

Health, Equity, and the Bottom Line

Workplace Wellness and California Small Businesses





About the Greenlining Institute

The Greenlining Institute is a national policy, research, organizing, and leadership institute working for racial and economic justice. We ensure that grassroots leaders are participating in major policy debates by building diverse coalitions that work together to advance solutions to our nation's most pressing problems. Greenlining builds public awareness of issues facing communities of color, increases civic participation, and advocates for public and private policies that create opportunities for people and families to make the American Dream a reality.



About Prevention Institute

Prevention Institute is a non-profit, national center dedicated to improving community health and wellbeing by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This, and other Prevention Institute documents, are available at no cost on our website.

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PARTNERSHIP

The Greenlining Institute and Prevention Institute partnered on this project because of a shared interest in promoting prevention and health equity and a common understanding that workplace wellness programs, if implemented correctly, can greatly contribute to improved health. Our collaboration creates a unique perspective that we hope will inform the implementation of workplace wellness programs in California and the rest of the nation. We wish to express our gratitude to everyone who contributed to this brief particularly the owners and directors of small business and non-profits who spent valuable time to provide us their insight and pragmatic perspective on these issues.

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INTRODUCTION

Preventable chronic disease is a significant drain on California's economy, resulting in \$22 billion a year in medical costs and lost productivity.¹ These costs have an impact on the public sector and businesses of all sizes. Additionally, there are typically over 400 preventable deaths and over 400,000 preventable injuries annually in workplaces across the state.^{2,3} The workplace is an appealing venue for prevention because most people spend a significant portion of their lives at work and changes to the social and physical workplace environment can be made quickly. Workplace wellness programs (WWPs) have captured the attention of business and health leaders, policy makers, and insurance companies as a potential strategy to prevent chronic disease and contain health care costs.

The passage of the Affordable Care Act (ACA) has heightened the emphasis on prevention in the workplace by including provisions specifically encouraging implementation of WWPs. Research suggests that WWPs can improve the health of employees and yield a significant return on investment for employers. However, the research and evidence-based practice is far from complete. Significant questions remain about the relative effectiveness of the range of workplace wellness approaches in different work environments and among diverse employee populations.

Over the next couple of years, California policymakers, employers, business and labor groups, and health leaders are going to be considering and implementing approaches to workplace wellness. The impact of those approaches will depend upon how solutions are designed and applied throughout the population. "One-size fits all" solutions will inevitably work more effectively for certain groups of people, while leaving others behind. In this brief, **The Greenlining Institute** and **Prevention Institute** lay out key questions to consider about workplace wellness for California's small business and diverse workforce. We did a review of the academic and policy literature and conducted a series of 10 interviews with high-level staff of small businesses and non-profit organizations owned or operated by people of color. We focused our attention on these businesses both because of the ethnic diversity of California's workforce and in order to understand the implications on the businesses and employees who may be most sensitive to the economic and health implications of workplace wellness programs. The recommendations herein reflect a desire to see equitable, non-punitive, and functional programs that benefit all California workplaces.



Under Section 10408 of the ACA, the federal government has appropriated \$200 million of grant money in order to help businesses with 100 or fewer employees to develop workplace wellness programs.⁴ The ACA also includes a provision that allows an employer to decrease an employee's premium contribution by up to 30 percent (federal officials could agree to raise this to 50 percent) of the total cost of coverage if the employee chooses to participate in a workplace wellness program and the employee meets specified health benchmarks established by the health plan and/or employer.⁵ The ACA further states that employers must offer an alternative standard for an individual for whom it is unreasonably difficult or inadvisable to participate in the wellness program⁶, however, clarification for what "unreasonably difficult" might mean is not offered.

BACKGROUND

California's Small Business Landscape

California is a state with incredible diversity; approximately 60 percent of the population is a race other than white.⁷ In addition to the array of ethnic and racial groups, California's business landscape varies from huge corporations like Google to more modest mom and pop shops in local communities. Our policymakers should strive to develop equitable, non-punitive, and functional plans for small businesses.

