



**The Labor Management Project's  
Worksite Wellness Survey Report  
of 1199SEIU/League Hospitals**

**October 2016**



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*The views and opinions expressed in this report are those of the authors and the 1199SEIU/League Labor Management Project. They do not necessarily reflect the official position of the Worksite Wellness Survey Planning Committee or any other partners.*

# Executive Summary

**M**embers of 1199SEIU United Healthcare Workers East work in some of the world's finest healthcare organizations, yet, like many residents of the metro New York area, they suffer from preventable conditions and diseases. Applying population health trends documented in the research literature to 1199SEIU membership, it is estimated that 35,000 members working in hospitals in the metro New York area are at an unhealthy weight (overweight or obese), placing them at increased risk for diabetes, heart disease and many other health problems; 22,000 members have prediabetes; 6,000 have diabetes and 17,000 have high blood pressure.<sup>1</sup> The workplace is an important venue for reducing risk factors and preventing health problems through the design, implementation, and evaluation of state-of-the-art programs and policies that have been shown to improve health status, decrease healthcare costs, and improve productivity.

## The Survey

The Labor Management Project's (LMP's) Worksite Wellness Survey is an online assessment that obtains information about the status of key components of workplace wellness programs. The survey was adapted from the Centers for Disease Control and Prevention's (CDC's) Worksite Health ScoreCard and other validated surveys. The LMP administered the survey in 2015 to 40 hospitals that are members of the League of Voluntary Hospitals and Homes (League) to establish a citywide inventory of current worksite wellness programs, services and policies; identify program areas needing improvement; and serve as a baseline to measure progress over time. Survey questions focused on organizational supports and evidence-based best practices for workplace interventions. Thirty-nine of the 40 hospitals responded.

## The Results

The highest possible total survey score was 155. League hospitals' scores ranged from 21 to 114, with a median score of 79, or 51%.<sup>2</sup> The distribution of scores and median scores for each of the 13 measured program areas are indicated in the figure and table on the following page.

**Budget, staff, and labor-management committees:** Nearly half (19) of the 39 hospitals reported that they did

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**League hospitals' scores ranged from 21 to 114, with a median score of 79, or 51%.<sup>2</sup>**

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not have a worksite wellness program with a budget and dedicated staff, basic requirements for program success.<sup>3</sup> In addition, only one-third (13) of all hospitals reported having a labor-management wellness committee that was co-chaired by a manager and a union member. According to the CDC, worker participation in the development, implementation, and evaluation of worksite wellness programs is usually "the most effective strategy for changing culture, behavior, and systems."<sup>4</sup> Based on our experience, committees with labor and management co-leads have the greatest chance of successfully engaging all employees, regardless of title or union status.

**Identifying employee needs:** While two-thirds (26) of hospitals reported offering Health Risk Assessments (HRAs) to employees, only 15% (6) reported providing counseling and referral services for employees with identified risks. Research has shown that HRAs provided alone are far less effective than HRAs provided with additional interventions such as health education and referrals to health promotion programs.<sup>5</sup>

<sup>1</sup> Overweight/obesity, diabetes, hypertension and smoking prevalence estimates are based on New York City Department of Health data from the 2014 Community Health Survey. Prediabetes prevalence is based on data from the 2014 National Diabetes Statistics Report. An estimate of the number of 1199SEIU members in metro New York was taken from the 2012 National Benefit Fund report.

<sup>2</sup> We recognize that the highest possible score is an ideal that hospitals will not necessarily reach given varied needs and conditions; however, higher scores are associated with more comprehensive programs.

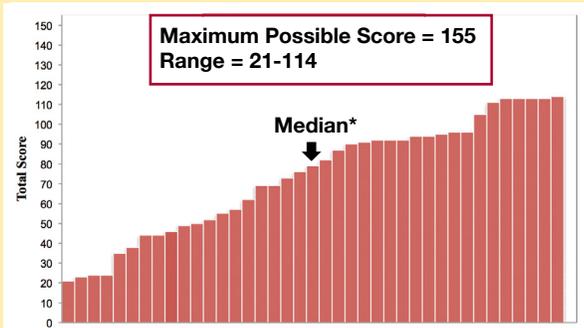
<sup>3</sup> Two hospitals, however, reported not having a budgeted wellness program but having wellness program staff in 2014.

<sup>4</sup> Centers for Disease Control and Prevention/National Institute for Occupational Safety and Health. Essential elements of effective workplace programs and policies for improving worker health and wellbeing. October 2008.

<sup>5</sup> Goetzel, R. and Ozminowski, R. The Health and Cost Benefits of Work Site Health-Promotion Programs. Annual Review of Public Health. Vol. 29: 303-323. 2008.

**Supportive policies:** The percent of surveyed hospitals limiting availability of sugary drinks is low, ranging from 21% for meetings and events to 31% in vending machines. In cafeterias, hospitals have placed much greater emphasis on increasing healthier choices (56%) than reducing availability of unhealthy foods and beverages (26%).

### Distribution of Survey Scores for 39 League Hospitals



\* Median = 79. To find the median, we ordered the points received for each hospital from lowest to highest and found the middle number. Half of the hospitals received points less than the median and half received points greater than the median.

### Points Received, 39 League Hospitals

Program Area	Total Possible Points	Median*
Occupational Health and Safety	18	16 (89%)
Tobacco Control	10	7 (70%)
Weight Management	9	6 (67%)
Organizational Supports	21	12 (57%)
Lactation Support	13	7 (54%)
Stress Management	6	3 (50%)
Physical Activity	21	9 (43%)
Nutrition	18	7 (39%)
High Blood Pressure	8	3 (38%)
Diabetes	9	3 (33%)
Depression	13	3 (23%)
Responsible Alcohol and Drug Use	6	0 (0%)
Data/Evaluation	3	0 (0%)
<b>TOTAL possible points</b>	<b>155</b>	

\* Median points were translated into a percent score, with 100% being the largest possible score.

## Recommendations

We recommend that all hospitals **assess current practices** to ensure that:

- There is a **labor-management worksite wellness committee that is co-chaired by labor and management**, and that operates with a committee charter, regular meetings, and clear roles and responsibilities, providing guidance regarding all worksite health promotion and employee engagement activities.
- There is **dedicated staff support, including a wellness coordinator and a budget**.
- **Worksite Wellness Champions** are identified and recruited to promote programs and encourage employee participation.
- **HRA offerings** are tied to **health education and other follow-up programs**.
- Programs are **evidence-based**, incorporating proven best practices, documented in CDC and other resources.
- Occupational Health and Safety initiatives are **integrated** with worksite health promotion and wellness programs.
- Sufficient data are collected to prioritize programs and policies and to assess progress and impact.
- Worksite programs are coordinated with the programs and services offered by the 1199SEIU National Benefit Fund (NBF).



## The LMP's Workplace and Community Health Program

League hospitals can access assistance from the LMP's **Workplace and Community Health Program** ([www.labormanagementinitiatives.org/wellness](http://www.labormanagementinitiatives.org/wellness)). This program helps union and management partners identify and define core program elements and corresponding measures and is available to help review report findings and recommendations.

# Introduction

The Labor Management Project (LMP) conducted a worksite wellness survey of League Hospitals in the summer and fall of 2015. Authorized by an oversight committee with representatives from the League, 1199SEIU, the National Benefit Fund (NBF), and the 1199SEIU Training and Employment Funds, the survey assessed workplace programs and practices in the League’s hospitals during calendar year 2014. The survey was designed to:

- Establish a citywide inventory of current worksite wellness programs, services and policies
- Identify program areas and issues for enhancement
- Serve as a guide for individual hospitals to address identified gaps
- Serve as a baseline to measure progress over time

Each participating hospital received a confidential report that included key results and recommendations. This report summarizes key findings from the survey, aggregated across the 39 (of 40 eligible) responding hospitals.

