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# Health and Wellness Programs in Massachusetts' Public Sector

Andrew Sullivan

*University of Massachusetts Boston*

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# Health and Wellness Programs in Massachusetts' Public Sector



Andrew Sullivan

University of Massachusetts Boston

Advisor: Connie Chan, Ph.D.

*For my fiancée, who dealt with a lot of  
long nights with the lights on.  
I should probably marry her soon.*

## **Abstract**

This paper analyzes the availability of workplace health and wellness programs among Commonwealth of Massachusetts and municipal employees within the state. In addition, it evaluates the decision-making process that goes into building such a system as well as the benefits and limitations of health and wellness programs at both the municipal and state level. Within the employee base, the decisions related to healthy living are investigated, such as eating habits, exercise frequency and priority of living a healthy lifestyle. When compared between groups, it was found that municipal employees have a higher likelihood of living a healthy lifestyle compared to their Commonwealth employee counterparts. This is due to higher availability of health and wellness programs, more healthy food options near work and higher levels of job satisfaction. Findings also included a desire to be a part of a workplace health and wellness program but a lack of current options, a current struggle to incorporate exercise into a daily routine, and a lack of healthy food options near many workplaces. Recommendations include ensuring that the message about health and wellness programs is reaching employees, beginning exercise programs with inclusive activities for all staff, finding low-cost opportunities to promote healthy living, and encouraging flexibility among employers to allow their staff to exercise during the workday.

## **Table of Contents**

|                          |    |
|--------------------------|----|
| Introduction.....        | 4  |
| Literature Review.....   | 6  |
| Case Studies.....        | 11 |
| History and Context..... | 16 |
| Methodology.....         | 19 |
| Findings.....            | 25 |
| Discussion.....          | 35 |
| Recommendations.....     | 37 |
| Limitations.....         | 38 |
| Conclusion.....          | 39 |
| Bibliography.....        | 41 |
| Appendix.....            | 44 |

**Health and Wellness Programs in Massachusetts’ Public Sector**

## *Introduction*

As a workforce, public employees are often maligned for the perks they receive as part of their overall compensation during their working career. The main cause of complaint seems to be the defined benefit pension plan, where public sector employees receive a percentage of their salary for the remainder of their lives once they have accrued enough creditable service years to retire (Internal Revenue Service, 2014). This guarantee exists for Massachusetts public employees and is provided regardless of how long they live after their careers in the hope of allowing for secure twilight years. The idea of such a pension might be an antiquated notion to many taxpayers, but such jobs do have their downsides. The health concerns among public employees that this paper will address are a major factor in impacting the stability that their pension system provides. It can certainly be said that there is a pressing need to concentrate resources on these employees in other ways than solely a formulated pension system. Doing this may serve to truly ensure a happy, healthy retirement for career public servants.

The focus on post-retirement benefits often clouds the potential pitfalls of careers in public employment. These careers typically require rather rigid hours, as most public service is client-focused. According to Commonwealth of Massachusetts General Laws (2014), employers are required to provide a thirty minute interval for a meal for any employee working than six hours during a calendar day. The penalty for breaking this law is a fine to the employer of between \$300 and \$600. There is no mention of required breaks, meaning that employees are otherwise subject to the construction of the state's 37.5 hour week (Commonwealth of Massachusetts, 2010). Such mandatory hours can lead to hours of inactivity and quick eating, creating an environment for obesity to flourish. When compared with professional occupations such as manufacturing, transportation and warehousing, and finance and insurance, Luckhaupt

(2014) notes that public administration workers had an obesity rate of 36.3%, the highest among any industry measured in the study. The problem of obesity is aided by a dearth of options provided by states and municipalities to encourage healthy living, one of the best ways to combat obesity. Healthy people tend to have higher levels of physical activity, better nutritional control over one's diet, and stress management (Abraham, 2011). Succeeding in making positive changes to employees' lifestyle may lead to a healthier staff, resulting in less expenditure on health care and less work days lost to sickness or injury.

Taking these issues into account, there has to be consideration on the part of both employee and employer as to the health of the workforce, since both have a significant amount to gain. Both groups should consider whether or not health and wellness programs in the workplace are useful, and it is this concept as well as its limitations that this study aims to address. Going into this research project, the overarching question of my project was:

- What is the current status of health and wellness programs for public employees in Massachusetts?

Within this question, there are more detailed perspectives to consider in order to grasp the progress of health and wellness programs. These questions are:

- Have employers throughout the state rolled out health and wellness programs for their employees?
- Has management encouraged employees to use health and wellness programs?
- Do employees have interest in employer-provided health and wellness programs?
- Have employees been utilizing programs that currently exist?
- Is there is a benefit to state and local governments to have their employees living healthier lives?

In this project, we measured public workplaces in Massachusetts to see how accessible health and wellness programs are to the employees. Anonymous surveying took place among both state and municipal employees to assess their successes or struggles with this process and if employer assistance in the quest for fitness could be beneficial to them. This was followed by

interviews with state and municipal employees and with corresponding management and administration to gain more insight into the role of health and wellness programs in their workplaces. With this information, we have a more complete picture of that state of our public offices and the varying degrees to which employees are empowered to live healthy lives.

This paper will begin by addressing the known information about obesity in the workplace and why this has become a growing problem in recent times. From there, previous research on the benefits of health and wellness programs will be discussed with a particular focus on how this in addition to the history of these programs within Massachusetts. This is then connected to how employee life expectancy has grown and the strains this puts on the pension system, a further impact to consider in the relationship between public employees and their employers. The paper also addresses the spiraling costs of health care and how lowering obesity levels can significantly help both employers and employees save money. After discussing case studies taking place in other states, we turn our focus to the methodology of this project and follow it up by discussing the results of the survey and combine it with the insights provided by interviews. From there we will make recommendations on possible solutions to Massachusetts' problem of obesity in the workplace and the place of health and wellness programs within this issue.

### *Literature Review*

#### *An Unhealthy Workforce*

The demands of work today are significantly different than in past generations. With much of life requiring less manual labor, the levels of physical activity required to live are significantly lower than in the past. These sedentary lifestyles, when combined with rushed meals of processed foods, have led to growth in obesity among adults, as two thirds of American



adults are now obese (Barkin, 2010: 239). There are major ramifications of the growth of these problems. Obesity leads to more health problems, more susceptibility to illness, and higher levels of stress. It also puts a massive financial strain on the country, as Barkin (2010) notes that ten percent of the national healthcare budget was spent on obesity related issues in 2003. Finklestein (2011) pointed out that obese people have 41.5% higher health care costs over people at a normal weight. Once such a noticeable hit was taken in the nation's pocketbook, it became necessary to develop a battle plan.