- Nearly **four million** Californians are employed by a firm with **fewer than 50 employees**.⁸
- **One million** Californians are employed by a **small business owned by a person of color**.⁹
- Owners of color tend to **hire more people of color**.¹⁰
- Most small employers believe that employee health is important to the bottom line yet only 22% offer WWPs to employees.¹¹
- Ethnic small businesses are more concentrated in "blue collar" industries.¹²



PROCEDURES AND METHODS

The Greenlining Institute and Prevention Institute conducted an extensive review of the peer-reviewed literature, gray literature, and publicly available employment data to develop the findings and recommendations that follow. Additionally, we interviewed ten small business and non-profit organization owners and executive directors of color from Northern and Southern California as key informants on the realities of workplace wellness. Interviewees represented a diverse grouping of informants: 2 Female, 8 Male; 6 For-Profit, 4 Non-Profit; and 2 Asian, 2 Black, and 6 Latino.

Interviews were analyzed independently by readers from Prevention Institute and The Greenlining Institute who categorized key themes and trends from each interview and identified congruent findings. The interviews do not reflect a representative sample but they do inform the research findings and provide the perspective of diverse small business owners on WWPs and their needs and barriers when it comes to implementation of such programs.

Definitions

For our research purposes we defined small businesses with owners of color as: (1) businesses or non-profits that (2) had owners or executive directors of color and (3) employed between zero and fifty employees. Additionally, workplace wellness programs were defined as a set of practices, policies, and/or programs that businesses can implement to improve their employee's health.

FINDINGS

Workplace wellness programs have the potential to reach some 16.5 million Californian workers.¹³ Employers stand to benefit from reduced health care payments, less employee absenteeism, and greater worker productivity. Research has documented the health benefits and cost-effectiveness of well-designed, comprehensive workplace wellness programs. Estimated benefits range from \$3 to \$6 for every \$1 invested in WWPs.^{14,15} A recent study by the Urban Institute indicated that well-designed initiatives could save the California Public Employee Retirement System (CalPERS) as much as \$54 million annually.¹⁶ However, the majority of current research on workplace wellness programs focuses on large white collar settings. Looking at the evidence through the lens of small businesses, particularly those with diverse leadership and employees and those in blue collar and service industries, a number of key themes emerge, including:

Strategies that involve punitive measures or incentives should be avoided:

The majority of corporations have incorporated wellness plans that make use of incentives and/or penalties.¹⁷ These incentives or penalties are usually financial, often increasing or decreasing the employee contribution to health premiums, and are tied to a range of benchmarks from health status (e.g., blood pressure) to health behavior (e.g., use of tobacco) to participating in a specific wellness activity (e.g., screening for risk, health education class, etc.). The difference between penalties and incentives is largely semantic; the result either way is one group of employees end up with a financial advantage based on achieving a health benchmark. Given allowances in the ACA for using incentives and penalties as part of workplace wellness programs, implementation is likely to go up among employers in businesses of all sizes. However, punitive measures and incentives are problematic for a number of reasons:

- The evidence does not demonstrate effectiveness: There is some evidence that punishments/rewards increase participation in wellness programs, but it is unclear that any improvements in health are achieved.¹⁸ Punitive measures are specifically identified as being unproductive, in part because penalizing employees for not participating in programs or not achieving certain health outcomes is likely to instill resentment.¹⁹ This should be of particular concern among small businesses where employees and management often work more closely together. A few corporations have received significant attention for claiming to have lowered health care costs through the use of incentives, but those claims have been roundly questioned and in some cases evidence to the contrary has been presented.^{20,21}
- The result can be less affordable care: When incentives impact health care premiums, the ability of employees to purchase coverage for themselves and their families can be affected. There are significant fairness and equity considerations of creating tiers of employees based on health benchmarks (discussed below), and as Families



Employers interviewed reported two distinct approaches to promoting employee health: through specific benefits offered to employees (e.g. gym memberships, nutrition classes) and through the workplace environment (e.g. providing healthy snacks, ergonomic-related activities, organize lunchtime walks). **However, these approaches were not incorporated as part of a formal, comprehensive plan or policy.**

USA put it in their analysis of these measures, “The bottom line is that these programs can have the same effect as an insurer charging a person more for coverage based on pre-existing conditions—a practice that the Affordable Care Act is designed to end entirely by 2014.”²² The impacts of shifting costs to less healthy employees are likely to be even more significant in small businesses where employers and employees already pay more for coverage.²³