## Background

Obesity, diabetes, and high blood pressure are epidemic in New York City (NYC). According to the New York City Department of Health and Mental Hygiene’s Community Health Survey, close to 60% of all NYC adults are overweight or obese. These conditions disproportionately affect communities of color in the city, particularly Black and Latino residents. Obesity affects one out of three (33%) Black residents and 31% of Latino residents; the proportion of White residents affected is nearly 20%. While 23% of White residents have high blood pressure, 35% of Black residents and almost 32% of Latino residents have the condition. The rates of diabetes in NYC among Black (13%) and Latino (14%) residents are twice as high as among White residents (7%).<sup>6</sup>

Members of 1199SEIU United Healthcare Workers East hail from the city’s five boroughs and reflect the communities in which they live and work. While they work in some of the world’s finest healthcare organizations, like many residents of the metro New York area they suffer from preventable conditions and diseases. Applying population health trends documented in the research

literature to 1199SEIU membership, it is estimated that 35,000 members working in hospitals in the metro New York area are at an unhealthy weight (overweight or obese), placing them at increased risk for diabetes, heart disease and many other health problems; 22,000 have prediabetes; 6,000 have diabetes and 17,000 have high blood pressure (see **table 1**). These numbers reflect a significant burden of disease that must be addressed.

The workplace is an important venue for reducing risk factors and preventing health problems through state-of-the-art programs that improve health status, decrease healthcare costs, and improve productivity. Hospitals that are members of the League of Voluntary Hospitals and Homes of New York offer a range of workplace-based programs to 1199SEIU members and other employees.

The LMP supports the partnership of labor and management health care teams to achieve positive work environments, excellent care and community well-being. In 2015, the LMP launched its Workplace and Community Health Program to spur a culture of health in the League’s worksites. The LMP’s Workplace and Community Health Program helps hospitals, nursing

**TABLE 1: Estimated Number of 1199SEIU Members in League Hospitals Affected by Chronic Health Conditions/Behaviors**

	Overweight or obese	Prediabetes	Diabetes	Hypertension	Current smokers	Consume one or more sugary drinks per day
Number of members affected	35,000	22,000	6,000	17,000	8,000	14,000

Sources: Overweight/obesity, diabetes, hypertension and smoking prevalence estimates are based on New York City Department of Health data from the 2014 Community Health Survey. Pre-diabetes prevalence is based on data from the 2014 National Diabetes Statistics Report. An estimate of the number of 1199SEIU members in metro New York was taken from the 2012 National Benefit Fund report.

<sup>6</sup> NYC Dept of Health & Mental Hygiene, Community Health Survey 2014.

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**The Centers for Disease Control and Prevention (CDC) defines a culture of health as “the creation of a working environment where employee health and safety is valued, supported and promoted through workplace health programs, policies, benefits, and environmental supports. Building a culture of health involves all levels of the organization and establishes the workplace health program as a routine part of business operations aligned with overall business goals.”<sup>7</sup>**

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homes and other organizations improve the health of their workers by providing assistance with priority setting, program design, implementation and evaluation.

## Survey Methodology

The LMP Worksite Wellness Survey is an 84-question assessment designed to obtain information about the status of key components of effective workplace wellness programs at League hospitals. The survey was adapted from the CDC’s Worksite Health ScoreCard and other validated surveys<sup>8</sup> and included questions about 13 key programmatic areas in place during calendar year 2014. Questions focused on organizational supports and evidence-based best practices for workplace interventions.

The LMP established a planning committee composed of hospital, League, NBF, and Union representatives as well as a nationally recognized workplace health expert. The committee reviewed the survey and advised on the best approaches for its administration (see Appendix A). Members of the committee met once in-person for initial discussions, then twice on the telephone. The draft survey was piloted at one hospital and revised based on that experience.

The LMP reached out to the leadership of the League’s 40 hospital sites to identify the appropriate contact for survey completion. The LMP then distributed the survey as a PDF file and through an online link to a web-based survey<sup>9</sup> to the designated contact at each hospital. LMP staff provided technical assistance to hospital staff who were assigned to complete the survey. Site contacts compiled the required information, consulting other hospital staff as needed.

The online survey was ultimately available to hospital staff for approximately three months (due to contact persons’ schedules and competing priorities, the original deadline was extended). The LMP reviewed all submitted surveys for completeness, and followed up with hospital staff to collect any missing data. The data from the web-based survey were uploaded into SPSS (a statistical software package) for analysis.

The survey responses were kept strictly confidential and identifiable hospital results were only provided to the participating hospital and its Union counterparts. This summary report of unidentified aggregate data is available to all hospitals, the League, the Union, and the National Benefit Fund, and will be posted on the LMP’s website, [www.labormanagementinitiatives.org](http://www.labormanagementinitiatives.org).

The LMP developed a scoring system for the survey using a scoring methodology developed by the CDC that gives greater weight to activities with greater evidence of effectiveness and impact (see Appendix B).

The survey has several limitations. First, many of the program areas explored were only reported as being offered, with no information regarding participation and reach. Thus, much of the survey represents potential impact without clearly measurable impact. Second, those completing the survey did not always have access to the requested information. Thus, there was a certain amount of missing data in the form of “Don’t Know” responses. It is also possible that lack of access to complete information could have led to some erroneous reporting of data. To the extent possible, we checked for quality and consistency.

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<sup>7</sup> CDC Workplace Health Promotion: Workplace Health Glossary. <http://www.cdc.gov/workplacehealthpromotion/tools-resources/glossary/glossary.html>.

<sup>8</sup> CDC’s Worksite Health ScoreCard (2014); HERO’s Employee Health Management Best Practices Scorecard (2014); the Online Health and Productivity Management Promising Practices Inventory (2007).

<sup>9</sup> Survey Monkey is a third-party, web-based survey vendor.

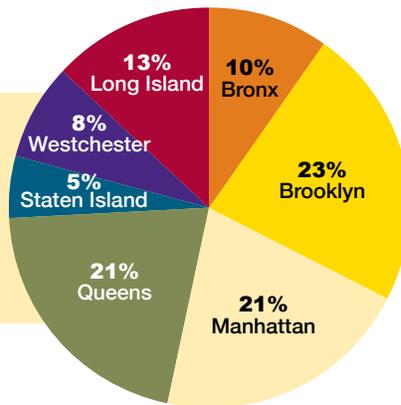
# Survey Results

The response rate for this survey was 98%, with 39 out of the 40 eligible hospitals participating. **Table 2** presents responding hospitals' size and number of employees. Hospitals ranged markedly in size, from a low of 103 beds to a high of 1,469 beds. Responding hospitals together employ approximately 60,000 1199SEIU members.

**TABLE 2: Characteristics of Participating Hospitals (n=39)**

	Range	Average	Total
Beds	103–1,469	455	17,728
1199SEIU members	276–6,768	1,488	58,038
Total hospital personnel	459–8,300	2,848	112,753

**FIGURE 1: Location of Responding Hospitals (n=39)**



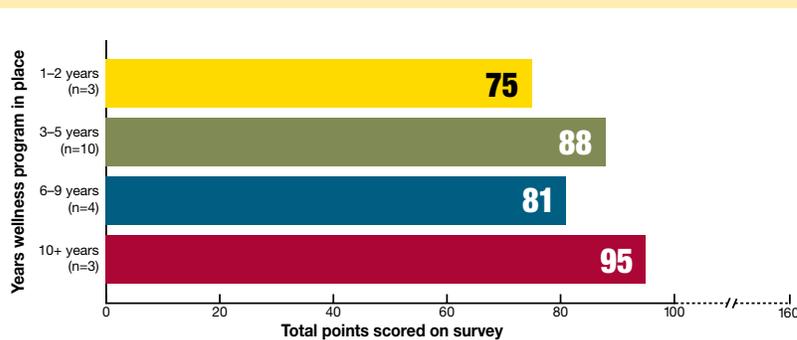
**Figure 1** displays the geographic location of responding hospitals. The majority were located in the five boroughs of New York City, although a few hospitals in Westchester and Long Island were included.