In finding a solution to America's obesity problem, it is important to take into account the historical knowledge of what we knew to be the issues surrounding obesity's growth in the United States. Given the lifestyle changes in American culture, the important part was to develop methods of counteracting these recent developments. As far back as the 1980s, Taylor (1994) was concentrating on studies to see what the most important factors are in losing weight. He and his fellow researchers found that when focusing on age, gender, activity level and tobacco use, those who had higher levels of physical activity had slower weight gain and is effective for maintaining weight loss. However, this requires fighting the trend where people who are active are likely to stay active while people who are inactive are harder to get moving. Abraham (2011) found that people with back pain and diabetes are less likely to join a wellness program. Knowing that, a major effort would be needed to get inactive people into a lifestyle of more exercise. It would not take long for businesses to find their own reasons to desire healthy employees as well.

The variety of benefits to having a healthy workforce has been well-noted in the last thirty years. Falkenberg (1987) indicated that exercise programs in the workplace could be beneficial in three ways: As a powerful recruiting tool, stress reduction and subsequent reduced

absenteeism, along with increased productivity at work with correlated better health. Around the same time period, Der-Karabetian (1986) pointed out that any corporation needs to implement a human resources management strategy that employees need to be productive, happy and healthy enough to maintain a high level of performance until retirement. Along with the shift in strategy, Proper (2002) noted that this is especially true with white collar workers who may not get any exercise without such programs. Even considering that these benefits would be purely for physical exercise, such programs would greatly assist the mental health of employees as well. When employees are offered such programs, they feel a sense of loyalty to their employer since it shows that their health is important to the viability of the organization (Falkenburg, 1987). Furthermore, interpersonal relationships between employees are aided by more exercise. Burton (2012) found that exercise limits the amount of stress on workplace supervisors that ends up being taken out as abusive behavior toward subordinates. This is backed up by Martin (2009), who conducted studies showing that getting employees enough exercise to raise their heart rate was able to reduce stress and anxiety levels when combined with refocusing positive emotion. Simply put, other employees also see a more positive work environment from others around them exercising. In many cases, enhanced exercise is simply more walking throughout the day, particularly during the work commute.

#### *Who Benefits From These Programs?*

Within the private sector, the benefits of such programs to encourage exercise are growing. However, there is a stratification of these programs based on company size. Among companies with less than 750 employees, only 21 percent of sampled companies provide health promotion programs (Heinen, 2009, p. 105). However, these programs are more common among large employers. One such example is Partners Healthcare, the non-profit health care

conglomerate that operates Boston hospitals such as Massachusetts General Hospital and Brigham and Women's Hospital. For employees within the system, MBTA passes that normally cost \$70 a month are reduced to \$49 in an effort to prompt employees to use public transit and gain the health benefits that come from walking to and from transit stations rather than driving (Massachusetts General Hospital, 2013). Additionally, as station sponsors and corporate members of the Hubway bicycle sharing system, Partners employees get more assistance. People who work in hospitals within Partners are allowed to join the system at a discounted rate, furthering the health benefit provided by their employer. However, these benefits are not always making it to employees of the public sector, where they may be very much needed.

Among government employees, the issue of who is even responsible for the health care of employees is murky. In the Commonwealth of Massachusetts, the Group Insurance Commission (GIC) regulates the health care system but does not develop the insurance plans that are available. This is instead passed to the health care providers within the state, of whom the employee may choose one. The model of GIC negotiated rates leads to a wide variety of pricing and options for employees. As of 2014, any employee choosing to accept a GIC health insurance plan covers 20 percent of the cost if they started employment before July 1, 2003, or 25 percent of the cost if they started after that date (Commonwealth of Massachusetts, 2014). Despite the general responsibility of overseeing the health system of Massachusetts public workers, the GIC is hamstrung by the insurance providers it works with. Rates are negotiated with providers but these costs are often prohibitively expensive to employees. Higher cost levels to employees mean that many may choose more affordable plans, even if they mean limited networks and reduced health incentives. More specifically, low-cost health plans contradict the GIC's mandate to

enable a healthier workforce by leading to health benefits like subsidized gym rates or other exercise programs being removed from those plans.

This would seem to be the system in place for the Federal Employees Health Benefits Program as well. Ridgely (2006) points out that while there is competition among plans, most are employing utilization controls to keep the rising costs of health care down. To them, it is not about viewing public employees as vital cogs that keep government organizations running. These service providers have no particular interest in the employees' usefulness at work, but merely see them as clients whose costs need to be controlled. Heinen (2009) notes that making sure health care is affordable and that obesity is controlled is a vital common interest between both employee and employer, but that may not be completely true in the public sector. With the defined benefit plan of these workers, the government is on the hook for providing health care and a monthly pension for the rest of the employee's life once they retire. This means that regardless of the age of the retiree or the length of the retirement, the government must continue to provide these benefits (Denton, 2011). This creates a problem for the government due to how long retirees are living today in the developed world. Denton (2011) cites Canada's life expectancy has increased ten years for men and eight years for women since 1966, while the age of retirement has not increased. As such, the percentage of life in the working world is less while the percentage of life spent retired increases. With no rise in money contributed into the retirement systems, the government is then forced to stretch money further to compensate for a longer retirement. For example, less than 70 percent of newborn males could expect to live to 65 in 1966; that number is now 87 percent for males born in 2010 (Denton, 2001, p. 184). This puts the government in the uncomfortable position of wanting employees to be healthy but being cognizant of the expenditures of a defined benefit pension.

## *Case Studies*

Since the health of employees has been identified as valuable to their employer, some public organizations have instituted programs to nudge their staff toward living healthier lives. As these case studies suggest, voluntary programs can have positive outcomes on both the staff and the bottom line for their organization.

### *A Southern State Government Agency*

A state agency in the Southern United States was facing rising costs within their staff with very little ability to close the funding gap. A large part of the problem stemmed from employee health, leading investigators to believe that a focus on them would help to reduce these spiraling expenditures (US Department of Labor, 2013). In their effort to combat these issues, the state allocated funds and combined them with Center for Disease Control grants to build a comprehensive program for their staff. Established in 2004, the wellness program got the agency moving toward promoting healthier living but would need to consider the staff to find the amount of success needed to significantly cut costs. Studied after by the United States Department of Labor, the results would indicate what collaboration could do for state agencies.