- Lower-income employees and people of color will be unfairly impacted: People of color and low-income individuals are more likely to suffer from chronic health problems, to lack resources to improve their health, and to receive poorer quality health care and are, thus, disproportionately penalized by incentive plans that tie premium amounts to their health.²⁴ Additionally, in cases where incentives are tied to health status benchmarks, those benchmarks are often arbitrary and inadequate proxies for health. For example, in some incentive programs, employees with a Body Mass Index (BMI) of 30 or above are penalized. Not only is BMI alone not a good indicator of overall health, but the difference between 29 and 30 is less than the difference between 26 and 29. The result is not insubstantial: according to the Washington Post, “American families with average health benefits could have \$6,688 a year riding on blood tests and weigh-ins.”²⁵ Certain employees will be more able to achieve incentives based on factors such as their access to places to be physically active (e.g., clean safe parks, fitness facilities, walkable streets) and access to affordable, healthy food.²⁶

Targeting workers with the poorest health outcomes can produce the biggest health gains:

People of color and low-wage workers experience higher rates of chronic disease, but are the least likely to have access to effective WWP.^{27,28} Even when they do have access, these groups are less likely to participate because of concerns about discrimination, perceived or actual cost of participation, lack of cultural relevance and incompatible work schedules (particularly low-wage workers working multiple jobs to make ends meet).²⁹ Policy solutions will need to provide clear guidance on how to develop culturally relevant WWP recruiting and delivery strategies that align with worker priorities, beliefs, values, perceptions, practices and availability to maximize participation by low-wage workers and workers of color.



In general, interviewees expressed an interest in implementing a workplace wellness program in their business/non-profit. However, all of the small businesses and non-profits reported that **cost would be a major consideration in whether or not they would implement a workplace wellness program.**

Comprehensive approaches that focus simultaneously on individuals and their environment have the greatest impact:

The evidence points toward the efficacy of more intensive and multifaceted strategies.³⁰ The most effective programs include individualized risk-reduction assessment, health awareness programs, and a “healthy company” culture.³¹

However, though 90% of workplaces report engaging in some sort of wellness “activity,” less than 7% provide multiple elements of a comprehensive approach.³² **Even though well-designed, comprehensive WWP’s are cost-effective, they are rarely implemented, especially at smaller worksites.**³³ A review of common approaches reveals six primary elements of worksite wellness initiatives (that can be implemented in coordination):

- **Work environment** policies or practices that support a “healthy workplace,” such as banning smoking near state office buildings, encouraging use of stairs, and establishing food guidelines (cafeterias, vending machines, etc).³⁴
- **Programs and events**, such as fitness challenges, bike to work days, and walking clubs.
- **Assessment and monitoring**, identifying key risk factors and establishing individual goals and benchmarks.
- **Counseling and information**, connecting employees to on-site and off-site support and providing individual and whole-staff education.
- **Community environments**: in situations where employees (and potentially, retirees) make up a significant portion of the population of a community, strategies targeting positive changes to the community environment make sense and can be aligned to support changes within the workplace.



“[Workplace wellness programs] must promote a healthy work environment and address individual health & well-being.”

– Director, non-profit housing development agency

CASE STUDY



San Francisco Housing Development Corporation (SFHDC)

SFHDC is a small non-profit organization focused on reversing gentrification in communities of color. SFHDC believes employee health and well-being is critical to its mission and has cultivated a healthy work environment to enable staff to make healthful choices by default. For example, SFHDC provides fruits and vegetables during staff meetings and encourages lunch-time walking activities. In addition, the agency attends to individual employee health needs by occasionally offering onsite massages and acupuncture and providing affordable health care. SFHDC also recognizes that the surrounding community – where many of its employees live – plays a crucial role in shaping the health and well-being of its staff. In addition to its many housing projects, the agency has also developed a local grocery store, an organic restaurant that sources its produce from a community garden across the street (also developed by the agency) and has encouraged corner stores to carry more fruits and vegetables.

