

# Organizational Supports and Developing a Healthy Workforce: A Case Study of Wellness Factors and Leadership

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## ABSTRACT

This case study seeks to understand workplace wellness activities in organizations in Southern Indiana and Greater Louisville. Utilizing the Center for Disease Control (CDC) Workplace Wellness Health Scorecard, a 125-question survey that covers a diverse set of workplace wellness initiatives, 24 organizations participated in the study, with one to four participants from each organization. This study looks at the question of context and how organization supports impact the health of their workforce. The results found that leveraging the knowledge of experts, implementing a variety of wellness programs, removing obstacles to wellness, and having a caring attitude toward employees lead to a higher score regarding organizational support on the CDC Health Scorecard.

## KEYWORDS

Health and Wellness, Leadership, Organizational Culture, Workplace Wellness

## INTRODUCTION

According to the Center for Disease Control and Prevention (CDC), workplace wellness programs are defined as “a coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite that includes programs, policies, benefits, environmental supports, and links to the surrounding community designed to encourage the health and safety of all employees” (CDC, 2016). Workplace health and wellness is an increasingly significant cost for organizations in the United States. This study examines the relationship between an organization’s supports and the health of their workforce. This case study analysis focuses on organizations in the Midwest and Southern United States.

The costs associated with healthcare are a significant component in the total labor cost for organizations. According to the U.S. Department of Health and Human Services (2014), the average single person premium in the U.S. in 2014 was \$5,832, with an employee contribution of \$1,234 and an average employer contribution of \$4,598. In unhealthier environments, the cost of healthcare is an even larger burden. For instance, a Gallup Poll in 2011 stated that obesity and other chronic health

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problems causes employees to “miss about 450 million more days of work each year compared with healthy workers,” (p.1) at a cost of \$153 billion in lost productivity each year.

Pioneers and leaders of workplace wellness have seen remarkable benefits with workplace wellness programs. One case study of fourteen organizations conducted by the California Department of Public Health (2015), touts several benefits in their examination of “Creating a Culture of Wellness in the Worksite Environment.” This study saw employees eating more fresh foods, participating in group movement and exercise classes, installing air filters, visiting on-site gyms, attending health education workshops, and many other programs (California Department of Public Health, 2015). In 2005, a study including 56 organizations concluded that organizations with workplace wellness programs had “25%-30% lower medical or absenteeism expenditures than non-participants” (Chapman, 2012).

## LITERATURE REVIEW

The primary literature on the CDC Worksite Health Scorecard (HSC) is the article from a team at Emory University, which tested the reliability and validity of the HSC (CDC, 2014). The Emory study tested the original HSC at 93 worksites, examining question responses and conducting interviews to refine the instrument for general distribution (CDC, 2014). The purpose of the HSC is to serve as an assessment tool for employers to examine their health promotion programs, to identify gaps, and to develop an effective strategy to implement interventions that address heart-disease, stroke, and related chronic conditions. The conclusion of the Emory testing was that their revised version of the HSC “represents one of the few current, comprehensive, and evidence-based worksite tools that have undergone reliability and validity testing and are publicly available for addressing a significant and growing need confronting America’s business community” (CDC, 2014).

Other literature referencing the CDC’s HSC either mentions the HSC in passing or focuses on a very narrow group. As stated previously, the HSC itself has been cited by 10 authors in scholarly work. The most popularly cited work that references the HSC is a response to the question “Do Workplace Health Promotion (Wellness) Programs Work?” This journal article from 2014 in the *Journal of Occupational & Environmental Medicine* is a compilation of three decades of evidence on the effectiveness of workplace programs and a review of recent studies that question wellness program results (CDC, 2016). One textbook, *Corporate Wellness Programs: Linking Employee and Organizational Health*, explores the topic of achieving financial success for the company through employee health (Richardson & Burke, 2014). It is a thorough study on the financial results of wellness programs but does not go into the HSC in-depth.

One workplace study that referenced the HSC examined data for 15,121 employed adults over the age of 18, focused only on obesity (Park, Pan, & Lankford, 2014). This study hoped to determine what job characteristics are associated with obesity and to help employers implement programs for obesity prevention and treatment (Sohyun, Liping, & Lankford, 2014). A similar study also looked at the organizational structure and culture, but their focus was on strategic communication to promote a healthy workplace (Kent, Goetzel, Roemer, Prasad, & Freundlich, 2016). The focus in the study by Kent (2016) and others included a literature review and a visit to nine companies with “exemplary programs to examine current best and promising practices in workplace health promotion programs.” The results indicated that strategic communication from the top levels of leadership, as well as environmental support lead to establishing a culture of health in an organization. Leadership and organizational supports are part of the HSC, but it focuses on several other factors. Another study that cited the HSC looked at thirteen university campuses and evaluated their policies, built environment, and recreation support for wellness. They primarily used an instrument called the “Physical Activity Campus Environmental Supports Audit” for their study (Horacek et al., 2014).

Three more of the scholarly works were using the HSC in an international context; two articles using the HSC in Brazil and one citation using the HSC in 30 Korean organizations (Soárez et al., 2016). One citation for the HSC was an editorial piece from the editor of *The Art of Health Promotion*

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