With a total staff of 19,000 employees spread over 30 offices and 18 other locations, this particular agency was focused on the health and wellbeing of citizens. However, the health of the staff itself was becoming a problem. This issue was very clear from both a financial point of view. The state was spending \$73 million in health costs per year on this agency (US Department of Labor, 2013, p. 22). A main cause of concern was the rate of chronic conditions among employees. Forty two percent of staff had documented health problems, with the most prevalent being hypertension, diabetes and mental health issues, a percentage eclipsed only by the state's Department of Corrections. For every 1,000 employees, there were 230.8 ER visits

and 62 admissions, a total cost of \$3,933 per employee (US Department of Labor, 2013, p. 22). The staff's average age was 45 and nearly three quarters of the group was female, but without one central location where all staff could be approached with a uniform solution. As such, a customized solution for this population was necessary.

The state's public health department collaborated with the state employee health plan to establish the program, as both entities had the financial incentive to cut expenses. While all groups within the structure were authorized to have four work hours per person allocated to the wellness program, the plan also advocated flexible hours to encourage workers to join activities (US Department of Labor, 2013). Their plan created a de-centralized structure, allowing each group to develop activities that catered to their particular employees. This took on the form of exercise classes, walking programs, team sports and even line dancing in one worker cluster. Increased physical activity was supplemented with educational seminars, wellness fairs and promotions to encourage healthy eating, particularly fruits and vegetables. Still, creating a program only goes as far as the employees who stick with it, and the collaborative system developed incentives to push staff down the right path. Having a good sense of their workers, the decision was made to create financial perks to engaging in the wellness program. The collaborative element of this program was vital to creating these incentives. With the involvement of the health plan, copayments for doctor visits were reduced by \$15 for an entire year if employees took part in a pilot program (US Department of Labor, 2013, p. 34). Members of the workforce noted that this made regular medical checkups more feasible for much of the staff, further enhancing their health. Another incentive offered was an increased rate of coverage, going from 70 percent to 80 percent, if staff were non-smokers or stopped smoking for a year. This meant that by quitting, employees could have higher levels of insurance coverage,

lower copayments and lower deductibles. With both intangible and financial gains to be had, it would soon be time to measure whether or not the collaborative effort would result in a healthier workplace.

As the results came in, the effectiveness of the program became very apparent. For starters, 65% of the staff surveyed reported that smoking cessation options had increased (US Department of Labor, 2013, p. 31). In four years of the program's existence, 566 employees reported that they quit smoking, while another 695 said they had reduced their habit. According to the same survey, approximately half of the staff was partaking in the wellness program. Perhaps more importantly, by 2010 about 40% of the staff was participating twice a week. The most commonly used programs were walking, fitness classes and healthy eating activities (US Department of Labor, 2013). Half of survey participants reported that they had made positive changes in their exercise and eating habits, while 25% stated that they were closer to their goal weight now than before the program. While increasing activity and better eating among staff, the program also had other indirect benefits to the organization. People increased collaboration within the program, perhaps most notably within the state's Walking Challenge contest. More than 1,500 staff members took part in the competition, with eight of nine trophies going to employees of the group (US Department of Labor, 2013, p. 29). The group aspect also pushed the workers of the agency to get to know others in their work environment in a more casual atmosphere, fostering more teamwork when everyone got back to the office. The boost in staff morale provided by this program proved to be an intangible benefit in addition to the more expected gains. While there were no financial metrics available, the benefits provided by the health and wellness program have convinced management that it is worth continuing into the future.

### *The Maine DOT Program*

Much like Falkenburg discussed, the Maine Department of Transportation believed that offering a wellness program would reduce days missed due to absenteeism, sickness and injury. Hubley (2008) points out that the goal was certainly financially motivated, as any program would be evaluated on its ability to create a department that costs less to maintain and runs at full capacity. Instituted in 2004 with the knowledge that the goal was to promote employee health to keep them healthy and in work, there would need to be a plan developed involving activities to stem the tide of unhealthy behavior (Hubley, 2008). The program was divided into segments that would create a holistic environment that prompted change. The first part involved information about curbing unhealthy life choices, followed by activities designed as the foundation of staff exercise and the third piece implemented dietary options that would lead to more healthy eating habits by the workforce. This trial run focused on one region of the Maine DOT in the hopes that a successful result could lead to a widespread health initiative across the entire state (Hubley, 2008). While starting a program of this magnitude was a daunting task, the knowledge gathered on the employee population would be the first step in the challenge.

Region 5 of the Maine DOT covered nearly a 600 mile circuit of the northeastern part of the state. The workforce had a median age of 45, slightly more than Maine's overall age median of 41. According to statistics provided by Hubley (2008), the gender makeup of both the wellness program and the group as a whole was overwhelmingly male at 95 percent. Upon beginning the program, employees filled out a Health Risk Appraisal, or HRA, that went over factors that lead to poor health. It was not a particularly healthy group. The prevalence of obesity was 91 percent while 47 percent reported physical inactivity. Furthermore, 22 percent of the staff were smokers. Hypertension, diabetes and high cholesterol were all significant factors



within the employee population. With a group in such poor health, it was necessary to create a plan that would be focused on mitigating these health risks in the hopes of molding a workforce that was less susceptible to injury and sickness.

The program began in 2004 with 40 percent of the staff participating. Based on the HRAs that had been completed, main focus areas were determined and the program was geared toward resolving those problems. To start, workers received information about the six major areas of concern; Excess BMI, Smoking, Hypertension, High Cholesterol, Diabetes and Inactivity (Hubley, 2008). Further visits from the wellness team entailed customized 20 minute activity programs that prompted incremental physical activity. With a customized plan, this concept was intended to get the DOT employees moving based on each employees' particular issues. These activities were supplemented by challenges provided by the wellness team and healthier food options provided by DOT management (Hubley, 2008). This was done for six months and then plans were laid to repeat the process the next year with changes between years noted based on the impact they had on the employees.

The program would resume the next year and the two following years as well due to overwhelmingly positive results. The number of workers' compensation hours would decrease over the length of the program, most notably from 875 hours in 2006 to 236 hours in 2007 (Hubley, 2008, p. 20). Participation in the program would increase to over 60 percent over the remaining three years while the cost of injuries would drop from \$100,236 in 2005 to \$31,105 in 2007 (Hubley, 2008, p. 19). Strains had been a common injury that resulted in expensive injury claims, but the wellness program had devised a way to mitigate this issue. The solution was actually quite simple; the program had instituted a stretching routine at the beginning of every employee shift. Perhaps most importantly to the state government, the program provided a cost

savings. For every dollar spent on the program, there was a return on investment of \$2.90 (Hubley, 2008, p. 23). With such results, Maine determined that this was a program worth rolling out to other regions of the Department of Transportation.

