

# HEALTH AND WELLNESS PROGRAMS FOR HOSPITAL EMPLOYEES: RESULTS FROM A 2015 AMERICAN HOSPITAL ASSOCIATION SURVEY



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# TABLE OF CONTENTS

- Background and Summary of Survey Findings .....4
  - » Introduction.....4
  - » What are Health and Wellness Programs? .....4
  - » 2010 and 2015 AHA Surveys and Findings.....4
- Survey Results.....6
  - » Health and Wellness Programs Offered by Hospitals and Health Systems.....6
  - » Employee Participation in Health and Wellness Programs and Corresponding Incentives.....8
  - » Linking Incentives to Health and Wellness Program Activities, Participation.....10
  - » Measuring Return on Investment and Impact of Health and Wellness Initiatives.....14
  - » Challenges and Barriers to Effective Health and Wellness Programs.....17
  - » Healthy Habits at Hospitals .....18
  - » Administration of Health and Wellness Programs.....21
- Appendix: Survey Methods and Approach.....23

## BACKGROUND AND SUMMARY OF SURVEY FINDINGS

### INTRODUCTION

In line with provisions and incentives of the Affordable Care Act (ACA), hospitals and health systems are working with communities to address a range of health and health care delivery issues and to improve population health. To help create a culture of health, hospitals and health systems can provide leadership, and hospital employees can be role models, for health and wellness in their communities. Developing health and wellness strategies and programs at hospitals will help establish an environment that provides the support, resources and incentives for hospital employees to serve as such role models.

Developing and integrating health and wellness programs also brings hospitals one step closer to achieving public health goals developed by Healthy People 2020. The ACA incentivizes preventing illness and disease, which is important to achieving optimal health and wellness and improving population health. Hospitals can create a culture of health in the workplace and community by prioritizing the need for and expansion of effective health and wellness programs as part of annual financial and strategic planning and by promoting community resources available for employees to make healthier choices.

### WHAT ARE HEALTH AND WELLNESS PROGRAMS?

For this report, employee health and wellness programs are defined as including some combination of risk identification tools, behavior modification programs, educational offerings and changes to the work environment.<sup>1</sup> A robust health and wellness program is integrated within the organization's strategic goals, supported by incentives for participation and backed by a strong, multiyear financial commitment for sustainability. A strong health and wellness program also will have support from senior

leadership and include measures that assess progress and results.

### 2010 AND 2015 AHA SURVEYS AND FINDINGS

In 2010, the American Hospital Association's (AHA's) Long-Range Policy Committee focused on the topic of health and wellness. The committee fielded a 25-question survey of all hospitals to identify current and emerging best practices in employee health and wellness programs. Based on a literature review and survey results, this AHA committee outlined seven recommendations for hospitals and health systems to provide and improve health and wellness programs for their employees:

1. Serve as a role model of health for the community
2. Create a culture of healthy living
3. Provide a variety of program offerings
4. Provide positive and negative incentives
5. Track participation and outcomes
6. Measure for return on investment
7. Focus on sustainability<sup>2</sup>

The AHA's 2010 Long-Range Policy Committee's report, "[A Call to Action: Creating a Culture of Health](#)," outlines goals, action steps and examples for each recommendation. Findings from the 2010 survey showed that hospitals had several opportunities for improvement in their health and wellness programs for employees.

In 2015, the AHA resurveyed the hospital field to assess progress and reemphasize the important role of hospitals and health systems in promoting a culture of health for their employees and community. A 26-question survey of all hospitals on their health and wellness programs for employees was used. The survey was sent to approximately 6,000 hospitals in the United States, with a 15 percent response in 2010 and 18 percent response in 2015.

For more information about survey methods, please see the appendix.

Key information from the 2015 survey includes:

- » Number of hospitals offering health and wellness programs
- » Content of health and wellness programs and how hospital employees are incented to participate
- » Barriers to expanding employee health and wellness programs at hospitals
- » Healthy eating and beverage options offered by hospitals
- » Integration of a tobacco-free hiring policy

General findings from the 2015 survey, in comparison to results from 2010, include:

- » About the same number of hospitals have a health and wellness program or other initiative(s) for employees (86% in 2010 and 87% in 2015), though program content has changed.
- » Number and types of health and wellness programs and benefits that hospitals offer to their employees increased from 2010 to 2015.

- » Number of hospitals with 70% to 90% or more of employees participating in health and wellness programs increased from 19% in 2010 to 31% in 2015.
- » Number of hospitals offering health and wellness programs to people in the community increased from 19% in 2010 to 66% in 2015.
- » Number of hospitals offering incentives for completing or participating in health and wellness programs increased from 2010 to 2015.
- » The value of incentives linked to participating, completing and/or meeting outcomes goals in health and wellness programs increased from 2010 to 2015, with more hospitals giving \$500 or more to employees (7% in 2010 and 29% in 2015).

## SURVEY RESULTS

In 2010, 882 hospitals responded to the AHA's health and wellness survey; in 2015, 1,140 hospitals responded. This report illustrates and describes results of the 2010 and 2015 surveys, organized by topic area and question.

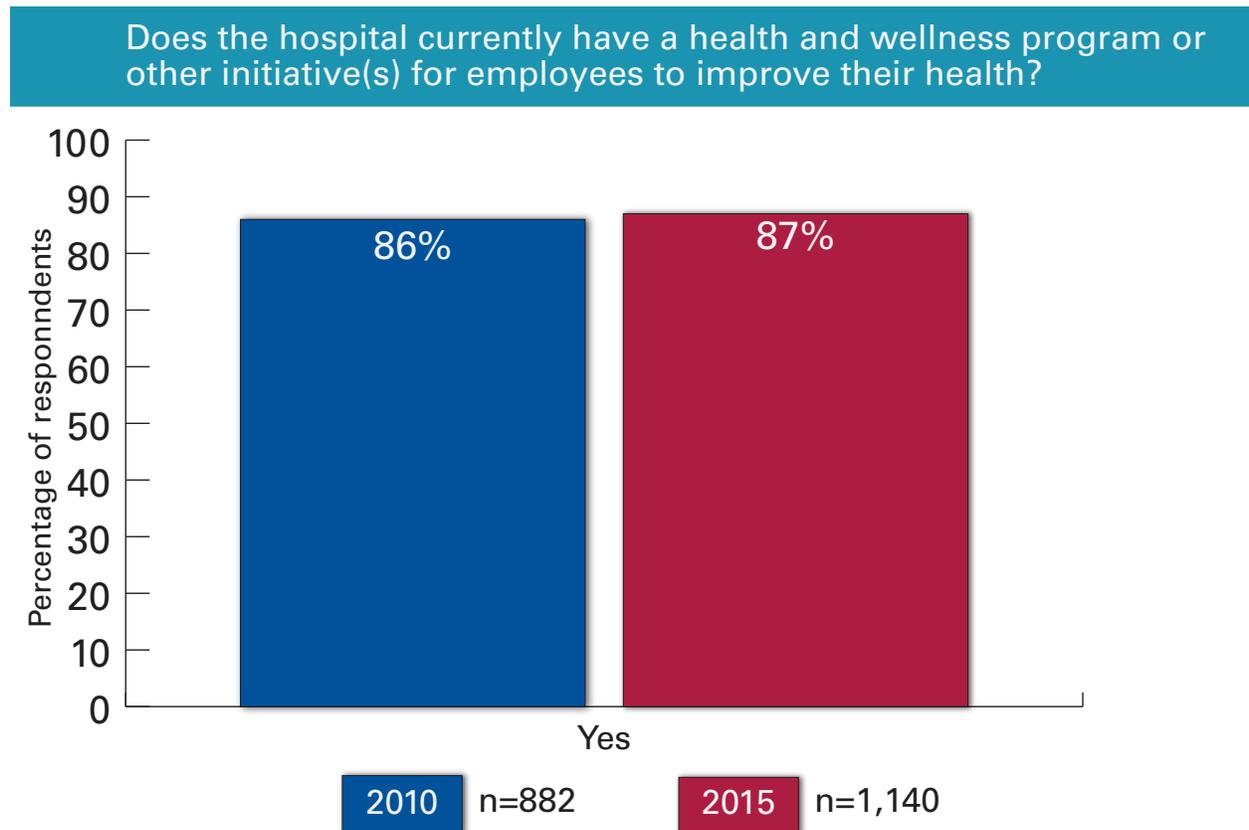
### HEALTH AND WELLNESS PROGRAMS OFFERED BY HOSPITALS AND HEALTH SYSTEMS

In 2010 and 2015, nearly 90 percent of hospitals responding to the AHA survey reported they currently have a health and wellness program or initiatives. The 2015 survey results show an increase in the number of hospitals offering health and wellness programs to the

community. From 2010 to 2015, more hospitals began offering more health and wellness programs and benefits. These programs and benefits range from health risk assessments and biometric screenings to personal health coaching and web-based resources for healthy living.

