workplaces, schools, hospitals, and clinics. In addition to working with leaders of organizations, Prevention Partners works with leaders of state and community-wide initiatives, such as membership organizations (i.e. hospital or trade associations), community leaders (i.e. chambers of commerce, health departments, and business leaders), government entities (i.e. state health plans or school districts), and others who are accelerating the pace of healthy change across an entire group of organizations. LeadHealthy America is a tool for such "accelerators" to catalyze and sustain a community-level change process, based on the Diffusion of Innovation Theory. Key features of the web-based tool include: an online, on-demand dashboard with metrics on organizations' participation, progress and outcomes; a searchable toolbox of train-the-trainer resources; and targeted recommendations for rapid improvement.

The assessment questions within LeadHealthy America are designed to help Prevention Partners better understand the critical factors for helping large initiatives to succeed in their work with individual organizations. The 38 questions are centered on understanding the characteristics and goals of the initiative, as well as the resources and strategies used by the convening partner(s). The questions evaluate to what degree a cohesive leadership team exists that: has diverse members, has existing lines of communication, has dedicated staff, has local events to focus planning and recruitment, sees value in leading the initiative for their own organization, feels they provide something of value to their members, provides one-on-one outreach and follow-up, has knowledge of local leaders and early adopters who should be recruited.

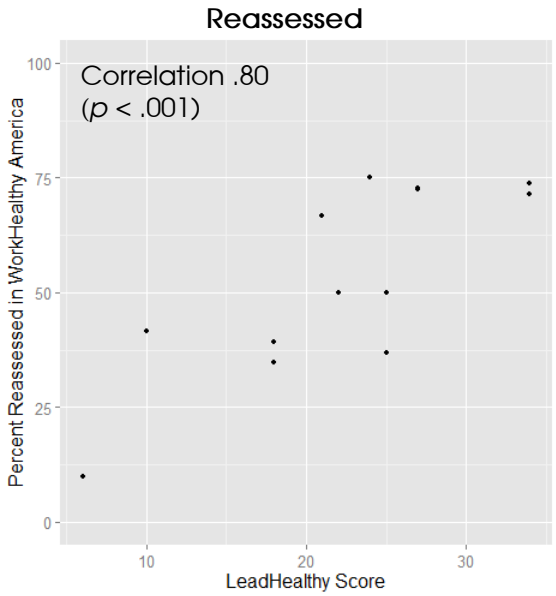
Prevention Partners analyzed results from 13 LeadHealthy America assessments of leadership teams and compared them to results in WorkHealthy America for organizations participating in those initiatives. These 13 initiatives include 8 community-level, multi-sector initiatives within North Carolina; 1 community-level, hospital focused initiative outside of North Carolina; 2 state-level, hospital focused initiatives; 1 state-level, multi-sector initiative; and 1 multi-state, hospital-focused initiative.