**Table 3** displays the number of years wellness programs had existed at participating hospitals as of 2014. Most were relatively new, with two-thirds having been in existence for only five or fewer years.

**TABLE 3: Years Wellness Program had been in place (hospitals reporting a budgeted program (n=20))**

Years	Percent
1 to 2	15%
3 to 5	50%
6 to 9	20%
10 or more	15%

**FIGURE 2: Average Total Survey Score (Points Acquired) by Years Wellness Program Was in Place\***



\* Maximum points possible = 155.

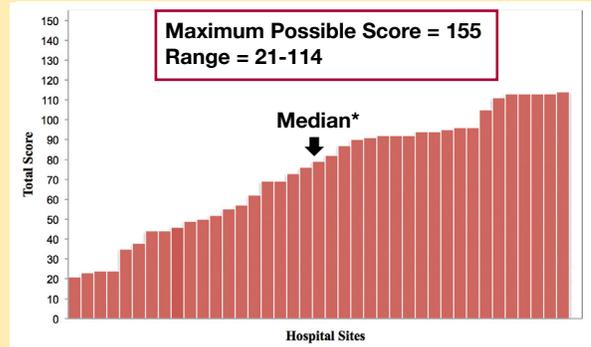
**Figure 2** organizes hospitals by the number of years of program operation, presenting the average survey score for each grouping. Programs that had been in existence for ten or more years had the highest average survey score of all the groups.

**Figure 3** depicts the distribution of survey scores for all 39 hospitals.

Overall scores and scores for each of the 13 program areas were calculated (see Appendix B for scoring methodology). The highest possible total score was 155. Actual scores ranged from 21 to 114, with a median score (middle value) of 79. We recognize that the highest possible score is an ideal that hospitals will not necessarily reach given varied needs and conditions; however, higher scores are associated with more comprehensive wellness programs. (see Appendix C for the distribution of scores by program area).

**FIGURE 3:**

**Distribution of Survey Scores for 39 League Hospitals**



\* Median = 79. To find the median, we ordered the points received for each hospital from lowest to highest and found the middle number. Half of the hospitals received points less than the median and half received points greater than the median.

**TABLE 4: Points Received, 39 League Hospitals**

Program Area	Total Possible Points	Median*
Occupational Health and Safety	18	16 (89%)
Tobacco Control	10	7 (70%)
Weight Management	9	6 (67%)
Organizational Supports	21	12 (57%)
Lactation Support	13	7 (54%)
Stress Management	6	3 (50%)
Physical Activity	21	9 (43%)
Nutrition	18	7 (39%)
High Blood Pressure	8	3 (38%)
Diabetes	9	3 (33%)
Depression	13	3 (23%)
Responsible Alcohol and Drug Use	6	0 (0%)
Data/Evaluation	3	0 (0%)
<b>TOTAL possible points</b>	<b>155</b>	

\* Median points were translated into a percent score, with 100% being the largest possible score.

**Table 4** presents the median scores for each of the 13 measured program areas. Note that occupational health and safety, tobacco control, and weight management received the highest median percent scores, while data and evaluation and attention to behavioral health (i.e., depression and responsible alcohol/drug use) received the lowest.

## Survey Results for Key Elements of Effective Workplace Wellness Programs

Researchers have identified important elements that contribute to a successful wellness program. Among them are adequate resources, cohesive wellness teams, wellness champions, identification of employee needs to inform program design, organizational policies that promote healthy practices, supportive environments, and data collection and evaluation.<sup>10</sup>

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**51% of the 39 hospitals reported having had a worksite wellness program with a budget in 2014.**

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### Resources

Twenty of the 39 hospitals (51%) reported that they had a worksite wellness program with a budget in 2014. Of those, 18 reported operating the program with internal staff only, or a combination of internal staff and vendors. These 18 hospitals represent just 46% of the 39 surveyed hospitals.<sup>11</sup> Eighty percent of hospitals indicated that they promoted and marketed health promotion programs to eligible employees.

### Labor-Management Committee

Twenty-two (56%) of the hospitals had an active wellness committee that included labor and management membership in 2014. Of these, 12 (55%) had been in place for 3 to 5 years, and 4 (18%) had been in place for 6 to 9 years. We were particularly interested in whether these committees were management-led or were jointly led

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**Only one-third of all hospitals reported having a labor-management wellness committee that was co-chaired by management and union.**

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by management and union. Nine of those hospitals with a committee reported that it was management-led, while 13 reported that the committee was co-chaired by management and union. In other words, only one-third of all surveyed hospitals had a co-chaired labor-management wellness committee in 2014. According to the CDC, worker participation in the development, implementation, and evaluation of worksite wellness programs is usually “the most effective strategy for changing culture, behavior, and systems.”<sup>12</sup> Based on our experience, committees that are co-led have the greatest chance of successfully engaging all employees, regardless of title or union status.

### Wellness Champions

To encourage employee engagement and participation, it is particularly useful to have one or more “Wellness Champions” to promote programs. These are often staff who have successfully participated in wellness programs and have achieved results (e.g., weight loss; smoking cessation). Eleven (28%) of surveyed hospitals reported having a worksite wellness champion program in place in 2014.

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**While 26 (67%) hospitals reported offering Health Risk Assessments (HRAs) to employees, only six (15%) reported providing counseling and referral services for those employees with identified risks.**

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### Identifying Employee Needs

One way of getting employees engaged in their own wellness and helping employers to identify needs is to offer health risk assessments (HRAs), providing them with a snapshot of their current health status as well as the potential to monitor the health status over time. According to the Wellness Council of America, “personal health assessments provide employers with important information that can help them build results-oriented health promotion programs.”<sup>13</sup> However, HRAs are far more effective in improving health when provided along with additional interventions such as health education or referrals to other

<sup>10</sup> Goetzel RZ, Ozminkowski RJ. The health and cost benefits of work site health-promotion programs. *Annu. Rev. Public Health*. 2008;29: 303-23; National Institute for Occupational Safety and Health Initiative. *Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health*. October 2008. DHHS (NIOSH) Publication No. 2010-140; Pronk NP, Kottke TE. Physical activity promotion as a strategic corporate priority to improve worker health and business performance. *Preventive Medicine*. 2009; 49: 316-321.

<sup>11</sup> Two hospitals, however, reported not having a budgeted wellness program but having wellness program staff in 2014.

<sup>12</sup> Centers for Disease Control and Prevention/National Institute for Occupational Safety and Health. *Essential elements of effective workplace programs and policies for improving worker health and wellbeing*. October 2008.

<sup>13</sup> Hunnicutt, David. “The 10 Benefits of Conducting a Personal Health Assessment.” 2008. [http://www.jcschools.com/Organizations/PDFDocuments/10\\_benefits.pdf](http://www.jcschools.com/Organizations/PDFDocuments/10_benefits.pdf).

health promotion programs.<sup>14</sup> In 2014, sixty-seven percent (26) of hospitals offered HRAs to employees. However, only six of these hospitals provided counseling and referral services for those employees with identified risks.

### Policies That Promote a Culture of Health

Evidence of leadership support for creating a culture of health at a worksite naturally includes the establishment of official organizational policies. **Table 5** below shows the percent of hospitals that had written policies or had issued formal communication regarding tobacco use, food and beverage choices, and breastfeeding as of 2014. The percent of hospitals limiting availability of sugary drinks was low, ranging from 21% to 31%, depending on the venue. In cafeterias, hospitals placed a much greater emphasis on increasing healthier choices (56%) than reducing availability of unhealthy foods and beverages (26%).