See figures 1, 2 and 3.

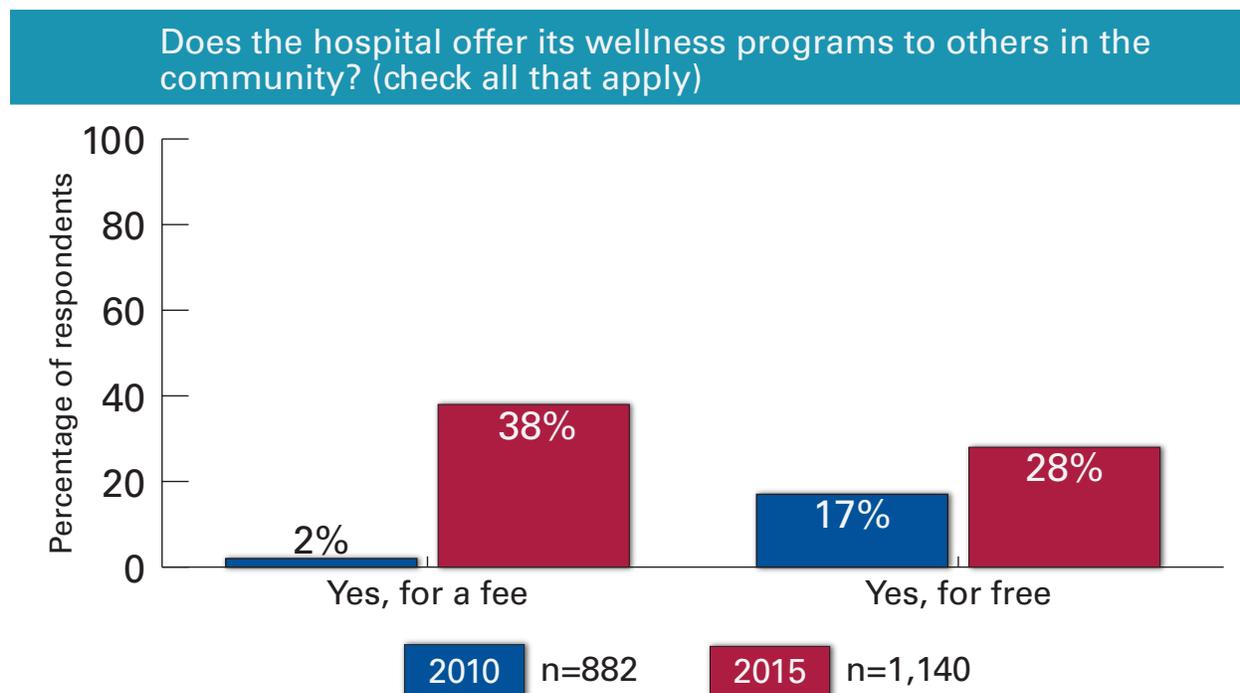
FIGURE 1. HEALTH AND WELLNESS PROGRAMS OFFERED TO HOSPITAL EMPLOYEES



Differences of 5% or more between years are statistically significant at  $p < .05$ .

Source: HRET, 2016.

FIGURE 2. HOSPITAL HEALTH AND WELLNESS PROGRAMS OFFERED TO THE COMMUNITY



Differences of 5% or more between years are statistically significant at  $p < .05$ .

Source: HRET, 2016.

FIGURE 3. WELLNESS PROGRAMS AND BENEFITS OFFERED TO HOSPITAL EMPLOYEES

Percentage of hospitals offering wellness programs or benefits to at least some employees.

Program or Benefit	2010 (n=882)	2015 (n=1,140)
Health risk assessment	73%	82%
Biometric screenings	47%	72%
Safety program (e.g., ergonomics, workplace violence education)	75%	92%
Flu shots or other immunizations	97%	100%
Stress management	55%	74%
Disease prevention and management programs	58%	77%
Healthy food options (e.g., in cafeteria, vending machines)	78%	93%
Weight loss programs	73%	77%
Gym membership discounts	67%	79%
On-site exercise facilities	57%	64%
Smoking cessation program	79%	85%
Personal health coaching	36%	62%
Classes in nutrition or healthy living	55%	72%
Web-based resources for healthy living	48%	78%
Tobacco-free campus	76%	92%
24-hour nursing "help line"	22%	42%
Employee Assistance Program (EAP)/mental health services	81%	93%
Wellness newsletter	39%	63%
Other program or benefit	13%	49%

Source: HRET, 2016.

## EMPLOYEE PARTICIPATION IN HEALTH AND WELLNESS PROGRAMS AND CORRESPONDING INCENTIVES

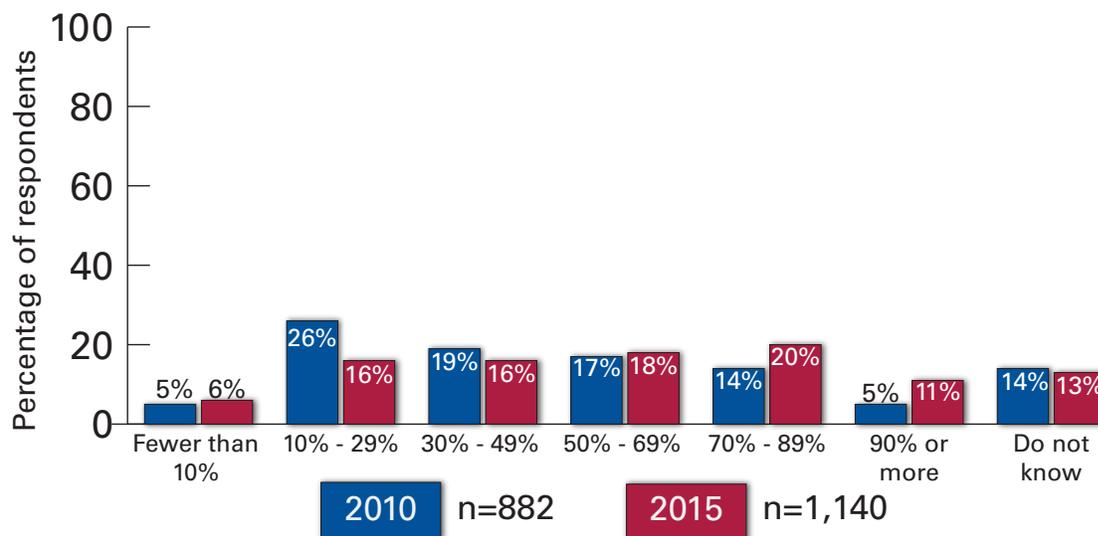
Survey results show that the number of hospitals with 70% to 90% or more of employees participating in health and wellness programs increased from 2010 to 2015. In 2015, more than four-fifths of hospitals responding to the survey reported offering positive incentives for employees who participate. Also in 2015, one-fifth of hospitals indicated they impose consequences

on employees who do not participate in health and wellness programs. Per results of the 2010 and 2015 surveys, hospital employees can meet the requirements for wellness incentives by participating in programs, completing programs or both, with a greater percentage of hospitals in 2015 offering incentives for completion (50% in 2010 and 85% in 2015). The percentage of hospitals offering incentives to employees for outcomes based on participation and completion remained steady at 64%.

See figures 4, 5 and 6.