As this illustrates, the health of public employees goes hand in hand with cost savings for their employer. When staff is healthy, they show up to work and earn their wage while keeping the organization running at an optimal level. If workers are unhealthy and ill-prepared for their jobs, it is much more likely that they will get sick or injured on the job. As a result, their missed work days cost their livelihood, their employer a full staff, and the government a lot of money in workers' compensation claims. Accordingly, it is very important to make sure that staff remains healthy and it might benefit public employers to help them in their quest.

### *History and Context*

The concept of a workplace health and wellness program is not a new one. As far back as the 1950s, various forms of employee aid existed (Call, 2009). The focus then was primarily on mental health and other issues that could cause a worker to struggle with their job, such as mental health and alcoholism. These programs were operated by fellow employees as a peer network without professional supervision. A generation later, employers had upped the assistance by employing professional assistance, but not necessarily for altruistic reasons. In the 1980s, it was acknowledged in journals that a workplace health and wellness program had benefits of increasing productivity, reducing employee absences, and lowering the cost of employee health care (Call, 2009). By focusing on employee health, businesses had realized that they could spend money to save significantly more in future costs (Call, 2009). As firms where profit margins matter, they were at the forefront of maximizing how to get the most out of employees, a skill not necessarily in abundance in the private sector. However, the great gains

and publicity garnered by the cost-benefit analysis of health and wellness programs made their implementation in the public sector inevitable as well.

Public sector health and wellness programs were developed with the previously addressed goals of reducing obesity and missed workdays in mind. However, a large focus for employers was in reducing the costs of providing health care to employees. Some of these costs have already been passed on to the employees in plan cost and in charges once services are utilized. According to Clark (2012), premiums for employer provided health insurance rose 160 percent between 1999 and 2011. Furthermore, only 34 percent of full time public sector employees had insurance premiums fully paid by their employer in 2011, down from 49 percent in 1999. When care was provided, deductibles also rose 250% for both individuals and families during the same timeframe. As these costs continue to rise, it became clear that public health plans could not go on as usual. At some point, both employers and employees will be maxed out in what they can afford. It became time for governments to make the same kind of decisions that had been made previously by corporate executives. Using the same process that applied in the private sector, states and individual communities began to implement these programs throughout the country. On a local level, both Massachusetts and its cities both got into the act to make sure that health and wellness programs would become part of public jobs and kept on the books well into the future.

In pointing out that deferring program development would exacerbate the problem, the Massachusetts Legislature passed Chapter 288 in the Acts of 2010. The law specifically mandated a program intended to measure and improve employee health through diagnostic testing while also creating goals and appropriate preventive measures (Commonwealth of Massachusetts, 2010). Furthermore, this authorized the appointed health and wellness council to

seek out one or more entities that could manage such a program. Through the Commonwealth's procurement process, the choice was made to select StayWell Health Management of St. Paul, Minnesota. As a company that specializes in developing these types of programs, it would be their responsibility to develop a program that could handle the needs of the state's staff. This program is known as WellMASS and is currently in its second year of service. Its aim, as laid out legislatively, is to reduce the cost of health care for the Commonwealth's employees. It does this through various programs such as personal health assessments, lunch and learns, and other on-site programming throughout the state. Since WellMASS only covers the executive and legislative staff of the Commonwealth, cities and towns were on their own to establish their own programs. Some communities chose to do so aggressively. On October 31, 2012, Somerville adopted a policy to "promote wellness, healthy eating and active lifestyles among City of Somerville employees" (City of Somerville, 2012). This program also had the aim of boosting employee morale, but was not specifically geared toward lowering health care expenditures. In contrast to the state, this program would be operated in-house and services would be contracted out as needed. The program would be collaboratively operated by the Personnel and Health departments while focusing on the issues of city employees on a micro level. Furthermore, the city would maintain control of programs and discounts on healthy choices in order to ensure that such offers meet both legal and health guidelines.

With a goal of creating a healthier workforce, the state and municipal government examples seen here made vastly different decisions of how to get there. This dichotomy reflects the differing needs of each group's employee base as well as the factors that each type of government faces. This factor is essential when considering evaluating these programs and the interests of those who partake in them.

## *Methodology*

The aim of this study is to learn about the current levels of availability of exercise programs within the public sector in Massachusetts and the demand for them among public employees. It also aims to see how such programs can change the work environment for those who are part of them. The study explores the reasoning behind decisions made by management at Massachusetts cities, towns, agencies and organizations to determine the variability of access to these programs and why that variability may exist. This is followed up by finding evidence of what the current status is of current programs that exist in Massachusetts through firsthand accounts from public employees. Since this study requires both a high level view and more granular analysis into the methods of such programs, this examination is carried in two ways. An overview survey for Massachusetts state and municipal employees was completed and supplemented by focused interviews with particular members of public staff. Gathering a representative amount of data requires finding various opinions on the availability of workplace exercise programs and the desire of employees to use such programs, as well as discussing the financial limitations of such programs.

## *Surveys*

The first branch of data gathering requires information from many individuals about the availability and demand for exercise programs at their place of work. However, information must come from diverse sources. Those who take the survey must represent a variety of public employers to get a true sense of sentiments around exercise programs. With so many employees at various local and state organizations, getting surveys on the screens of a diverse group is employed in nearly every corner of the Commonwealth was not an issue. In particular, extensive outreach attempts were made to reach the public employees of a large cross-section of

communities and agencies via targeted survey invitations based on factors such as geography, population served and job type. This was done in an attempt to see what these individuals have experienced in their current position with the idea of comparison to others in different offices and occupations. While such efforts were intentionally made to attract a diverse respondent pool, further stratification is necessary to delineate the different environments in Massachusetts. While all survey recipients were public employees in the state, they were segmented between employees of the Commonwealth itself and the cities and towns within its borders. This division was made due to state employees being part of a uniform system that provides benefits and health services, while municipal workers receive different benefits based upon the financial decisions and fiscal realities of their place of work. Each of Massachusetts' 351 cities and towns have their own ways of doing business, with each community have its own attributes and limitations. This leads to unique environments surrounding health and wellness for employees. Including county workers would cause another wrinkle, but in Massachusetts the solution is relatively straightforward. While not specifically tied to state institutions, county workers were added to the state group. This decision was made due to the political status of counties in Massachusetts. With the exception of the courts and corrections system, county governance no longer exists in Massachusetts and they are considered state employees. Once the eligible groups were developed, the focus turned to building the survey and getting it in the hands of those who would provide some of most valuable information for this capstone project.