**The percent of hospitals limiting availability of sugary drinks was low, ranging from 21% to 31% depending on the venue. In cafeterias, hospitals placed a much greater emphasis on increasing healthier choices (56%) than reducing availability of unhealthy foods and beverages (26%).**

**TABLE 5: Percent of Hospitals with Policies or Formal Communication Encouraging Health Practices**

Policy/formal communication that:	Percent	Number
Bans tobacco use (and enforces the ban)	97%	38
Addresses injury and/or illness prevention	74%	29
Makes healthier food and beverage choices available in:		
Cafeterias or snack bars	56%	22
Vending machines	33%	13
Meetings and events	23%	9
Limits availability of sugary drinks and other unhealthy food in:		
Cafeterias or snack bars	26%	10
Vending machines	31%	12
Meetings and events	21%	8
Addresses breastfeeding for employees	64%	25

### Supportive Environments

In addition to formal policies, research has documented the importance of creating physical environments at the workplace that support the pursuit of a healthy lifestyle.<sup>15</sup> This can include greater opportunities for exercise and physical activity, as well as greater access to healthy food and beverage choices. In addition, provision of incentives that are of value to employees can effectively encourage participation.



#### Physical activity

Promoting an environment that encourages physical activity is a benefit to employees as well as a good indication of leadership support for a culture of health.

**Table 6** shows the number and percent of hospitals that provided specific supports during calendar year 2014.

**TABLE 6: Percent of Hospitals Providing Environmental Supports for Physical Activity**

Hospitals that:	Percent	Number
Provide other environmental supports for recreation and physical activity—(e.g., trails or a track for walking/jogging, maps of suitable walking routes, bicycle racks, a basketball court, open space designated for recreation or exercise, or a shower and changing facility)	49%	19
Post signs in elevators, stairwell entrances or exits and other key locations that encourage employees to use the stairs.	46%	18



#### Healthy Food and Beverage Choices

In 2012, the NYC Health Department launched the New York City Healthy Hospital Food initiative to encourage hospitals to increase access to healthier foods and beverages. Participating hospitals agreed to adopt NYC standards for cafeterias, cafes, and beverage and food vending machines.<sup>16</sup> To explore the application of those standards, we asked hospitals to report on their food choices and food labeling, promotion of on-site or nearby farmers' markets, as well as provision of adequate access for 1199SEIU members.

<sup>14</sup> Soler et al. "A Systematic Review of Selected Interventions for Worksite Health Promotion The Assessment of Health Risks with Feedback. *Am J Prev Med*, 2010; 38(2S): S237–S262; Gomel et al. "Work-Site Cardiovascular Risk Reduction: A Randomized Trial of Health Risk Assessment, Education, Counseling, and Incentives." *American Journal of Public Health*, 1993, Vol. 83, No. 9.; De La Torre, H. and Goetzal, R. "How to Design a Corporate Wellness Plan that Actually Works." *Harvard Business Review*, March 31, 2016.

<sup>15</sup> Centers for Disease Control and Prevention. *Steps to Wellness: A Guide to Implementing the 2008 Physical Activity Guidelines for Americans in the Workplace*. Atlanta: U.S. Department of Health and Human Services; 2012.

<sup>16</sup> Healthy Hospital Food Initiative, New York City Department of Health and Mental Hygiene. <https://www1.nyc.gov/site/doh/health/health-topics/healthy-hospital-food-initiatives.page>

- Less than half (46%) of the responding hospitals reported that more than 75% of beverage choices available in vending machines, cafeterias, snack bars, or other purchase points were healthier items (e.g., skim milk, 1% milk, water, unsweetened flavored water, diet drinks, 100% fruit juice).
- Sixty-two percent (24) of hospitals reported that they provided nutritional information about calories, trans-fats, or saturated fats for foods and beverages (beyond standard nutrition info on labels) or identified healthy foods sold in worksite cafeterias, snack bars or other purchase points with signs or symbols.
- Nearly 60% (23) of hospitals reported that they offered or promoted an on-site or nearby farmers' market where fresh fruits and vegetables are sold.

Regarding facilitating healthy eating for 1199SEIU members, ten hospitals reported that they subsidized or provided discounts to 1199SEIU members for healthier foods and beverages offered in vending machines, cafeterias, snack bars or other purchase points in 2014. Twenty-five hospitals (64%) provided 1199SEIU members with food preparation and storage facilities (microwave, sink, refrigerator and/or kitchen).



### Incentives

Studies have noted that programs with incentive programs that are aligned with what employees value can achieve high participation and engagement.<sup>17</sup> In our survey, 41% (16) of the responding hospitals offered cash incentives for participation in worksite wellness programs. While most did not report the average size of these financial incentives, two hospitals reported \$225; four reported \$50, and one reported offering a reduced health insurance premium.

More than half (54%) of the surveyed hospitals offered other incentives for participation. These included gift cards (12 hospitals), recognition such as a plaque, trophy, or certificate (7 hospitals), a Fitbit (5 hospitals), pedometers (7 hospitals), and other merchandise such as T-shirts, mugs, or resistance bands (15 hospitals). One hospital offered days off, and several reported give aways that are provided by vendors.

**54% of hospitals offered non-cash incentives for participation in worksite wellness programs, such as gift cards, merchandise, trophies, certificates, and exercise equipment; 41% offered financial incentives.**

## Data Collection and Evaluation

Data collection and evaluation are critical activities if hospitals and wellness committees want to track progress, assess effectiveness and outcomes, and have information to inform program development and improvement. Yet less than half (44%) of the surveyed hospitals reported that they measured program participation and/or program impacts. **Table 7** shows the kind of data that hospitals tracked in 2014 related to wellness activities for employees in the responding hospitals.

**Less than half (44%) of the surveyed hospitals measured program participation in wellness or health promotions programs and/or program impacts.**

**TABLE 7: Data Tracked by Hospitals**

	Percent	Number
Program participation rates	33%	13
Absenteeism	33%	13
Workers compensation costs	31%	12
Turnover rates	31%	12
Employee satisfaction	28%	11
Productivity	23%	9
Health care utilization and costs	21%	8
Biometrics (e.g., weight, blood pressure, cholesterol, glucose)	15%	6
Health behavior change	5%	2
Knowledge and attitudes	3%	1

<sup>17</sup> Goetzel RZ, Shechter D, Ozminkowski RJ, Marmet PF, Tabrizi MJ, Roemer EC. Promising Practices in Employer Health and Productivity Management Efforts: Findings from a Benchmarking Study. *Journal of Occupational and Environmental Medicine*. 2007;49 (2):111.

## Survey Results for Specific Offerings

In **table 8** we highlight specific offerings that hospitals reported for 2014. Because worker health is important for all employees, regardless of union membership status, respondents were asked to specify whether the services were provided to all employees, or to one or more specific groups of employees (non-union, 1199SEIU, other union). Upon review of the data, however, we found few services were reported as offered to one set of employees and not another. Furthermore, it appeared that there were some questions regarding the accuracy of those responses. For these reasons, we report only those services that were offered to all employees.

The two services provided by the fewest hospitals were clinical screening for depression with feedback and clinical referral (10%) and educational programs on preventing and controlling alcohol abuse (10%). The most offered programs were educational programs on nutrition (77%) and employee assistance programs (67%). Note that although hospitals reported on their program offerings, the extent of participation was not quantified. Therefore, we are unable to determine which programs had robust participation and which had limited participation.