FIGURE 4. EMPLOYEE PARTICIPATION IN HOSPITAL HEALTH AND WELLNESS PROGRAMS

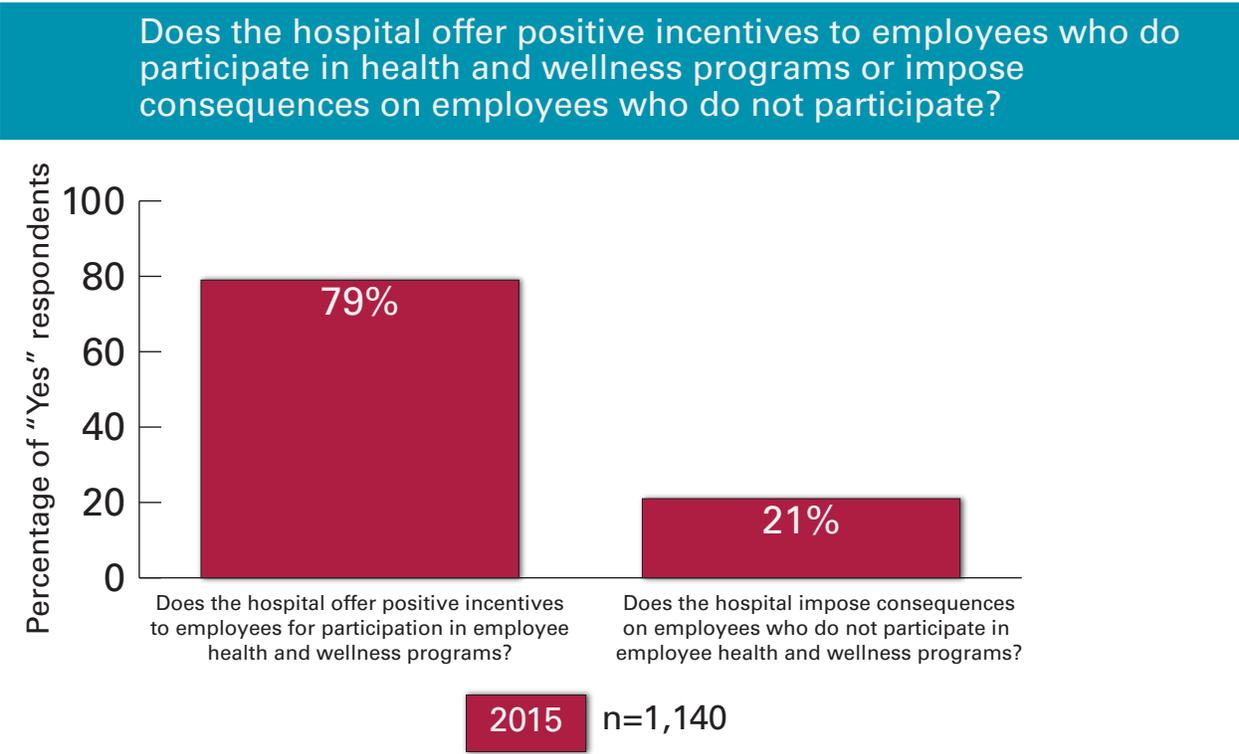
What percentage of the hospital's employees currently participate in at least one health and wellness program through your institution or affiliated partner organizations?



Differences of 5% or more between years are statistically significant at  $p < .05$ .

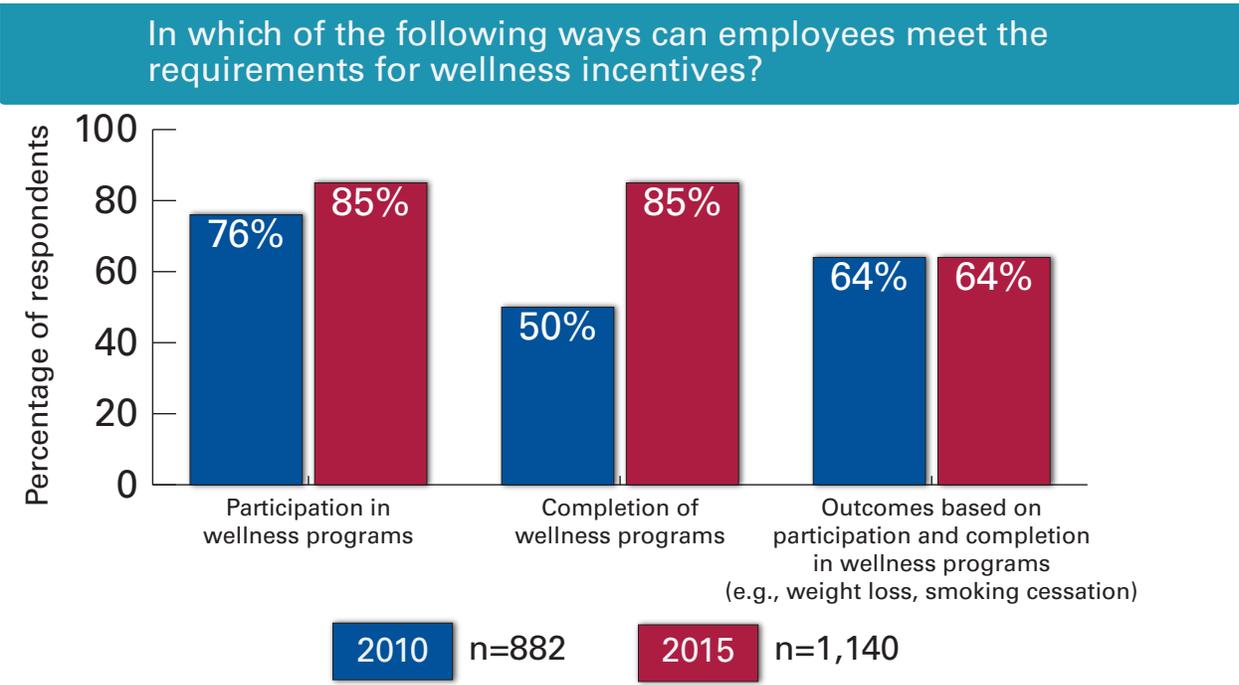
Source: HRET, 2016.

FIGURE 5. INCENTIVES AND CONSEQUENCES FOR HOSPITAL EMPLOYEES FOR HEALTH AND WELLNESS PROGRAM PARTICIPATION AND NONPARTICIPATION



Source: HRET, 2016.

FIGURE 6. HOW HOSPITAL EMPLOYEES CAN MEET REQUIREMENTS FOR WELLNESS INCENTIVES



Differences of 5% or more between years are statistically significant at  $p < .05$ .

Source: HRET, 2016.

## LINKING INCENTIVES TO HEALTH AND WELLNESS PROGRAM ACTIVITIES, PARTICIPATION

From 2010 to 2015, there was an increase in hospitals linking participation and completion of activities to wellness incentives. Results from the surveys indicate an increase in the number of hospitals offering premium discounts and recognition to employees for participation, but a decrease in the number of hospitals offering subsidized health club memberships. In 2015, fewer hospitals offered

gift cards, travel, merchandise, cash and other types of incentives for employees who improved health status. Also in 2015, there was no significant difference in the number of hospitals offering monthly premium discounts for improved health status. Survey results show an increase from 2010 to 2015 in the number of hospitals giving \$500 or more to employees for meeting wellness program participation, completion and/or outcomes goals.

See figures 7, 8, 9, 10 and 11.

FIGURE 7. ACTIVITIES LINKED TO WELLNESS INCENTIVES FOR HOSPITAL EMPLOYEES

Percentage of hospitals linking participation and completion of wellness activities to incentives.

Wellness Activity	Participation Is Linked to Incentives		Completion Is Linked to Incentives	
	2010 (n=882)	2015 (n=1,140)	2010 (n=882)	2015 (n=1,140)
Weight management program	52%	53%	N/A	52%
Smoking cessation program	44%	54%	N/A	56%
Disease management program	30%	43%	N/A	38%
Health coaching	28%	43%	N/A	39%
Health risk assessment	N/A	73%	67%	76%
Biometric screening	N/A	66%	46%	71%
Other*	29%	45%	N/A	51%