Employees and management should collaborate on the development and implementation of the program and equitably share fiscal benefits:

WWPs are more likely to be successful when they are developed collectively and not imposed as a top-down directive. Employees should understand program objectives, have a voice in selecting program elements, and have a clear mechanism for sharing in the potential benefits.^{35,36,37} This also ensures that the program developed is culturally relevant

for the specific employees who will participate. During interviews, employers expressed that they want to engage employees about health and wellness, but approached the topic with caution because they do not want to appear as telling their employees what to do. Working collaboratively helps address this concern.



"I would consider [a workplace wellness program] if it was designed for small businesses. It should be flexible enough that the number of participants doesn't determine success. A lot of programs are geared for big offices."

– Owner, temporary employment agency

Identify a range of workplace wellness activities.

Public, non-profit, and private sector employers and employees should be given guidance on effective workplace wellness practices but also given options in order to develop approaches that are most appropriate for the given circumstances.³⁸ In particular, there is a robust history and demonstrated effectiveness of occupational health and safety practices (which are more applicable to blue collar and service workplaces with acute physical dangers), and those elements should be incorporated into workplace wellness programs. It doesn't make sense, for example, to prioritize and implement strategies to address chronic disease if employees are missing work due to back injuries.

RECOMMENDATIONS

Based on our review of the literature, practice examples, existing policy and interviews with high-level staff of small businesses and non-profit organizations owned or operated by people of color, we see a number of factors and approaches that are critical for consideration as state officials and others consider how to legislate workplace wellness. These issues require additional research and discussion to increase understanding of challenges and potential solutions.

1. Policy:

- Encourage comprehensive approaches that include an emphasis on creating healthy and safe workplace environments.
- Identify ways to seamlessly incorporate workplace wellness policies into existing incentive and regulatory structures.
- Facilitate small business participation by minimizing paperwork and red tape and designating a state-level office to provide design, implementation and evaluation support.
- Eliminate the use of health outcome benchmarks in order for an individual employee to receive an incentive for participating in a WWP.

2. Research:

- Establish a work group among state health officials, business and employee stakeholders, and public health advocates, to review existing literature and develop recommendations on implementing WWP in small-business settings, including:
 - ❑ Conducting a survey with a representative sample of small business owners of color to determine best practices, needs and interest in implementing WWPs;
 - ❑ Tailoring programs for “blue collar” settings;
 - ❑ Best practices for implementing WWP within diverse communities; and
 - ❑ Best practices for using non-punitive incentives to encourage participation in a WWP.
- Review health data from small-business employees to identify patterns of illness and injury based on workplace characteristics, demographic data, etc., and to identify potential high-impact opportunities to improve employee health.

3. Education & Outreach:

- Create materials designed specifically for employers and employees in small businesses that are culturally and linguistically appropriate and include: clear rationale for implementing workplace wellness, advice about best practices, and contact information for potential resources and supports.
- Enlist business associations and labor unions in providing support for small businesses, including conducting outreach and education, technical assistance in implementing a WWP, and evaluating the effectiveness of programs, which should include incorporating employee feedback and suggestions on what does and does not work in a WWP.
- Create a venue(s) for discussing ways that small business can work together with large businesses to address factors in the community environment that are negatively affecting the health of employees (e.g., access to healthy food, safe routes to work).



“I’d like to get a [workplace wellness] plan tailored to businesses like mine through an association like the Hispanic Chamber of Commerce.”

– Owner, public relations firm

CONCLUSION

We are cautiously optimistic about the potential of workplace-wellness programs to help contain healthcare costs and to improve the health and well-being of millions of California's workers. Preventing illness and injury through workplace-based strategies potentially benefits employees and their families, employers, and public and private insurance providers. There is emerging evidence about the effectiveness of WWP's in improving chronic disease outcomes, and a long history of occupational health and safety practices reducing workplace injury and death. Incentives in the ACA have the potential to serve as a catalyst for expanding WWP's broadly in California. However, policy solutions need to respond to potential unintended consequences and account for the state's incredibly diverse communities and businesses in order to make wellness programs work for all Californians.

If policies and programs are developed and implemented carelessly, workplace wellness programs could be ineffective or potentially detrimental to employees, and/or exacerbate health inequities. Therefore, a critical need exists to have a robust dialogue that engages a range of stakeholders—including employers, employees, public health advocates, and health experts—to develop a strategic and comprehensive approach to workplace wellness in small businesses, especially those who employ and are operated by people of color.



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