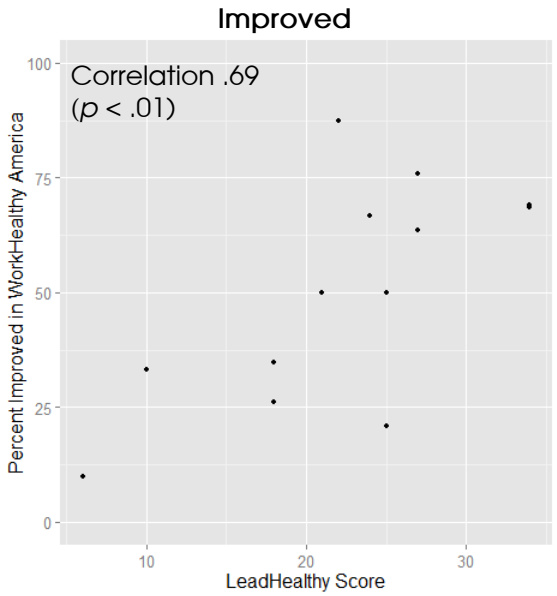
LeadHealthy Initiatives

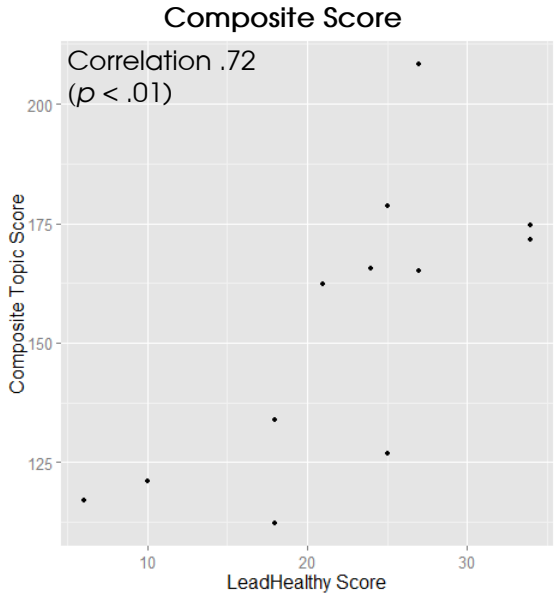
Initiatives	Number Organizations	Sector	Geographic Level	Time Period
Alamance County, NC	23	Multi-sector	County	2010-2013
Asheville County, NC	19	Multi-sector	County	2010-2013
Burke County, NC	12	Multi-sector	County	2013-2014
Charlotte, NC	20	Multi-sector	County	2010-2013
Military Hospitals	6	Hospital	Multi-State	2013 - present
Greensboro, NC	23	Multi-sector	County	2010-2013
Greenville, NC	11	Multi-sector	County	2013-2015
Lenoir County, NC	12	Multi-sector	County	2013-2014
New York City Hospitals	16	Hospital	City	2011 - present
WorkHealthy Hospitals OK	42	Hospital	State	2012 - present
Rowan County, NC	12	Multi-sector	County	2012-2015
Virginia Hospitals	29	Hospital	State	2012 - present
WorkingWell SC	118	Multi-sector	State	2010 - present

Reflects number of organizations at time of analysis: August 2015

We compared the LeadHealthy America scores from these initiatives to several measures of engagement and performance including: percent of organizations that reassessed; percent of organizations that improved by at least one letter grade; a composite score created from organizations' WorkHealthy America scores in Nutrition, Physical Activity, and Nutrition; and the percent of organizations that reached an "A" grade. We found significant positive correlation between an initiative's LeadHealthy score and the percent of worksites that reassessed, percent that improved by at least one letter grade, and the average WorkHealthy America composite score. While the results for percent receiving an "A" grade showed a positive correlation, it did not reach significance.





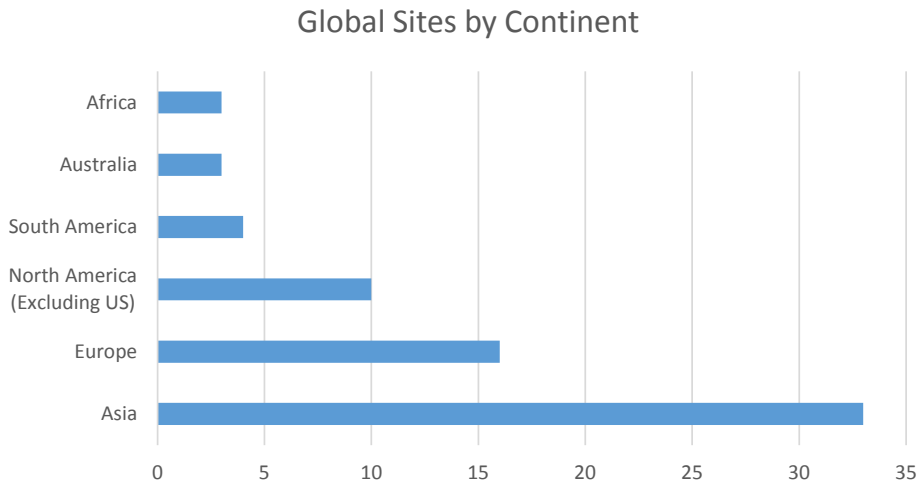


This analysis shows that there is a relationship between the characteristics of leadership teams or "convenors" of community change and the engagement and performance of the target organizations within the initiative, so that leadership teams that embody more of the "critical characteristics" are more likely to have engaged organizations that are implementing strategies to create healthy workplaces. We have also demonstrated that this community-change model incorporated within LeadHealthy America is both effective and replicable in a wide variety of communities, from state-wide initiatives to local county-based efforts, and from sector-specific initiatives to multi-sector collaborations. Further investigation is needed to understand which components within this strategy are most critical, or if the combination of characteristics is more important to the success of the initiative.

Global Workplaces

Do Global Workplaces Perform the Same as US Workplaces?

Our work with a multi-national corporation provides a unique opportunity to compare data from our assessments from the US sites to the global sites within a common corporate structure. Knowing the corporate structure and company values are similar allows us to attribute more of the differences to location. In our work together, 65 sites in the Unites States have taken WorkHealthy America and 69 sites outside of the United States have taken our global assessments (the majority in Asia and in Europe). All assessments were taken between mid-2012 and 2015, and only the baseline scores were compared, even though many have since improved. Twenty-five indicators were selected that are included in both assessments including 7 questions in Nutrition, 6 questions in Physical Activity, 6 questions in Tobacco-Free, and 6 questions in Culture of Wellness.



When looking across the selected indicators for each topic, we can see that in general the global sites outperformed the US sites in Nutrition and had similar scores for Physical Activity. The global sites show lower scores on the indicators in Tobacco-Free and Culture of Wellness than their US counterparts.

When looking at specific indicators the global sites outperform the US sites on:

- using nutrition criteria to define healthier foods,
- negotiating contracts with vendors to supply healthier options,
- making healthier foods available at catered meetings and events, and
- allowing flexible work hours for physical activity.