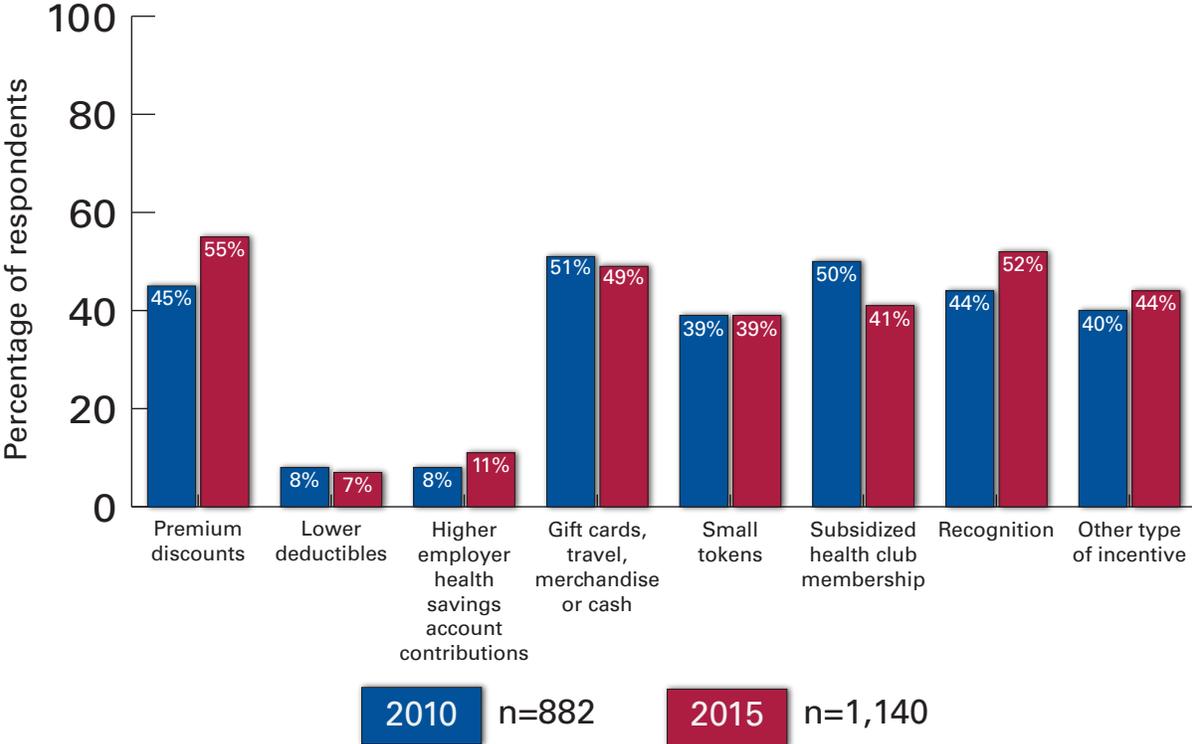
\*Most frequent "other" activities were exercise challenges, annual exams and flu vaccines.

Differences of 5% or more between years are statistically significant at  $p < .05$ .

Source: HRET, 2016.

FIGURE 8. INCENTIVES OFFERED TO HOSPITAL EMPLOYEES FOR PARTICIPATING IN HEALTH AND WELLNESS PROGRAMS

For each of the following incentives, please indicate whether or not they are offered to employees for participating in health and wellness programs.

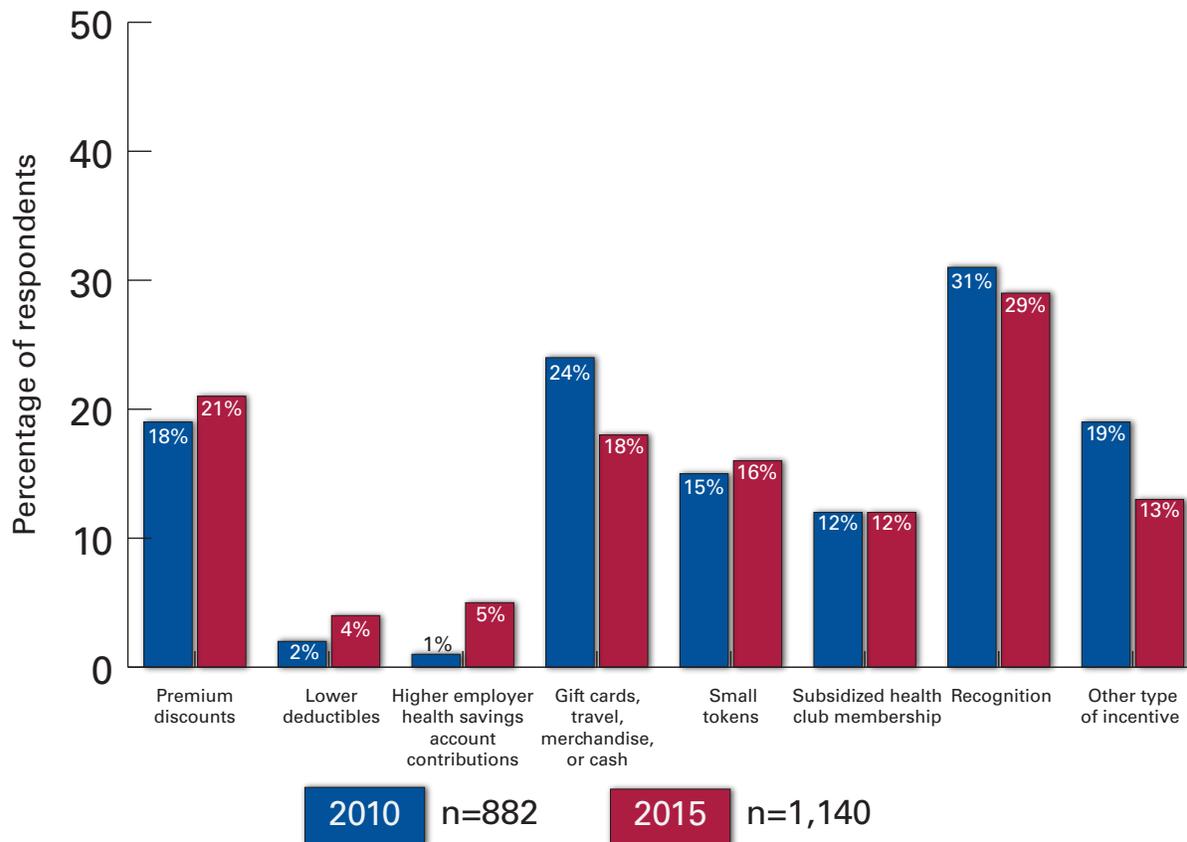


Differences of 5% or more between years are statistically significant at  $p < .05$ .

Source: HRET, 2016.

FIGURE 9. INCENTIVES OFFERED TO HOSPITAL EMPLOYEES FOR IMPROVING HEALTH STATUS

Please indicate which of the following incentives the hospital offers to employees who improve their health status (e.g., lower BMI, lower blood pressure levels).

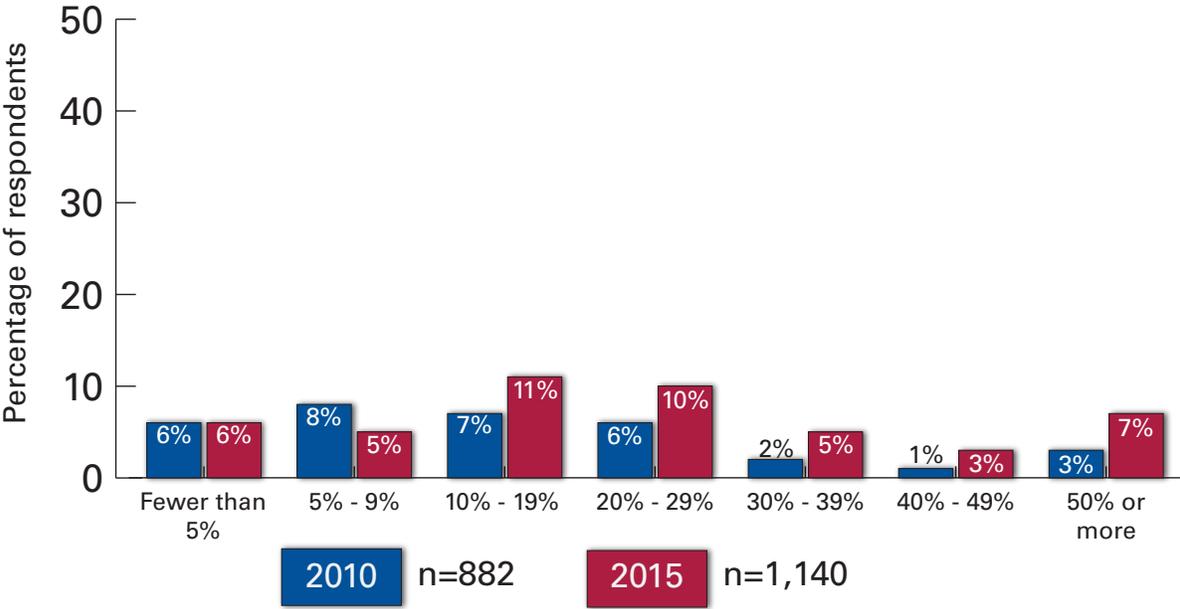


Differences of 5% or more between years are statistically significant at  $p < .05$ .

Source: HRET, 2016.

FIGURE 10. DISCOUNTS ON MONTHLY PREMIUMS FOR HOSPITAL EMPLOYEES PARTICIPATING IN HEALTH AND WELLNESS PROGRAMS

On average, what percentage of a hospital employee’s monthly premium is discounted for participation in employee health and wellness programs?