Finally, 67% (26) of surveyed hospitals reported that they referred tobacco users to a state or other tobacco



**TABLE 8: Percent of Hospitals Providing Services to All Employees**

Provided free or subsidized:	Percent	Number
Body composition measurement, such as height and weight, body mass index (BMI) scores, or other body fat assessments (beyond self-report) followed by directed feedback and clinical referral when appropriate	56%	22
Blood pressure screening (beyond self-report) followed by directed feedback and clinical referral when appropriate	49%	19
Breastfeeding support groups or educational classes	31%	12
Prediabetes and diabetes risk factor assessment (beyond self-report) and feedback, followed by blood glucose screening and/or clinical referral when appropriate	26%	10
Physical fitness assessments, follow-up counseling, and physical activity recommendations either on-site or through a community exercise facility	15%	6
Clinical screening for depression (beyond self-report) followed by directed feedback and clinical referral when appropriate	10%	4
Provided specific programs:		
Employee assistance program	67%	26
Weight Watchers at Work	54%	21
The Centers for Disease Control and Prevention (CDC) Diabetes Prevention Program	28%	11
Provided educational sessions/programs on:		
Nutrition	77%	30
Weight management	49%	19
Stress management	51%	20
Preventing and controlling diabetes, other than the CDC Diabetes Prevention Program	41%	16
Preventing and controlling high blood pressure	18%	7
Preventing and treating depression	13%	5
Preventing and controlling alcohol and drug abuse	10%	4

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**Less than half (46%) of hospitals reported that they coordinated programs for occupational health and safety with programs for health promotion and wellness. Research has shown that integration increases participation and reduces absenteeism.**

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cessation telephone quit line (e.g., 1-800-QUIT NOW or smokefree.gov) in 2014. And 44% (17) of hospitals reported providing training for managers on identifying and reducing workplace stress-related issues (e.g., performance reviews, communication, personnel management, assertiveness, time management, or conflict resolution).

### ***Occupational Health and Safety***

The survey explored how the hospitals approach occupational health and safety. Overall, this category had the highest median score of the 13 program areas—89%. Sixty-nine percent of hospitals reported that they included improving or maintaining job health and safety in their business objectives or organizational mission statements. Eighty-four percent employed or contracted with an occupational health and safety professional. Nearly all encouraged reporting of injuries and near misses, and 82% had a program to investigate the root causes of injuries or illnesses. Yet fewer (74%) provided opportunities for employee input on hazards and solutions (such as all-hands meetings, tool box meetings, surveys or focus groups). Three quarters of the hospitals provided all new workers with formal, comprehensive training on how to avoid accidents or injury on the job.

According to the Harvard School of Public Health, “Integrated approaches to employee health have been shown to improve the effectiveness of occupational health and safety programs, increase participation in health promotion efforts, increase employees’ willingness to change behaviors, and reduce absenteeism.”<sup>18</sup> Occupational health and safety addresses the health, safety, and well-being of workers, promoting the physical and mental well-being of workers and the prevention of workplace-related injury and wellness. According to the CDC, research shows that participation rates are better in programs that correct workplace hazards than in those that focus on individual behavior change alone. Integration of wellness and occupational health and safety programs is recommended.<sup>19</sup>

With the effectiveness of integration noted, we asked if the hospitals coordinated programs for occupational health and safety with programs for health promotion and wellness. Forty-six percent said they did, while 33% reported that they did not and 21% reported that they did not know.



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<sup>18</sup> Work, Health and Well-being. Harvard School of Public Health. <https://www.hsph.harvard.edu/ecpe/programs/work-health-and-well-being/>.

<sup>19</sup> Guidelines for Integrating Occupational Health and Safety with Workplace Wellness Programs, Commission on Health and Safety and Workers’ Compensation. 2010. [https://www.dir.ca.gov/chswc/WOSHTEP/Publications/WOSHTEP\\_TheWholeWorker.pdf](https://www.dir.ca.gov/chswc/WOSHTEP/Publications/WOSHTEP_TheWholeWorker.pdf).

# Bringing It All Together

## *The State of Worksite Wellness and Health Promotion Activities for Employees in League Hospitals*

**T**he worksite wellness survey of League hospitals has provided an excellent overview of the wellness programming offered to hospital employees throughout metro New York in calendar year 2014, as well as the variety of policy, environmental, and organizational supports that were in place to promote a healthy workplace culture. With ample leadership support and financial and staffing resources, functional wellness teams and engaged champions, hospitals can institute comprehensive, integrated programming that can effectively serve its employees and increase the likelihood of more satisfied and productive employees.

### **A recent publication summarizes the approaches needed to create an effective worksite wellness program:**

“To create a comprehensive program, employers must address both the individual risk factors affecting their employees and the organizational factors that help or hinder employees’ efforts to reduce their risks. The strongest programs create a culture of health, intertwining individual-level health promotion efforts with the overall company goals and objectives and ensuring that both leadership and the workplace environment provide support for healthy choices. Programs are also most effective when they are clearly tailored to the goals and needs of specific populations and provide sufficient opportunities for employee engagement and input.”<sup>20</sup>

The surveyed hospitals have implemented many elements of good worksite wellness practices. In 2014, many hospitals offered wellness programs to all employees, banned tobacco use, offered incentives for participation in wellness programs, provided 1199SEIU members with food preparation and storage facilities, included job health and safety in their business objectives or organizational mission statements, and investigated root causes of injuries or illness.

While hospitals reported a wide array of program offerings, policies, and environmental supports, the survey highlighted areas for improvement. Overall, hospitals’ median score was 51%. Hospitals scored 70% or above in only two areas: occupational health and safety (89%), and tobacco control (70%).

They scored from 50% to 70% in weight management (67%), organizational support (57%), lactation support (54%), and stress management (50%). For all other program areas the median score was less than 50% (nutrition, physical activity, diabetes, high blood pressure, depression, responsible alcohol and drug use, and data and evaluation).

Organizational support and environmental interventions are also areas that could be improved. For instance, only 39% of hospitals reported that they had internal staff devoted to worksite wellness programming in 2014. With just one-third of hospitals reporting an active wellness committee that was co-chaired by management and union representatives, there is also room to strengthen the critical engagement of and input by frontline staff.

<sup>20</sup> From Evidence to Practice: Workplace Wellness that Works. Prepared by: Institute for Health and Productivity Studies, Johns Hopkins Bloomberg School of Public Health in collaboration with Transamerica Center for Health Studies, September 2015.

Creating an environment that discourages unhealthy eating and drinking is considered an effective approach to reinforcing healthy behavior. Yet less than one-third of the hospitals had policies in place that limited the availability of sugary drinks in the cafeteria (26%) or vending machines (31%). Only one-third of the hospitals had a policy that made healthier food and beverage choices available in vending machines and even fewer had policies that made healthier choices available at meetings and events (23%).

Finally, measurement and evaluation are key factors contributing to the sustainability and improvement of

worksite wellness programs. In 2014, only one-third of hospitals tracked program participation, perhaps the most straightforward measure of program reach. Only one-third tracked absenteeism related to worksite wellness programs, and other measures (e.g., biometrics, employee satisfaction, health behavior change).

The survey provides an exciting opportunity for hospitals to examine their practices and consider ways to enhance their worksite and wellness programs, including coordination with programs and services available through the 1199SEIU National Benefit Fund. The following section provides recommendations.

**The National Benefit Fund (NBF) provides an array of resources** that labor-management wellness groups can access to support activities at the worksite, such as on-site RNs at a number of facilities; health fairs where members can receive screenings for hypertension, diabetes, cholesterol and BMI; workshops on targeted topics such as nutrition, fitness, stress management, and workplace and domestic violence; and health education materials and resources. The NBF has worked with union and management to develop Wellness Champions at worksites to foster a culture of health through participation in labor-management planning and goal-setting, participation in wellness programs, and sharing information and inspiration with co-workers.