The survey focused on options available to employees based on their workplace with the ability to compare and contrast between the two groups. Surveys were sent to approximately 150 municipal employees and 150 state and county employees in a Google Survey link on both an individual and agency wide basis. Both sample groups were accrued by a combination of

utilizing personal contacts, convenience sampling, and snowball sampling. Agency contact listings were also sought with a goal of including people in various occupations within the public sector. By analyzing agency location and municipal location and size, attempts were further made to include employers located throughout the state and of various population size. Each prospective survey-taker was sent an email invite with the link and a request that the survey be completed as honestly as possible. Furthermore, snowball sampling was used through a request that the recipients send the link on to other public employees they worked with or otherwise knew. There were 104 surveys filled out in total, with 45 municipal employees and 59 state and county employees taking part. The aim of gathering 50 surveys from each group intended to provide enough of a basis for analysis and understanding if there is a difference in the supply of exercise activities and the demand for fitness activities between municipal employees and state employees. Despite health and fitness becoming an important topic, municipal employee response rates to survey requests were around the typical online survey average of 30% (Division of Instructional Innovation and Assessment, 2007). Response rates were slightly higher than average at 40% for state and county employees completing the process.

Prospective survey-takers were informed that the process would be quick with straightforward questions. Each question asked was marked as required, so no survey could be completed unless answers were provided for all. They began with a gender identifier and background information about the workplace such as length of time as an employee, level of satisfaction with the job, and communication quality with management. Beyond that, the survey attempted to make connections between gender, office environment, exercise habits, dietary habits, smoking status and interest in health and wellness programs. By measuring interest in health and wellness programs, this paper aimed to learn if there was a correlation between those

who may not be aware of programs simply due to lack of interest. The final questions were more open-ended and intended to get the survey-taker's opinion on health and wellness programs. They were asked specify what types of programs are most beneficial to them as well as what kind of health benefits they would expect from their involvement. The survey remained anonymous so that those who completed could feel comfortable giving honest answers, even if they were uncomfortable with the truth. The full text of the survey is available in the Appendix section of this paper.

### *Interviews*

For more in-depth analysis, various public employees were interviewed with an individual focus depending on the position of the interviewee. In total, seven interviews were conducted. Using both personal contacts and snowball sampling from those contacts, a complete roster of interviewees was created. The goal was to speak with those who specialize in understanding the current status of personnel and health and wellness program issues. These interviews were done on a select basis with the intent of getting a variety of perspectives. For starters, it was necessary to interview people who were willing to be candid about the opportunities and limitations of exercise programs within Massachusetts public workplaces. Similar to the survey process, a balance was needed between state and municipal voices on this topic. Interviews were conducted with a town administrator, a city health and wellness program coordinator, a city employee, a state agency unit manager, a state agency health and wellness program coordinator, a State House employee and GIC representatives managing the Commonwealth's health and wellness program. Interviewees were reached via phone calls and emails with an introduction as well as a project topic description with a request for approximately 30 to 60 minutes of their time for an interview. Level of expertise in the topic



was intentionally mixed; employees that were unaware of health and wellness programs were also useful for understanding perceptions of the issue. Likewise, personal health background was not known and would not be considered as a part of interview qualification; this meant that interviews would be conducted with those who may be using health and wellness programs at work and those who may not be involved in such a project. As the surveys were done anonymously, these interviews were not necessarily confined to those who took the survey, although all interviewees were sent the survey link. The aim was to interview people at various parts of a health and wellness program's implementation. The information provided in these seven interviews is used in this report to support and explain what was gleaned from the surveys, but the questions asked during these interviews were specifically geared toward filling the gaps in quantitative data.

In developing interview questions, the focus was kept on extracting as much information as possible in learning about how health and wellness programs work in various environments. As each environment is unique, so are the perspectives of each public employee. Nevertheless, it is important to consider whether success or failure of such programs can be tied to factors like employee interest, employee headcount, staff schedules, or ability to fund programs. Interviews were conducted in person when possible, but travel distance forced one of the interviews to occur via phone. These meetings were not recorded but extensive notes were taken and transcripts of answers to the questions were created after and sent back to the interviewee for accuracy check. The decision was made not to record the interviews when it was discovered that there would be significantly more candor in answers if there was no recording device present. Interviews typically went for about an hour with universal willingness on the part of interviewees to answer

further questions as needed. Each staff member offered information about health and wellness initiatives as well as how such a program, or lack thereof, has had an impact on the workplace.

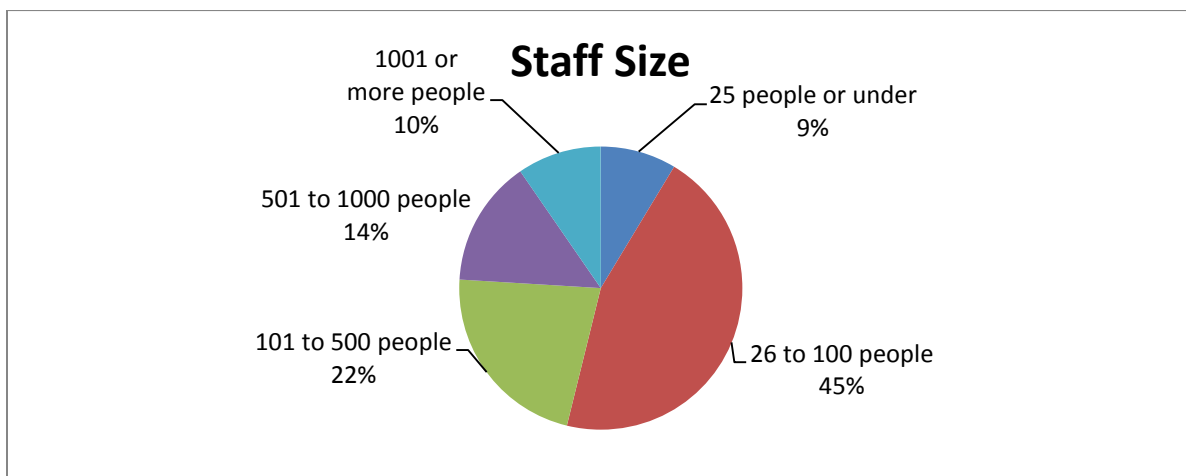
At the employee level, both state and city interviews were conducted with an eye toward learning about health and wellness at their work among their peers. Questions focused on the problems and stresses faced when fellow staff members missed work due to poor health. Within personnel management, interview questions aimed at focusing on problems of work distribution and task management with unexpected absences. Administrators of health and wellness programs in both state and municipal workplaces were asked about the progress of programs as well as benefits and limitations of their efforts so far. The town administrator was asked to discuss how health and wellness programs fit into a town's agenda and what obstacles funding may be within individual communities. With a variety of perspectives and localities, the opinions were sure to be diverse and to highlight both the similarities and differences faced in each environment. Questions for each interview may be found in the Appendix section of this paper.