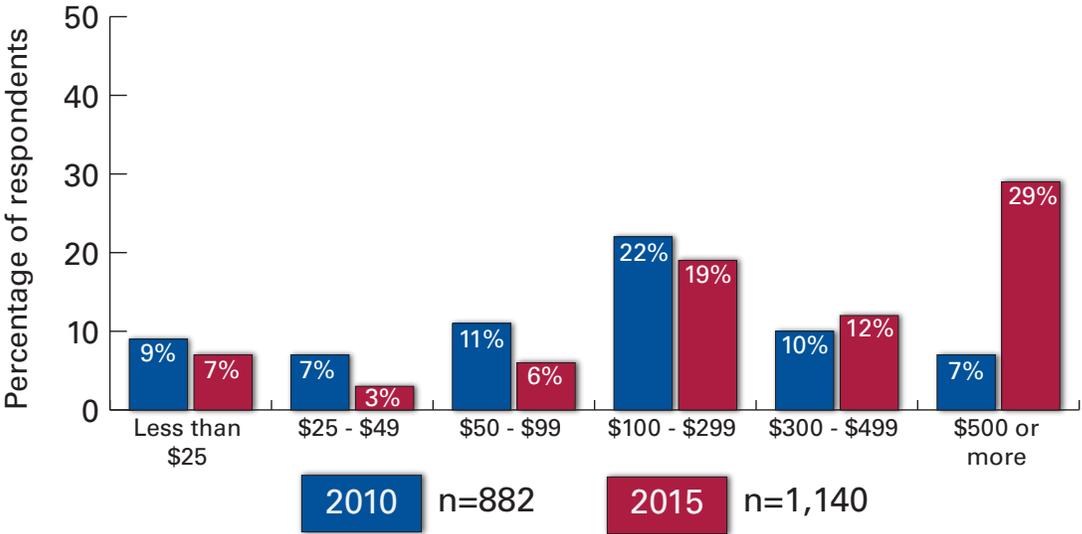


Differences of 5% or more between years are statistically significant at  $p < .05$ .

Source: HRET, 2016.

FIGURE 11. AVERAGE TOTAL DOLLAR AMOUNTS GIVEN TO HOSPITAL EMPLOYEES FOR HEALTH AND WELLNESS PROGRAMS

What is the average total dollar amount per employee, per year, given to employees who meet wellness program participation, completion, and/or outcomes goals?



Differences of 5% or more between years are statistically significant at  $p < .05$ .

Source: HRET, 2016.

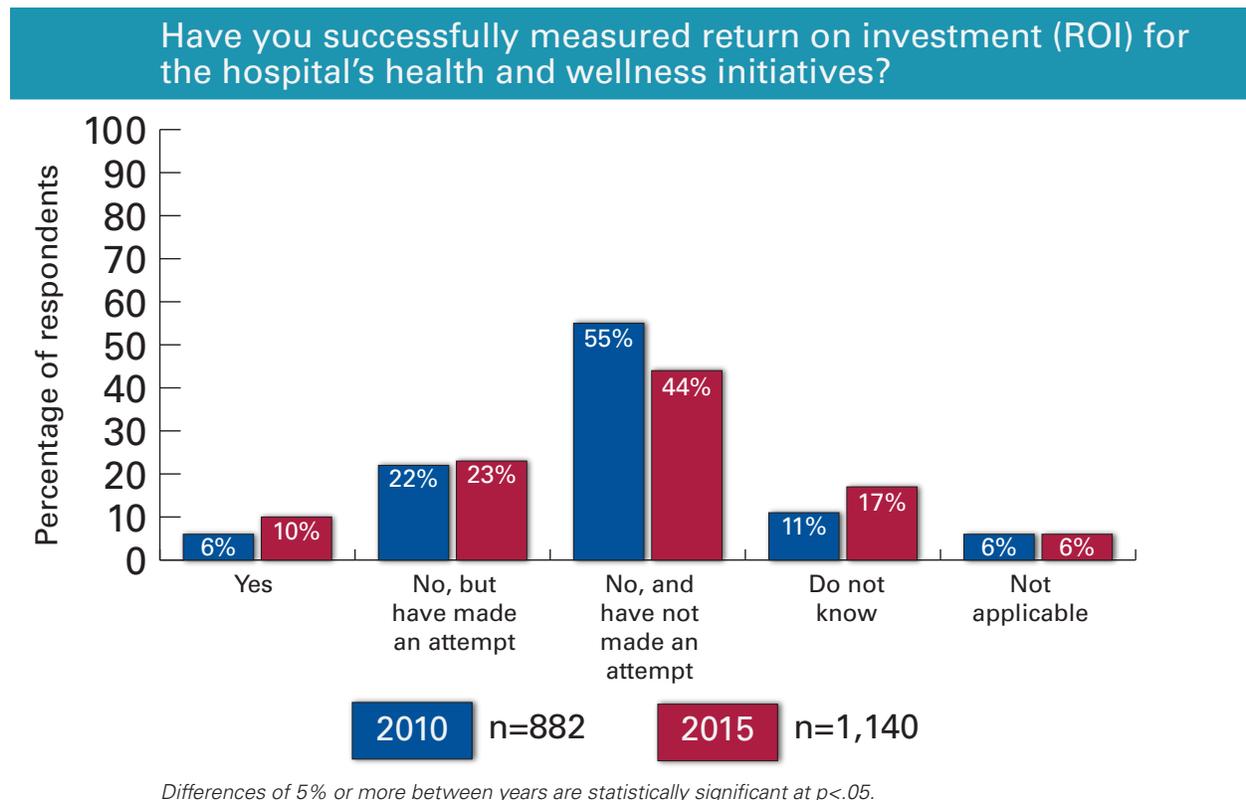
## MEASURING RETURN ON INVESTMENT AND IMPACT OF HEALTH AND WELLNESS INITIATIVES

Survey findings show that fewer hospitals in 2015 are attempting to calculate the return on investment (ROI) of their health and wellness programs than in 2010. For hospitals that do calculate ROI, more hospitals in 2015 are

observing positive ROI. From 2010 to 2015, there was an increase in hospitals using the number of employees who have completed a health risk assessment and the number of employees enrolled in a disease management program as measures to calculate wellness program impact.

See figures 12, 13 and 14.

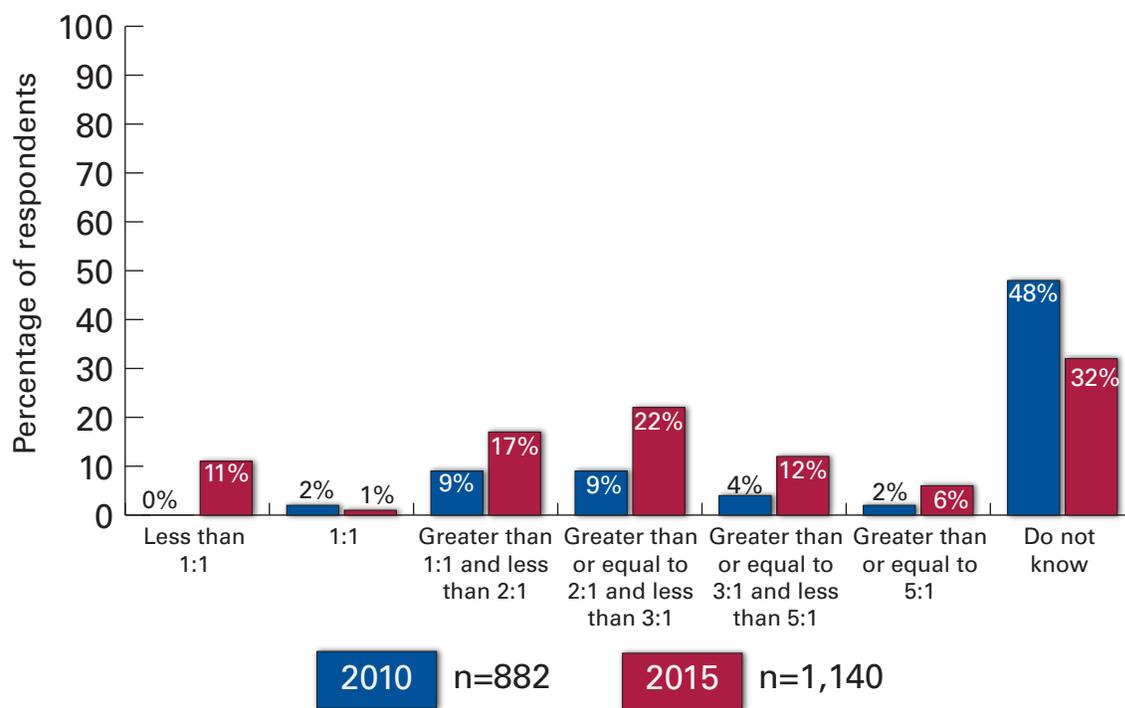
FIGURE 12. HOSPITALS MEASURING RETURN ON INVESTMENT OF HEALTH AND WELLNESS PROGRAMS



Source: HRET, 2016.