# Recommendations

## *Where Do We Go From Here? Opportunities for Further Development*

Improving the health and well-being of workers has a multitude of advantages, from improving productivity and morale to contributing more broadly to the health of families and communities. The following section discusses opportunities for further development of worksite wellness and health promotion programs in League hospitals (see also Appendix D – Resources for Action).

### Organizational Supports

#### *Staff Support and Resources*

By all accounts, the more staff are engaged in workplace health programming, the more likely the program is to succeed. According to the CDC and other experts, workplace health programs need a structure “to provide the strategic direction, leadership, and organization necessary to operationalize program elements.”<sup>21</sup> The CDC specifies that union representatives should be part of a labor-management committee and engaged in all activities related to planning and program design, noting: “Involvement of employee representatives can have a significant influence on the establishment and acceptance of workplace health programs.”<sup>22</sup>

We recommend that all hospitals assess current **worksite wellness committees and ensure that they are co-chaired by a union member and a manager**, operate with a committee charter, hold regular meetings, establish clear roles and responsibilities and provide guidance regarding all worksite health promotion and employee engagement activities (see Appendix E).

If a strong labor-management wellness committee does not

exist, hospitals may consider tapping the LMP’s expertise to help establish one, build the capacity of union and management co-leads, and provide information on best practices.

#### *Labor-Management Committee*

Success of a worksite wellness program also depends upon adequate resources to achieve its goals. The worksite program should have a **dedicated wellness coordinator, other staff as needed and a budget to support programs and other activities. Both union and management leadership support** are also crucial. Successful programs have leaders who establish a healthy work environment by integrating worker health into the hospital’s core mission and values.

Developing a corps of **Worksite Wellness Champions** is an excellent strategy to promote programs and encourage employee participation. Hospitals should assess their current practices and develop or strengthen a champion program that trains volunteer employees to promote and support worksite health activities.

As previously noted, while 67% of surveyed hospitals offered HRAs to employees, only 15% provided counseling and referral services for those employees with identified risks. We recommend that each hospital assess current **HRA offerings** and move to strengthen those programs by ensuring that screening is tied to health education and other follow-up programs and is coordinated with 1199SEIU National Benefit Fund programs and services. Simply offering screening and providing feedback reports is insufficient to motivate employees to change behaviors toward a healthier lifestyle.<sup>23</sup>

<sup>21</sup> CDC Workplace Health Promotion: Planning/Workplace Governance. <http://www.cdc.gov/workplacehealthpromotion/planning/>.

<sup>22</sup> CDC Workplace Health Promotion: Governance Structure and Management. <http://www.cdc.gov/workplacehealthpromotion/planning/structure.html>.

<sup>23</sup> De La Torre, H. and Goetzel, R. “How to Design a Corporate Wellness Plan that Actually Works.” Harvard Business Review, March 31, 2016.

## Data and Evaluation

Having data to inform program development and evaluation is an important element of successful worksite wellness programs. Yet fewer than half of hospitals reported tracking program participation and/or impact, and fewer tracked other measures. We recommend that each hospital assess current practices and enhance **data collection activities/tracking systems** to monitor participation, guide program selection, and assess impact on risk factors and health status.

## Programmatic Offerings

The CDC has two primary websites containing a wealth of resources, guidelines, and toolkits that address many health issues included in the survey. These resources are listed below.

### CDC Resources

- The resources compiled here help guide organizations as they review their survey scores: <http://www.cdc.gov/healthscorecard/resources.html>
- This site is presented as a “toolkit for workplace health promotion and protection professionals.” It provides resources on implementation and evaluation of effective workplace health programs: <http://www.cdc.gov/workplacehealthpromotion/>
- A useful workplace health program development checklist can be accessed at <http://www.cdc.gov/workplacehealthpromotion/pdf/workplacehealth-checklist.pdf>
- A comprehensive workplace health promotion programs guide for employers, published by the Johns Hopkins Bloomberg School of Public Health and the Transamerica Center for Health Studies, can be accessed at <https://www.transamericacenterforhealthstudies.org/docs/default-source/wellness-page/from-evidence-to-practice---workplace-wellness-that-works.pdf>

## Total Worker Health®

Total Worker Health® is a concept developed and tested by the National Institute for Occupational Safety and Health (NIOSH). It is a trademarked strategy that integrates occupational safety and health protection with workplace health promotion and wellness initiatives.

According to NIOSH and the CDC, the Total Worker Health approach “advocates for a holistic understanding of the factors that contribute to worker well-being.”<sup>24</sup> Scientific evidence shows that risk factors for conditions such as abnormal weight fluctuations, sleep disorders, cardiovascular disease and depression can contribute to health problems previously considered unrelated to work. Total Worker Health addresses not only worker protection, but also the advancement of their health and well-being by targeting the conditions of work.<sup>25</sup>

We recommend that each hospital explore ways in which occupational health and safety initiatives can be integrated with a worksite health promotion and wellness program.

## LMP'S Workplace and Community Health Program

All surveyed hospitals have made some progress in addressing the health and wellness needs of their workers and, by extension, their communities. Via the 1199SEIU Training and Employment Funds, which are jointly funded by labor and management, League hospitals have available to them an LMP resource—the 1199SEIU/League Workplace and Community Health program—to help them further their goals.

The program, spearheaded by Dr. Chris Pernell, aims to spur a culture of health and well-being in our health organizations and communities. It promotes work environments that prioritize total worker health, helps develop workplace and community programs for 1199SEIU members and families, and helps healthcare organizations improve the health and wellness of their

<sup>24</sup> CDC/National Institute for Occupational Health and Safety. Total Worker Health. <http://www.cdc.gov/niosh/twh/>.

<sup>25</sup> CDC/National Institute for Occupational Health and Safety. Total Worker Health. <http://www.cdc.gov/niosh/twh/totalhealth.html>; Harvard School of Public Health, Center for Work, Health and Well-being. SafeWell Practice Guidelines: An Integrated Approach to Worker Health. 2012. [http://centerforworkhealth.sph.harvard.edu/sites/default/files/safewell\\_guidelines/SafeWellPracticeGuidelines\\_Complete.pdf](http://centerforworkhealth.sph.harvard.edu/sites/default/files/safewell_guidelines/SafeWellPracticeGuidelines_Complete.pdf).