While different in depth and breadth of questioning, both the survey data and interview transcripts each had an invaluable role in this project. Hearing the large amount of voices in the survey meshed well with the detailed information acquired during the interview process. Combined together, the survey and interview data completed the picture of what the current status of workplace health and wellness programs is in the Commonwealth of Massachusetts. Given these perspectives, we can also make projections of how things will need to change in the future to ensure an even healthier environment for public employees in the state.

## Findings

### Surveys

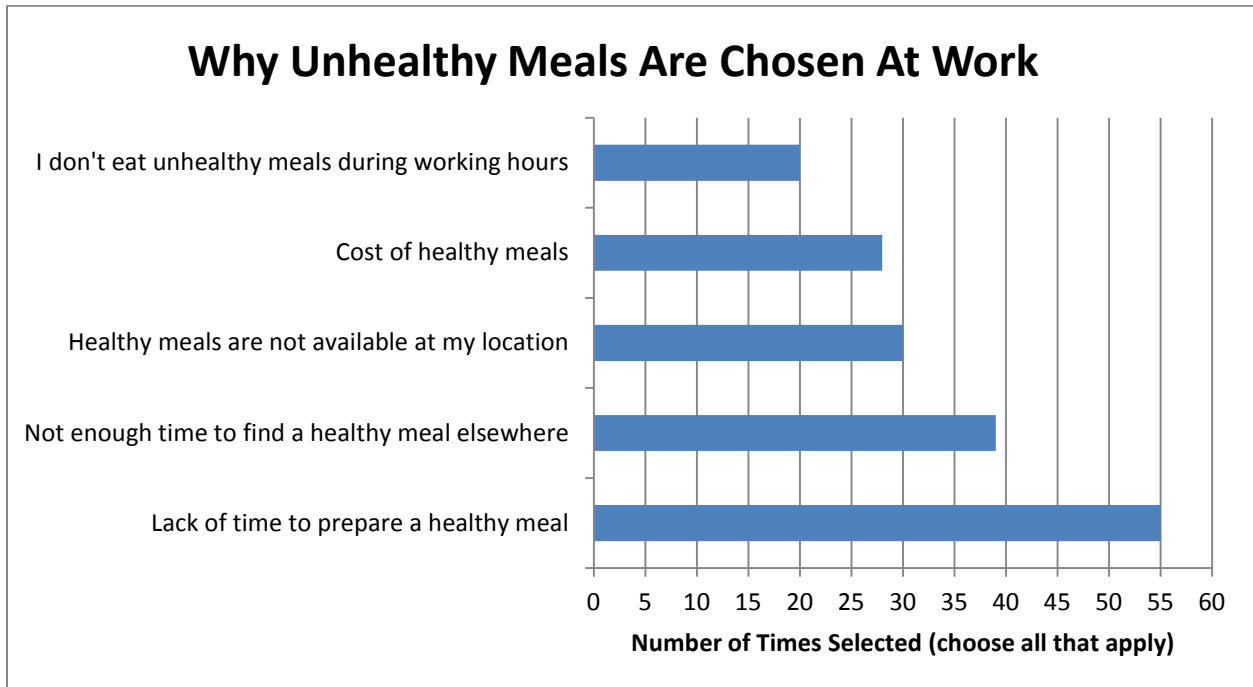
Once survey data was collected, it needed to be analyzed. To do this, the survey was opened in Google drive and the data was exported to an Excel spreadsheet to allow for easier filtering. Utilizing Excel's counting functionality, it became possible to measure responses and find out what answers were most prevalent among public employees. To get a proper context of our results, it is necessary to understand the demographics of our survey-takers. As previously mentioned, a total of 104 surveys were completed, with 45 municipal employees and 59 state and county employees participating. Of the public workers who participated in the survey, 64% were female and 36% were male. This is slightly different from the nationally reported state and local government employment percentages by gender of 57.7% women and 42.3% men (Mayer, 2014). While many public employees make a career of it in order to received their pension, those who took the survey trended toward being relatively new in their current public job. Among the survey-takers, 54% had been in their current position for less than five years. The size of staff varied among the respondents, with 45% stating that their office consisted of 26 to 100 employees. This chart of the responses indicates that while 26 to 100 employees was the most commonly selected, those taking the survey have a wide variety of office environments:



Positivity in the workplace can lead to less stress and a healthier lifestyle, so the survey asked a variety of questions about work. As a result, the respondents had much to say about their work environment. On the whole, it was reported that people happy as it pertains to their job. A total of 64% reported that they had some level of satisfaction with their jobs. This was slightly higher among municipal employees at 69% than state employees at 61%. At the same time, survey-takers seem to be fairly happy with their work environments. Combining the city and state employees, 83% reported that they have a friendly relationship with their coworkers, with both municipal and state reporting landing near that level. However, these numbers dip when it pertains to communication between staff and management at their workplace. Only 44% of employees said that communication was good, while 35% indicated that it is poor.

Much of the health of staff comes down to the consumption choices made by its employees. One aspect that does not seem to be a major problem for either the state or municipalities is smoking. Only 10% of total respondents stated that they smoke at all, with 7% stating they smoke regularly. Eating habits were more mixed, with 63% of all respondents reporting that they view their eating habits as healthy while 20% said they had an unhealthy diet. Healthy eating was higher among municipal employees at 78% while this included 53% of state staff. One particular question asked specifically about why employees would choose to eat unhealthy food at work, with respondents having the ability to check off all answers that apply. Even with the ability to choose all options, answers were varied. It seems as if the main culprit is time. A total of 55 people of the 104 respondents stated that they lacked time to prepare a healthy meal and 39 identified that there was not enough time to find a healthy meal elsewhere. A lack of available choices nearby was cited as the reason by 30 respondents while the cost of healthy food was close behind with 28 votes. The least chosen response was that employees did

not eat unhealthy meals during work hours with 20 selections. Given this, it would appear that the 84 of the 104 respondents believe that they eat unhealthy meals during the workday. For a visual comparison, here is a chart listing the most prevalent choices:



When asked on more general terms, the availability of healthy food options near work was decidedly mixed. 45% of the total respondents indicated that there are healthy food options, but this was lower among state staff at 40% than municipal employees at 50%. Furthermore, 61% of the total group indicated an interest in having more healthy food options available to them at the workplace, with higher numbers at the state level (64%) than municipal (56%).