FIGURE 13. CURRENT ROI RATIO FOR HOSPITAL HEALTH AND WELLNESS PROGRAMS

What is the current ROI ratio of your health and wellness initiatives?



Differences of 5% or more between years are statistically significant at  $p < .05$ .

Source: HRET, 2016.

FIGURE 14. DATA USED BY HOSPITALS TO MEASURE IMPACT OF HEALTH AND WELLNESS PROGRAMS

Percentage of hospitals using particular program measures to assess program impact.

Program Measure	2010 (n=882)	2015 (n=1,140)
Number of employee health and wellness program participants	79%	80%
Number of employees/beneficiaries who have completed a health risk assessment	53%	64%
Number of employees/beneficiaries enrolled in smoking cessation program	42%	44%
Number of employees/beneficiaries who ceased smoking	41%	40%
Number of employees/beneficiaries enrolled in disease management program	32%	38%
Number of employees/beneficiaries exercising regularly	48%	44%
Number of employees/beneficiaries who achieved weight loss	44%	43%
Number of employees/beneficiaries with blood pressure reduction	40%	40%
Number of employees/beneficiaries with cholesterol level improvement	39%	40%
Rates of disability	13%	16%
Rates of workers' compensation claims	31%	32%
Rates of absenteeism	24%	25%
Presenteeism (i.e., employee productivity)	8%	11%
Employee retention rates	20%	19%
Employee engagement levels	20%	34%
Overall direct health care costs	49%	51%
Health care costs for specific subpopulations of employees/beneficiaries	24%	31%
Other program measure	5%	14%

Source: HRET, 2016.

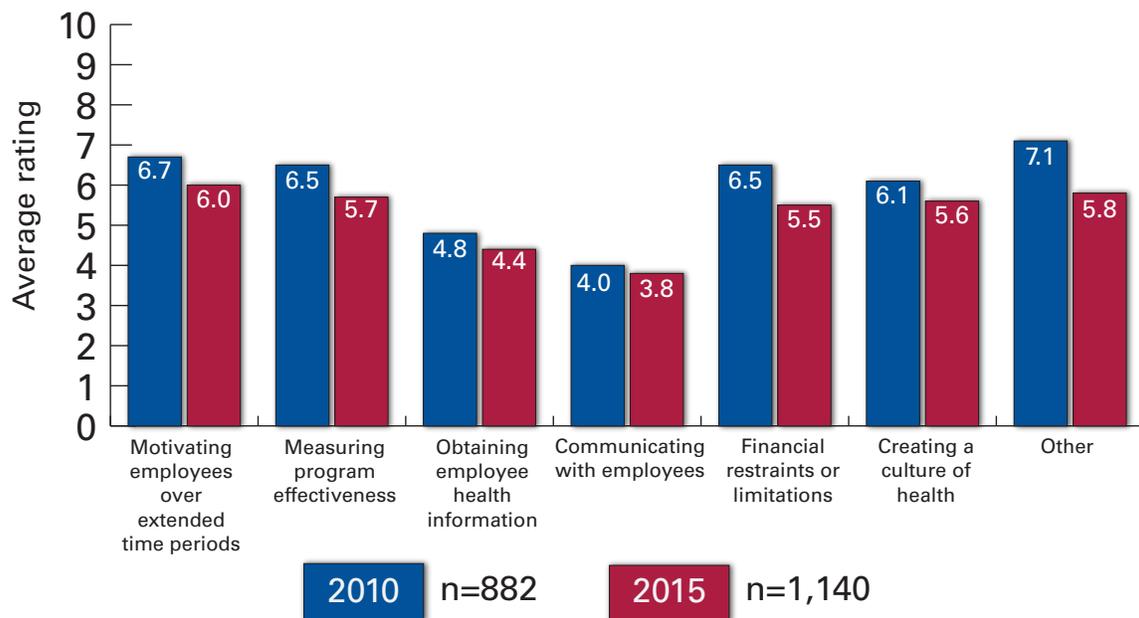
## CHALLENGES AND BARRIERS TO EFFECTIVE HEALTH AND WELLNESS PROGRAMS

Overall, hospitals experienced a decrease in perceived challenges to having a successful employee health and wellness program.

See figure 15.

FIGURE 15. RANKING OF CHALLENGES FOR HOSPITALS OFFERING EMPLOYEE HEALTH AND WELLNESS PROGRAMS

On a scale of 1 to 10, with 1 representing an insignificant challenge and 10 representing an insurmountable barrier to program effectiveness, please rank each of the following challenges to offering a successful employee health and wellness program at the hospital.



Differences of 5% or more between years are statistically significant at  $p < .05$ .

Source: HRET, 2016.

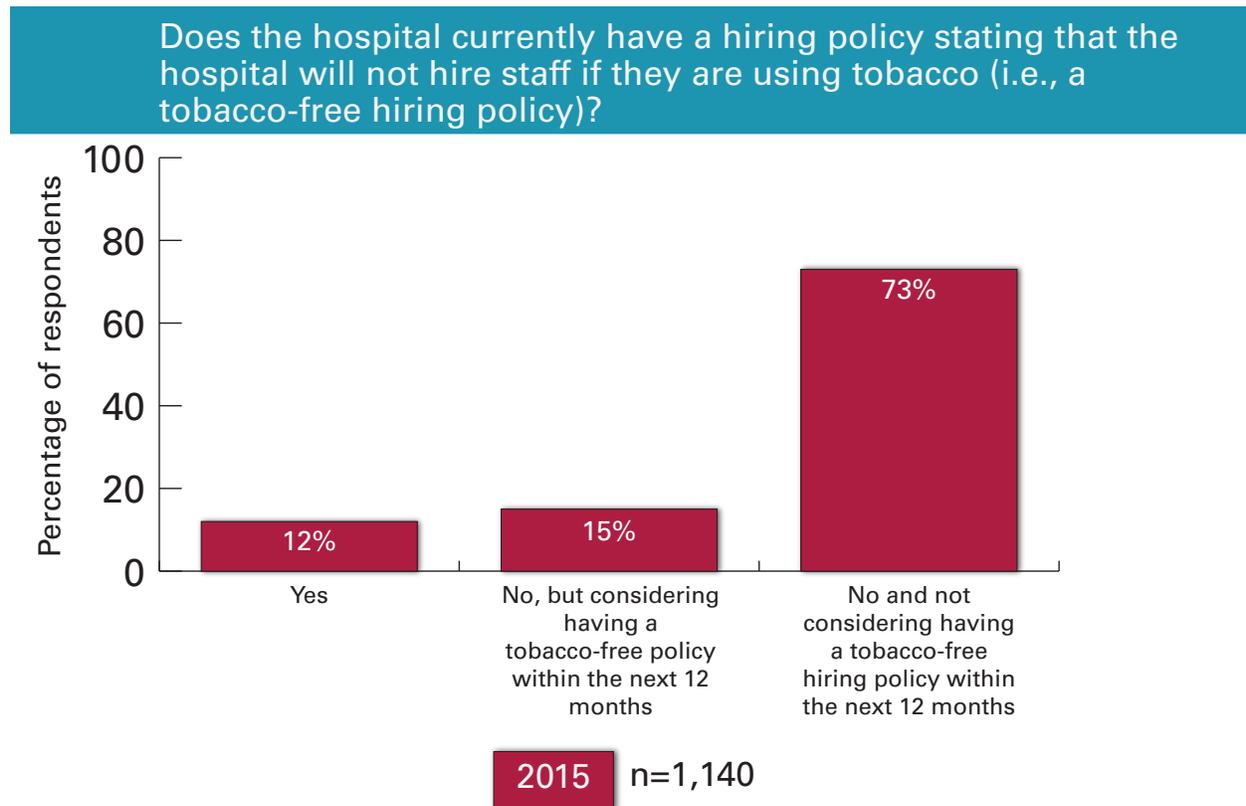
## HEALTHY HABITS AT HOSPITALS

In 2015, nearly 73% of hospitals responding to the survey did not have a tobacco-free hiring policy; 12% indicated they had a program; and 15% said they were considering implementing a policy within the next 12 months. A majority of hospitals responding to the 2015 survey are addressing healthy eating options: 82% post signs promoting healthy choices and 67% provide nutritional information about food

served. Only 24% of respondents have fast food restaurants or snack bars. More than half of the surveyed hospitals in 2015 either have implemented a Healthy Beverage Program or plan to do so. In 2015, more than three-fourths of survey respondents either provide healthy options in vending machines or have future plans to do so. Questions about “healthy habits” were asked in the 2015 survey only.