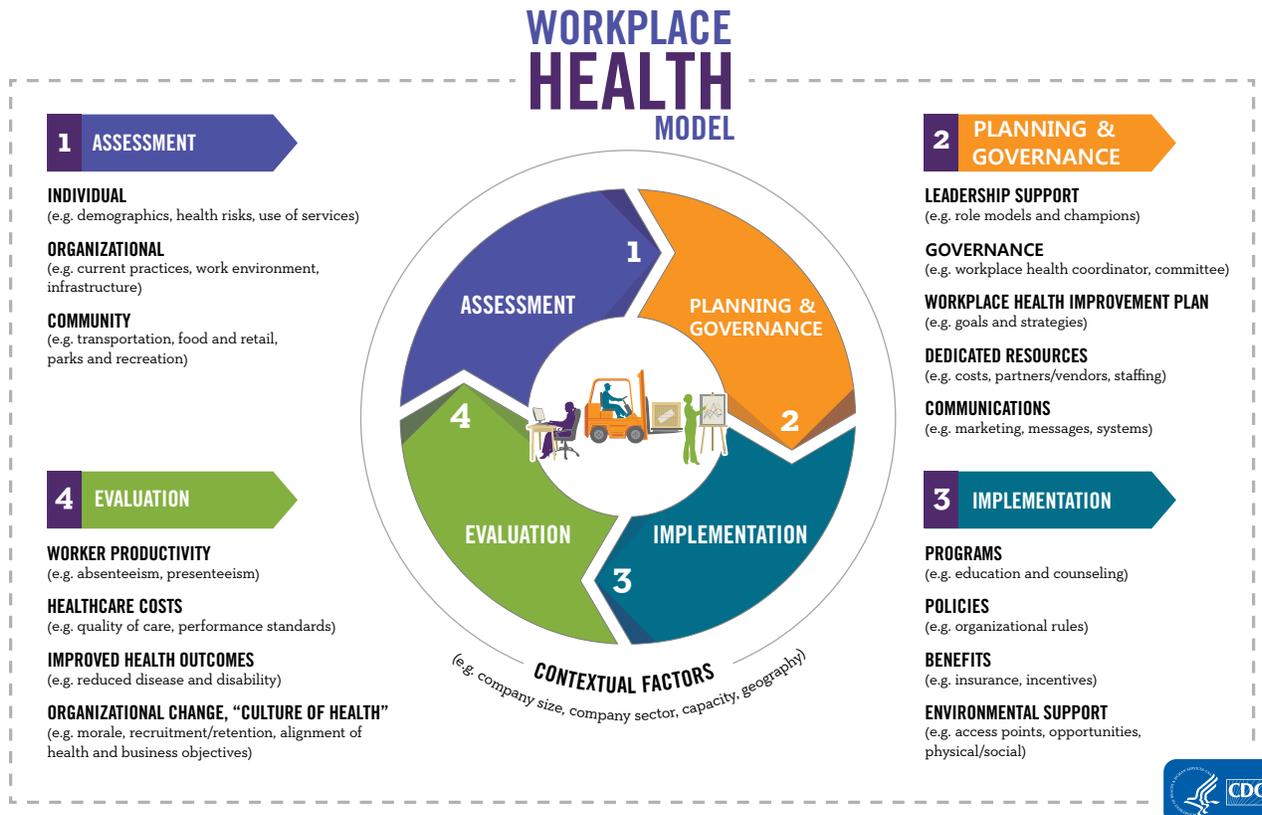
workers through priority setting, program design, implementation support and evaluation.

With nearly 20 years of organizational experience in helping labor and management identify mutual interests and collaborate to address common challenges, the LMP has a stable of tools and resources to help establish and strengthen labor-management committees, the underpinning of any successful workplace initiative. With professional staff and consultants that have served in the New York City Department of Health and Mental Hygiene, the Johns Hopkins General Preventive Medicine Program, and many other community- and organization-based initiatives, the LMP's Workplace and Community Health Program offers years of expertise in best practices, current research, and practical implementation of workplace and community-based health promotion and wellness programs.

Using an adapted CDC Workplace Health Model as a conceptual guide (see **figure 4** below), the LMP's Workplace and Community Health Program helps union and management partners identify and define core program elements and corresponding measures for adoption by League hospitals. The program provides technical assistance and coaching to help individual hospitals and labor-management wellness committees identify needs and strengthen and measure programs.

The LMP's Workplace and Community Health Program is in a unique position to assist the surveyed League hospitals in initiating or strengthening programs that address the health and well-being of all workers. The support it can offer includes assistance with program improvement activities, including program planning, labor-management committee development, identification of resources and establishing linkages to other hospitals addressing similar issues.

**FIGURE 4: Adapted CDC Workplace Health Model**



CS264229-A

Adapted from Centers for Disease Control and Prevention (CDC), Workplace Health Promotion, Workplace Health Model: <http://www.cdc.gov/workplacehealthpromotion/model/index.html>

# Appendices

## Appendix A

### *Worksite Wellness Survey Planning Committee*

**Carmen Aldahondo**, Labor Relations Manager, Maimonides Medical Center

**Madelynn Azar-Cavanagh**, Medical Director of Employee Health, Safety and Wellness, Mount Sinai Health System

**Maria Castaneda**, Secretary-Treasurer, 1199SEIU

**Sonali Das**, Research Analyst, 1199SEIU/League Labor Management Project

**Kate Fallon**, Benefits Chief of Staff, 1199SEIU National Benefit Fund

**Patricia Flynn**, Assistant Vice President, Employee Wellness, Northwell Health

**Ron Goetzl**, Senior Scientist, Johns Hopkins Bloomberg School of Public Health; Vice President, Truven Health Analytics

**Andrew Goodman**, Advisor, 1199SEIU/League Labor Management Project; Professor, NYU College of Global Public Health

**Valerie Gunderson**, Program Developer, Northwell Health

**Michael Lettera**, Director of Wellness (former), Northwell Health

**Marcia Mayfield**, Senior Research Manager, 1199SEIU/League Labor Management Project

**Kemmely Mondell**, Field Coordinator, 1199SEIU/League Labor Management Project

**Joyce Neil**, Executive Vice President, 1199SEIU

**Robert Oliver**, Consultant, League of Voluntary Homes and Hospital

**Chris Pernell**, Senior Manager, Workplace and Community Health Program, 1199SEIU/League Labor Management Project

**Latisha Thomas**, Research Analyst, 1199SEIU/League Labor Management Project

**Susan Wasstrom**, Director (former), 1199SEIU/League Labor Management Project





## Appendix C

### *Distribution of Survey Scores by Program Area*

	Program Area	Number of survey questions	Median (middle value of all hospital scores)	Distribution of individual hospital scores	Number of hospitals scoring 0%	Number of hospitals scoring 100%
1	Occupational Health and Safety	8	89%	0-100%	2	12
2	Tobacco Control	6	70%	10-100%	0	5
3	Weight Management	3	67%	0-100%	10	10
4	Organizational Supports	10	57%	0-81%	5	0
5	Lactation Support	5	54%	0-100%	5	5
6	Stress Management	2	50%	0-100%	13	15
7	Physical Activity	7	43%	0-86%	4	0
8	Nutrition	12	39%	0-100%	2	5
9	High Blood Pressure	3	38%	0-75%	16	0
10	Diabetes	3	33%	0-100%	16	5
11	Depression	5	23%	0-85%	4	0
12	Responsible Alcohol and Drug Use	2	0%	0-100%	26	2
13	Data and Evaluation	1	0%	0-100%	22	17
<b>TOTAL</b>			<b>51%</b>	<b>14-74%</b>		

## Appendix D

### Resources for Action

The 1199SEIU/League LMP's Workplace and Community Health Program's goal is to support the development of state-of-the-art healthy worksite and community programs for 1199SEIU members and families. We do so through the provision of technical assistance and implementation support to hospitals and other healthcare organizations. The LMP is prepared to assist hospitals with program improvement activities, including program planning, labor-management committee development, identification of resources, and establishing linkages to other hospitals addressing similar issues.

In addition, there are numerous web-based resources available to assist with the planning for enhancements of hospital-based health promotion/wellness programs.

**The CDC has two primary websites that contain a wealth of resources, guidelines, and toolkits that address many health issues included in the survey.**

1. The first compiles links to resources intended to help guide organizations as they review their survey scores:  
<http://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html>
2. The second site is presented as a "toolkit for workplace health promotion and protection professionals." It provides resources on implementation and evaluation of effective workplace health programs:  
<http://www.cdc.gov/workplacehealthpromotion/>

**A useful workplace health program development checklist can be accessed here:**

<http://www.cdc.gov/workplacehealthpromotion/pdf/workplacehealth-checklist.pdf>.