Global sites have fewer organizations meeting the standard for:

- making healthier food available at all hours,
- providing supports for physical activity (such as bike racks, showers or locker rooms),
- counseling tobacco users to quit,
- referring those who are ready to quit tobacco to multiple cessation resources,
- setting annual objectives related to health,
- including health and wellbeing in the organization's strategic plan,
- including health and wellness in budget,
- having an active wellness committee, and
- surveying employees interest in wellness activities.

Global and US sites have similar levels of organizations meeting the standard (less than a 10% difference) for the remaining 11 items.

While the similarities and differences are interesting, we cannot yet draw conclusions about the meaning behind the observed differences. The differences in items related to Culture of Wellness may reflect national differences in the importance placed on integrating health and wellbeing into organizational structure. It may also be the case that employee health has not been tied to productivity, morale, and retention to the degree that is has in the US since employee health care costs, which have driven much of that conversation, are not a concern for employers in global settings with government sponsored healthcare. Similarly, the difference in counseling employees to quit the use of tobacco and referring those ready to quit to multiple resources may reflect that since many countries outside of the US have government sponsored healthcare employers are less likely to offer benefits even tangentially related to healthcare. Differences in the items related to Nutrition could be rooted in different food norms and traditions as well as different regulations for food labeling that exists outside of the US. As more data becomes available from the global assessment, it will be useful to look for country and regional level differences within workplaces outside of the US.

	Question	WorkHealthy America Baseline (n=65)	WorkHealthy Global Baseline (n=69)	Global Performed…
Nutrition	Pricing to encourage healthier options	15.4%	11.6%	3.8% lower
	Label foods with nutritional information	12.3%	20.3%	8.0% higher
	Use nutrition criteria to define healthier foods	16.9%	39.1%	22.2% higher
	Identify healthier choices with signs or symbols	21.5%	15.9%	5.6% lower
	Make healthier food available to all employees at all hours of operation	81.5%	55.1%	26.5% lower
	Negotiate contracts with vendors to supply healthier options	32.3%	60.9%	28.6% higher
	Make healthier foods available at all catered meetings and events	47.7%	63.8%	16.1% higher
Physical Activity	Policy to offer employees flexible work hours to schedule physical activity	29.2%	62.3%	33.1% higher
	Provide easy access to exercise facilities in or near the worksite	61.5%	58.0%	3.6% lower
	Subsidize or discount cost of on-site or off-site exercise facilities	58.5%	49.3%	9.2% lower
	Encourage alternative commutes to work	36.9%	37.7%	0.8% higher
	Facilitate physical activity by providing supports such as bike racks, locker rooms, and showers	98.5%	79.7%	18.8% lower
	Use point-of-decision prompts to promote physical activity	32.3%	23.2%	9.1% lower
Tobacco-Free	Tobacco-free property wide policy	55.4%	62.3%	6.9% higher
	Enforce the property wide policy	47.7%	50.7%	3.0% higher
	Signs in tobacco-free or smoke-free areas	72.3%	63.8%	8.5% lower
	Counsel identified tobacco users to quit using tobacco	78.5%	11.6%	66.9% lower
	Refer to multiple resources including medications and in-depth counseling	95.4%	17.4%	78.0% lower
	Do not sell any tobacco products on property (including vending)	98.5%	95.7%	2.8% lower
Culture of Wellness	Set annual objectives related to health and well being	53.8%	31.9%	22.0% lower
	Include employee health and wellbeing in strategic plan	63.1%	49.3%	13.8% lower
	Budget include funding for health and wellbeing	95.4%	71.0%	24.4% lower
	Have an active wellness committee	80.0%	46.4%	33.6% lower
	Senior leadership participate in health and well-being activities	86.2%	71.0%	15.1% lower
	Survey employees about health and wellbeing interest	95.4%	21.7%	73.6% lower

Research Council

The data in this report was prepared for the annual meeting of Prevention Partners' Research Council. The purpose of the Research Council is to strengthen the understanding of what works to create healthy places by leveraging Prevention Partners' unique data and its community, academic, foundation, industry, and government partnerships.

The Research Council aims to contribute to the scientific body of evidence about workplace health, policy, environment, systems and benefit strategies related to tobacco use prevention and cessation, Nutrition, physical activity, and obesity prevention. We also seek to contribute to the evidence relating to leadership engagement and effective strategies to create healthy places where we work, learn, and receive care.

If the data in this report has sparked an idea for collaboration, we would love to hear from you and explore ideas for shared research initiatives.

Contact Us

Whitney Davis, Research and Evaluation Director
whitney@forprevention.org
919.928.4052

Amy Meador, Research and Evaluation Senior Manager
amy@forprevention.org
919.904.7615

88 Vilcom Center Drive, Suite 110
Chapel Hill, NC 27514-9903
Tel: 919.969.7022
E: info@forprevention.org