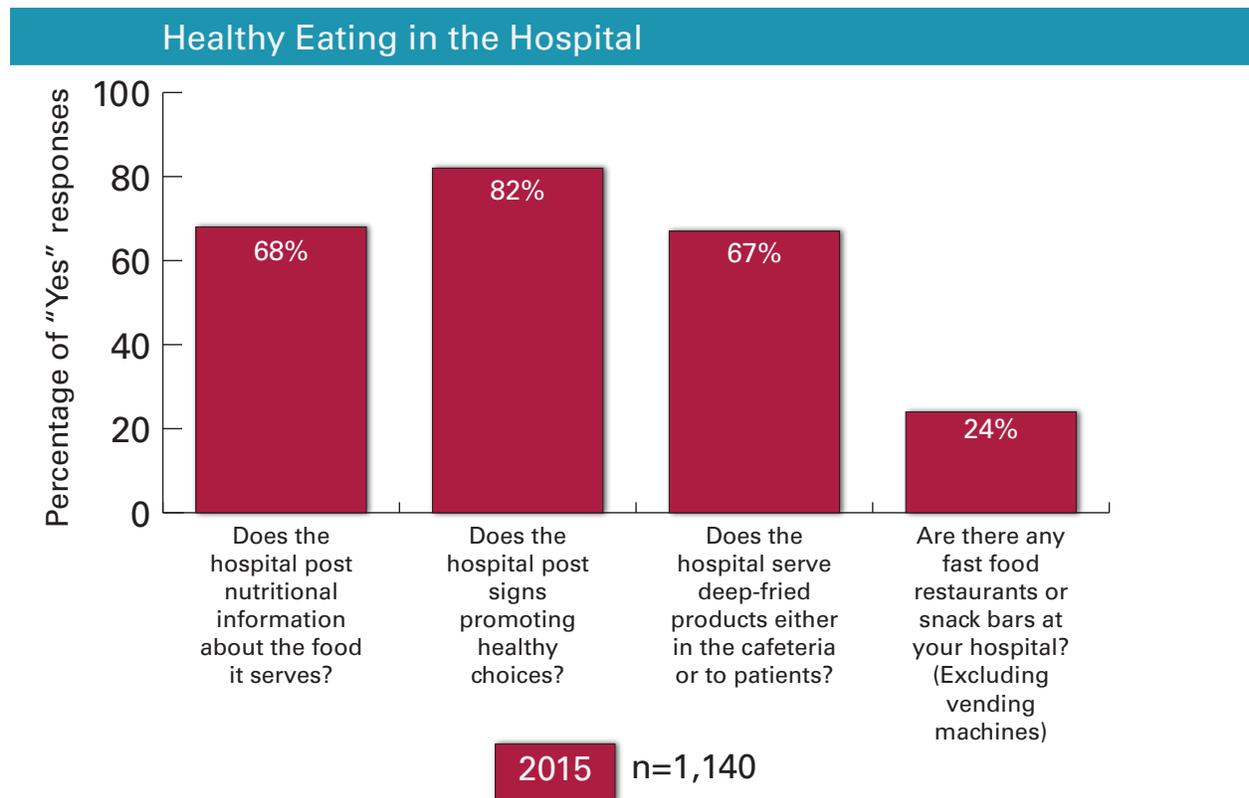
See figures 16, 17, 18 and 19.

FIGURE 16. TOBACCO-FREE HIRING POLICY AT HOSPITALS



Source: HRET, 2016.

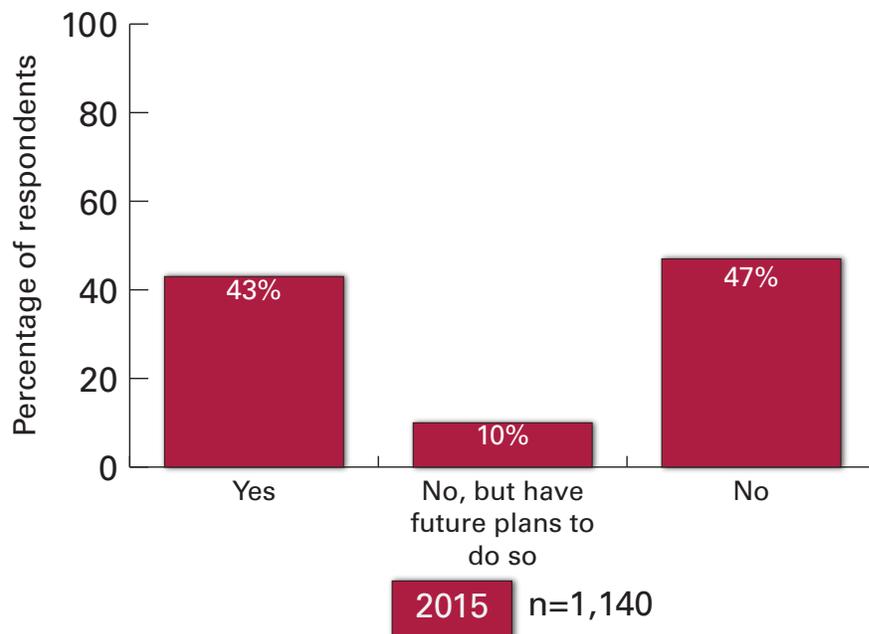
FIGURE 17. HEALTHY EATING AT HOSPITALS



Source: HRET, 2016.

FIGURE 18. HEALTHY BEVERAGE PROGRAMS AT HOSPITALS

Has your facility initiated a Healthy Beverage Program\* OR generally worked to increase the percentage of healthy beverages served and sold throughout the hospital?

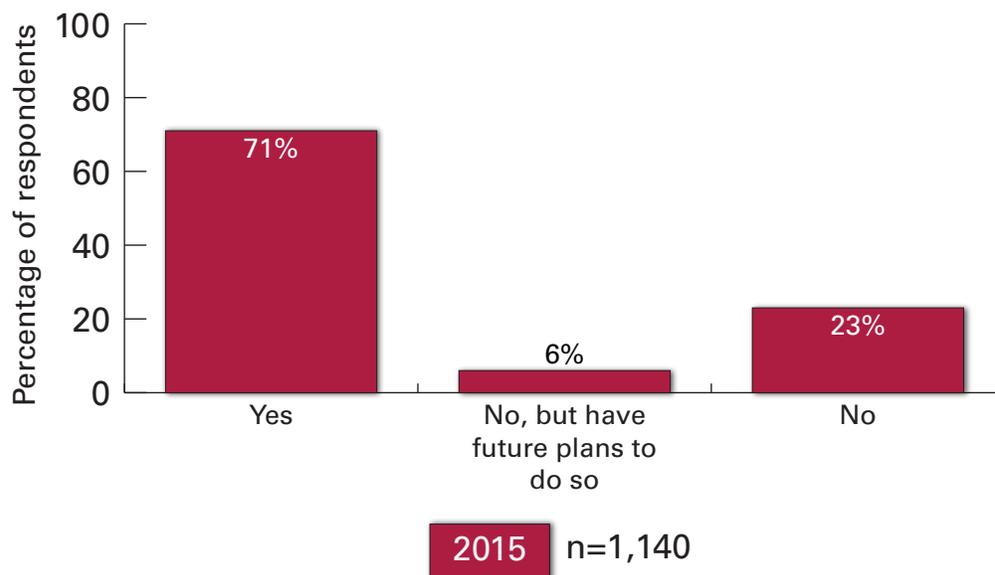


\*A Healthy Beverage Program is an effort to reduce access to sugar-sweetened, unhealthy beverage options and promote the availability and education of healthy-beverage alternatives.

Source: HRET, 2016.

FIGURE 19. HEALTHY FOOD OPTIONS AT HOSPITALS

Does your facility provide healthy options (food choices that are lower in calories, sodium and fat) in all snack vending machines?



Source: HRET, 2016.