**A comprehensive workplace health promotion programs guide for employers, published by the Johns Hopkins Bloomberg School of Public Health and the Transamerica Center for Health Studies, can be accessed at:**

<https://www.transamericacenterforhealthstudies.org/health-wellness>

**Below are resources for specific health topics and program areas.**

Depression:

<http://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/depression.html>

Diabetes:

<http://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/diabetes.html>

<http://www.cdc.gov/diabetes/prevention/index.html>

High Blood Pressure:

<http://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/blood-pressure.html>

Lactation Support:

<http://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/lactation-support.html>

Nutrition:

<http://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/nutrition.html>

<https://www1.nyc.gov/site/doh/health/health-topics/healthy-hospital-food-initiatives.page>

Occupational Health and Safety:

<http://www.cdc.gov/niosh/>

Physical Activity:

<http://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/physical-activity.html>

Responsible Alcohol and Drug Use:

<http://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/alcohol-substance-misuse.html>

Stress Management:

<http://www.cdc.gov/niosh/docs/99-101/>

Tobacco Control:

<http://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/tobacco-use-cessation.html>

New York State Smokers' Quitline - <http://www.nysmokefree.com/>

Weight Management:

<http://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/obesity.html>

## Appendix E

### Guidance for Establishing or Strengthening a Labor-Management Worksite Wellness Committee

The main role of a wellness committee is to communicate, participate, motivate, and support the organization's worksite wellness program and policies in order to create a healthy worksite and a culture of wellness, foster collaboration and enthusiasm among employees, and provide a communication link between employees and management. Committees participate in program planning, employee engagement, creating a supportive environment, and monitoring and evaluating outcomes.

To effectively develop, promote, and sustain worksite wellness and health promotion initiatives, management and the Union should work together to establish a jointly-chaired committee. The labor and management co-chairs will then lead the committee through a process of chartering and work planning. The co-chairs direct the committee's work and facilitate the meetings. They ensure follow-up between committee meetings, provide relevant information and gather feedback from stakeholders. They develop agendas for meetings and ensure that ground rules are respected. The committee should meet on a regular basis to guide the promotion of wellness initiatives and policies.

#### The Chartering Process

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**The chartering of a labor-management wellness committee should include the following ten steps:**

##### 1. Define the **vision** of the committee

- A vision statement expresses where you want to go and where you want to be. It describes the image of your future existence.

##### 2. Define the **mission** of the committee

- A mission statement describes how you organize your activities to achieve your future state

##### 3. Describe the **goal** of the committee

- What is the purpose of the team?
- What are opportunities or areas for improvement?

##### 4. Define the **measurable results**

- What can be accomplished? What are the needed changes?
- What is the measurement of success?
- In what timeframe?

##### 5. Determine the **level of decision-making**

- Who are the decision-makers?
- What level of decision-making are we agreeing to /delegating to decision-makers?

- Are there specific aspects of this goal that must be brought to a higher authority? What? And to whom?
- What will the decision-making process be?
- Are there other limits (e.g., cost, time constraints, related contractual constraints, etc.) to this team's work?

##### 6. Determine the **participants**. Clarify selection process for participants.

- Who should be involved?
- Who should be consulted?
- Who should be available as an advisor?
- How will people be selected? (e.g., volunteers? position?)
- What is the length of term for committee participants? (Suggested length of time is two years)

##### 7. Clarify important **roles** and who will fill them:

- Sponsor(s) and/or Champion(s)
- Co-Leaders and Alternates  
(Leaders should be rotated once a year)

- Advisors
- Facilitator
- Coaches
- Scribe

### 8. Determine resources to be provided

- Special training or information to be given to the team?
- Designated advisors, trainers, facilitators, etc?
- Working capital budget?
- Personnel support (e.g., clerical)?
- Release time for participation?

### 9. Define ground rules

- Participants will identify norms of behavior for the committee
- Ground rules are a collective decision that should be honored and respected by all

### 10. Define communication and reporting expectations

- Key points at which to report to the Sponsors and the format expected
- Expected communication to staff and specific departments
- Minutes of meetings

## Wellness Committee Membership

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The following are suggested positions/areas to consider for committee membership:

- 1199SEIU or other union representation (required)
- Wellness
- Human Resources
- Employee Assistance Program (EAP)
- Environmental Services
- Facilities
- Nursing
- Dietary
- Safety/Security
- Occupational health
- Finance
- Marketing
- Communications
- Information Technology (IT)

## Roles and Responsibilities

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### Co-Chairs:

Direct the work of the wellness committee and guide the meetings. Collaboration and cooperation between co-chairs are the best ways to illustrate a culture of joint engagement. The co-chairs ensure follow-up between committee meetings, provide relevant information and gather feedback from constituents. They develop agendas for meetings and ensure that ground rules are respected. This position is held for at least one calendar year.

### Recorder or Scribe:

Records significant content and discussions from each meeting. The recorder/scribe prepares minutes to ensure effective communication. He/she provides minutes to co-chairs for approval. Once both co-chairs approve minutes, the scribe is also responsible for distribution to other committee members and for posting according to established committee procedures. This position can be rotated for every meeting.

### Timekeeper:

Helps co-chairs move agenda items during meetings. The timekeeper reminds participants of time allotted for each particular issue. This position can be rotated for every meeting.

### Committee Members:

Contribute ideas, develop and engage in project work, analyze data, make decisions and recommendations, engage other staff with the committee work and plan future work. Equally share the responsibility for effective meetings.

### Labor-Management Sponsors:

Secure needed resources and give guidance to the effort; oversee and support a specific project; work with team members to make sure organizational support is available from both the union and management. Sponsors assure that interdepartmental coordination takes place. They meet regularly with a designated group to provide coach-

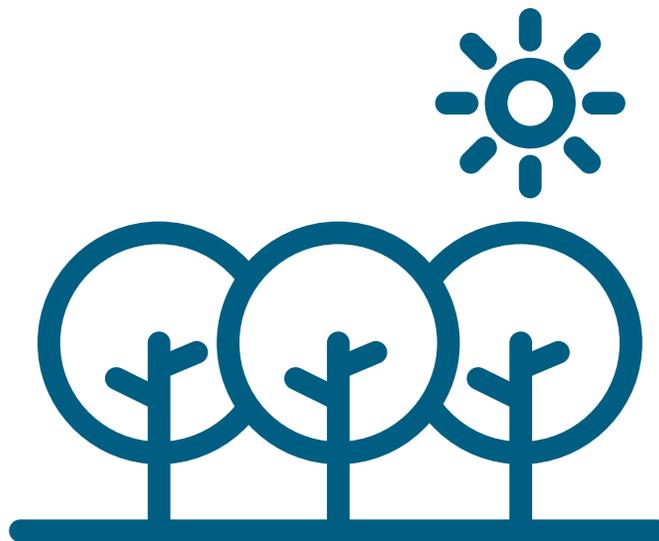
ing and education and ensure that tasks are clear and that the teams have access to information and resources.

### Labor-Management Consultant:\*

A labor-management consultant may be available to help to establish and guide your committee. Consultants are external change agents who are specialists in activities related to collaborative work. They work closely with their clients to ensure that committees are identifying achievable goals and to help committees build a sustaining structure and process for collaborative work.

### Facilitator:

Advises and guides the committee on effective committee meetings and consults with the committee on matters of group dynamics at critical points. A labor-management consultant may perform this role in the early stages of committee development. Once the co-chairs have received skill building and coaching training, this role is handed over to the co-chairs.



**\*The 1199SEIU/League Labor Management Project (LMP)** offers a broad range of services and strategies to help front-line workers, nurses and management collaborate to address mutual concerns and interests in healthcare settings. Its goals include increasing worker voice and involvement; enhancing the quality of care; improving patient and staff satisfaction; improving employee and community health; and increasing operational effectiveness and performance. The LMP provides facility-based labor-management consulting, performance improvement facilitation, skill-building sessions and research and evaluation assistance. **The LMP has a cadre of consultants who can assist with the development of worksite wellness labor-management committees.** For more information, contact Dr. Chris Pernell at [Chris.Pernell@labormanagementproject.org](mailto:Chris.Pernell@labormanagementproject.org)