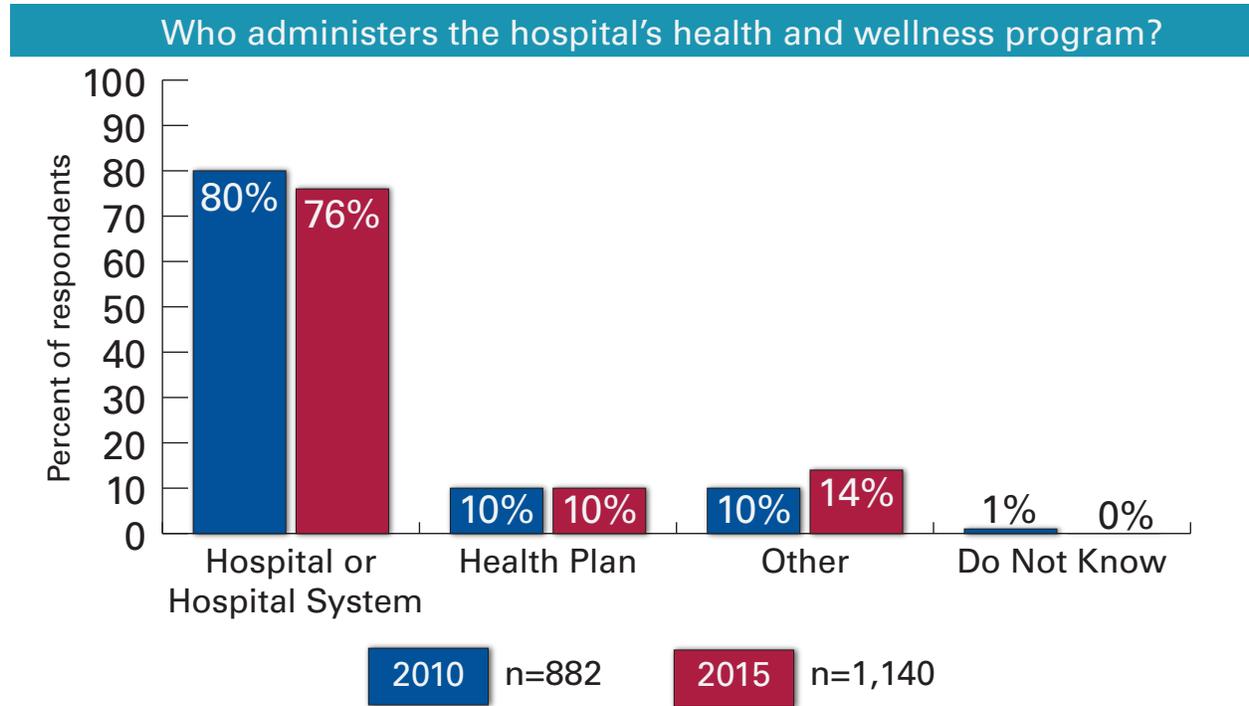
## ADMINISTRATION OF HEALTH AND WELLNESS PROGRAMS

In 2015, 76% of survey respondents indicated the hospital or health system administered the health and wellness program for employees, a slight but statistically insignificant decrease

from 2010. In 2010 and 2015, most of the AHA health and wellness surveys were completed and submitted by a human resources vice president, administrator or director.

See figures 20 and 21.

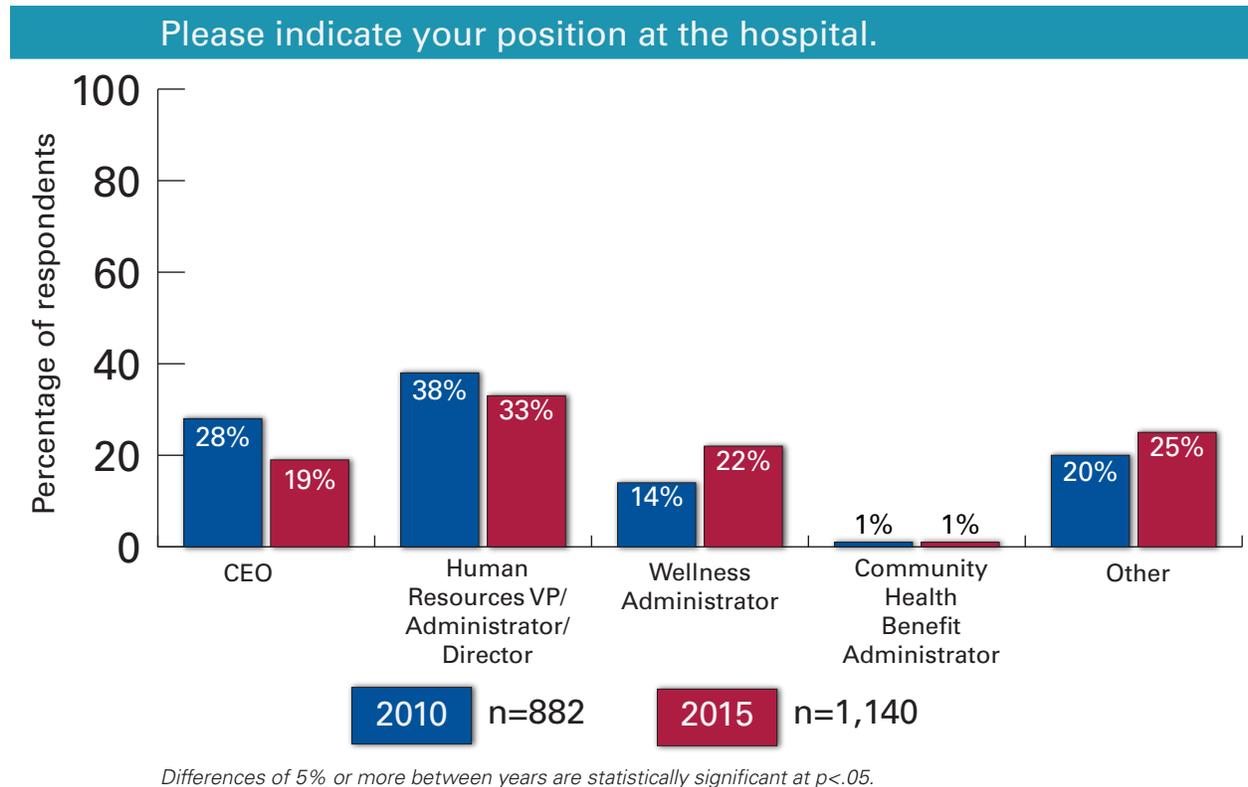
FIGURE 20. ADMINISTRATION OF EMPLOYEE HEALTH AND WELLNESS PROGRAMS AT HOSPITALS



Differences of 5% or more between years are statistically significant at  $p < .05$ .

Source: HRET, 2016.

FIGURE 21. JOB TITLE OF HOSPITAL ADMINISTRATOR COMPLETING THE AHA SURVEY



Source: HRET, 2016.

## APPENDIX: SURVEY METHODS AND APPROACH

From May to June 2010, the AHA surveyed all U.S. hospitals with an online and paper-based instrument about their employee health and wellness activities. From late July through December 2015, the AHA resurveyed hospitals with the same questions, plus a few additional ones. Survey categories included wellness programs and initiatives; employee participation; use of incentives; evaluation and measurement challenges; opportunities and motivators; and leadership assessment. Survey questions were multiple-choice restrictive, multiple-choice nonrestrictive, and scale ranking, and each question included a comment field. The 2015 survey also included questions on using a tobacco-free hiring policy and promoting and offering healthy food and beverage choices for employees. Before conducting the 2010 survey, questions were pretested with eight hospital human resources and wellness leaders. The AHA, several state hospital associations and the American Society for Healthcare Human Resources Administration (ASHHRA) helped to promote the survey in 2010.

In 2010, 882 hospital human resources leaders, CEOs and wellness leaders participated in the survey, and in 2015, 1,140 of the same types of hospital leaders participated. Results were independently analyzed for hospitals in terms of hospital size (number of beds), teaching status and census region. Urban hospitals (65% of respondents versus 56% nationally) and hospitals that were members of health systems (56% versus 49%) were slightly overrepresented in the samples for 2010 and 2015.

## ENDNOTES

1. Tu, H.T. and Mayrell, R.C. ( 2010, July). *Employer wellness initiatives grow, but effectiveness varies widely*. National Institute for Health Care Reform Research Brief No. 1, July 2010, 1-13. <http://nihcr.org/analysis/improving-care-delivery/prevention-improving-health/employer-wellness-initiatives/>
2. American Hospital Association. (2011, January). 2010 Long-Range Policy Committee, John W. Bluford III, chair. A call to action: Creating a culture of health. Chicago, IL: American Hospital Association. <http://www.aha.org/research/cor/content/creating-a-culture-of-health.pdf>