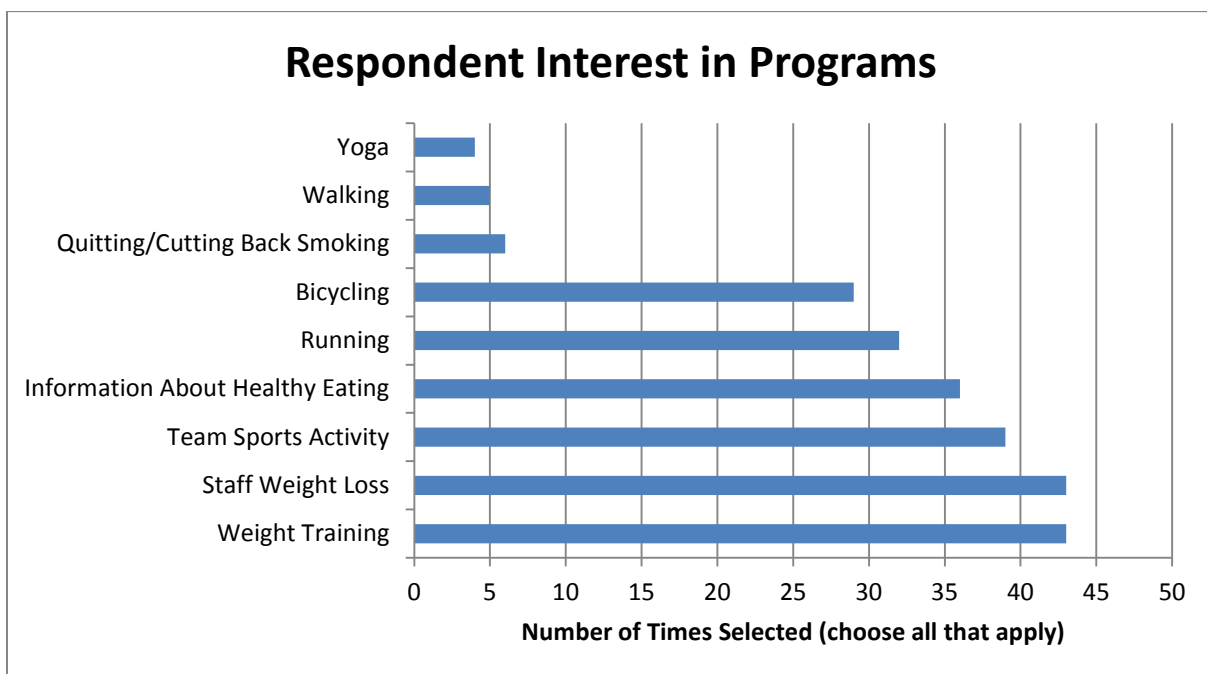
As indicated earlier, another major factor of keeping staff healthy is making sure they are exercising regularly. In total, 67% of the respondents indicated that they exercise at least once a week, while 19% said that they exercise less than monthly. Half of the group answered that they exercised multiple times a week, a figure that was balanced equally between municipal and city staff. The main difference between the two groups was that the state responses reflected a higher amount of people who exercise less than monthly at 24% as compared to 13% of municipal staff.

For many employees, a major struggle is finding enough time in the day to exercise, as 66% of the full group and each subgroup indicated they did not feel like they have the time to do so regularly. Part of the problem here is the lack of flexibility staff has during their workday. The survey found that 24% of the total group reported their workplace is flexible to allow for exercise during the workday. Levels of flexibility were higher among the municipalities at 33% and lower in the state at 17%. As exercise habits and perceptions had now been gathered, it became necessary to delve into current wellness program availability and understanding what is needed from them.

Among those partaking in the survey, there appears to be a lack of health and wellness programs at their workplaces. 25% of the respondents indicated that they have such a program, although these numbers were higher in municipalities at 36% and lower in the state at 17%. However, despite the low numbers of workplace health and wellness programs, the demand for them is much higher. The survey found that 60% of respondents had some interest in such a program, a number which was consistent among both groups as well. The numbers differed when it came to spending one's own money on a health and wellness program. State employees had a much higher willingness to spend at 58% compared to the 38% of their city counterparts. Participants were also asked about their own preferences within a potential health and wellness program at their workplace. One question in the survey asked what types of specific programs would be of interest to them, with the ability to choose all options that they would utilize.

To gain perspectives on ideals among public employees, respondents were asked what types of programs would be useful to them in a health and wellness program. Similar to the previous question about why unhealthy foods were chosen, everyone had the option to choose all options that apply regarding these activities. Those who took the survey had divergent interests

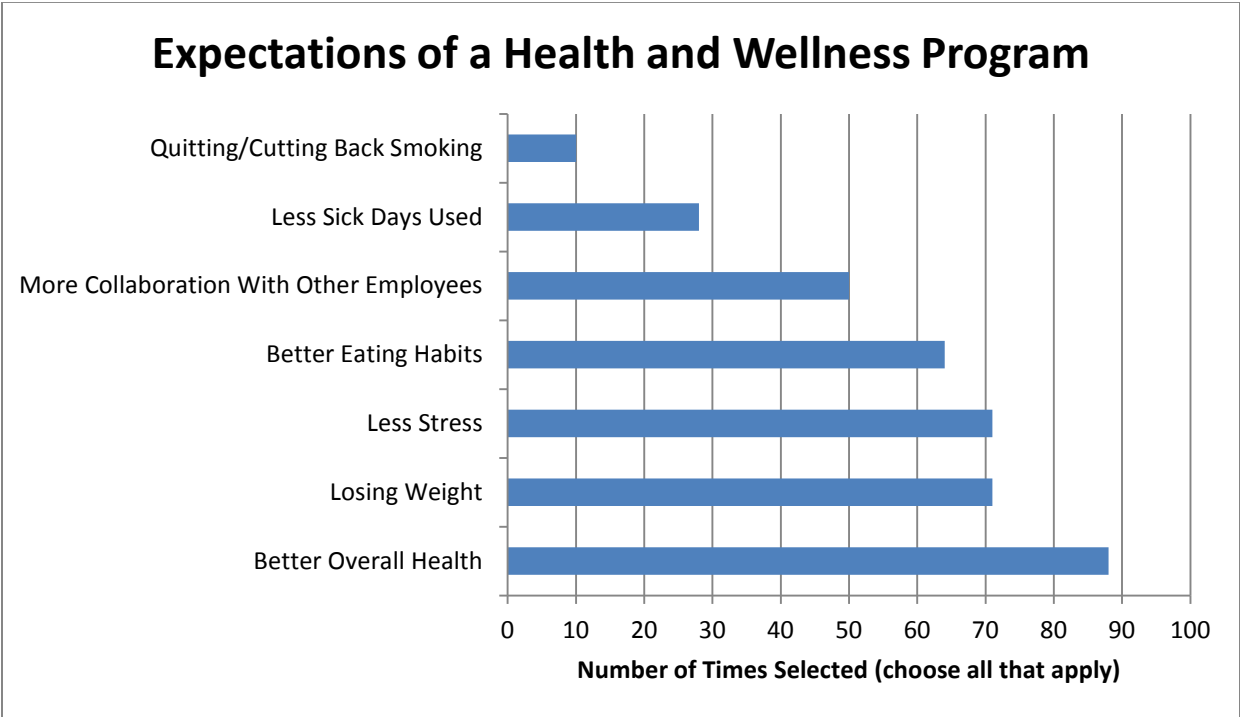
as to what was important in the makeup of a health and wellness program. A total of 43 of the 104 surveyed employees noted that they would like weight training and the same amount stated an interest in a staff weight loss program. Closely behind were team sports activities at 39 respondents, a running group at 32 and a bicycling program at 29. Information about healthy eating also made the list with 36 votes, surpassing some activities and illustrating how important public employees believe a healthy diet can be. To understand the depth of choices made by the respondents, here is the breakdown of all programs selected or written in multiple times:



A few things stand out here besides the high levels of interest in particular programs. For one, six of the ten respondents who said they smoked would be interested in a smoking cessation program. The smokers, while few in number, do have interest in stopping. This may not require a full-scale program, but a small environment to bring about this change may be effective in helping employees live healthier lives and save insurance costs down the road. Additionally, walking and yoga garnered five and four votes respectively despite not actually being an option

on the form; people wrote them in as responses. This could mean that there is a level of interest in these activities that had been not anticipated.

As program interest varied widely, so did employee expectations as to what benefits they would gain out of an overall health and wellness program. Once again, respondents had the ability to choose all answers that applied based on what they felt in benefits a health and wellness should provide. Leading the pack was better overall health, with 88 votes of the total group. Behind that was losing weight and less stress at 71 selections each, still a healthy majority of respondents, and better eating habits at 64 votes. Somewhat surprisingly, more collaboration with employees was chosen by 50 public employees, as this is a workplace benefit rather than personal wellbeing. For the full array of answers:



The choices made here seem to indicate that employees believe that a health and wellness program can be a holistic way of getting to better health, as the highest choices involved the physical aspect (weight loss), the mental (less stress), and nutritional (better eating habits). Not



as many people chose to include sick days as an issue, indicating that this may be seen as more of a problem by the employers than the employees. All ten of the smokers would expect a program to help them reduce or quit smoking, further denoting the small but passionate group that would like assistance with this issue.

From this survey data, we can gather that it is easier to live a healthy lifestyle while working for a municipality in Massachusetts than serving as one of the Commonwealth's employees. Municipal employees reported higher levels of satisfaction with their jobs, higher levels of healthy eating and availability of healthy foods, and a higher prevalence of health and wellness programs in the workplace. While both groups of employees seem to exercise to the same levels, municipal employees have more flexibility to do so during the workday than their state counterparts. To make further observations, we need to dive even further into the interviews that will help us understand what is happening in Massachusetts public workplaces.

### *Interviews*

Within each interview, specific information was learned that supplemented what the survey had already acknowledged. Within these interviews, trends emerged as to what is needed in order to make public workplaces healthier. There were clear themes that were focused on by the interviewees in the areas of health and wellness programs, healthy living and exercise, and, availability of healthy foods at their workplace.

Every person in the interview process responded that there was not enough time during the normal workday to get exercise. The city employee, state agency health and wellness coordinator and state agency manager all noted that people who exercise are much more likely to be efficient at work. The town administrator went further, noting that his staff can tell when he has exercised that day because he is less stressed and easier to work with. When discussing best

practices of how to ensure employees exercise, results were a lot more scattered. The state agency manager mentioned that it would be useful to start slowly, potentially with a walking program so that employees at various levels of fitness could be involved. That collegiality and team environment was also one promoted by the state agency health and wellness coordinator, who has instituted a partially subsidized 5k road race program in their particular office. With this event, the agency can form a team to get exercise and socialize outside of work. The city employee also mentioned his employer's plan of collaborating with a local gym to offer reduced rate memberships for employees. This was done cost-free on public coffers through clever negotiating by the city, as they know delivering a large group to a particular gym is a revenue generator for the business. Healthy living can also be informational, as the city health and wellness program administrator proved. They send out weekly tips on how to live healthier, with a focus on healthy recipes and exercise.

The interview process was also useful in determining what decisions were being made in terms of health and wellness programs. The discussions with health and wellness coordinators at the state agency and in the municipality illustrated very different methods. Free to establish its own health and wellness agenda, the municipal health and wellness agent cited Somerville's progress. In particular, the Somerville Flex Time Program was noted for its solution to a lack of time for exercise. This allows staff to flex their schedules for 30 minutes a day, up to a max of 90 minutes per week, for the purpose of physical activity (City of Somerville, 2013). With this setup, workers can arrive earlier or stay later to balance the time but can use the extra half an hour to get moving during the day. No such plan currently exists for Commonwealth employees. The city employee and both state and city health and wellness program coordinators corroborated the usefulness of such a program, stating that a flexible lunch schedule could allow

for staff to squeeze exercise into their daily routine. Furthermore, all indicated that the time lost to working out would be balanced by employees having higher levels of energy, more attentiveness and less stress. Despite lacking a flexible time schedule in Commonwealth agencies, a health and wellness plan is available to a large proportion of the workforce. The previously mentioned WellMASS program is currently providing services to Executive and Legislative branch employees, of which both groups were invited to partake in this survey. In particular, WellMASS runs programs geared around particular health concerns, including hypertension and stress, weight management, nutrition, and smoking cessation. Corresponding to our data regarding smokers, the WellMASS Program Coordinators reported the usage of the smoking cessation program was so low that it was replaced by a physical activity theme in the second year of the program. According to the most recent WellMASS statistics, there are 48,050 state employees who are currently eligible for their services (StayWell Health Management, 2014). WellMASS puts on various programs including lunch and learn activities multiple times a week in addition to personalized attention including health assessments and coaching based on health concern areas. In the second year of the program, WellMASS has provided online health assessments for 2,428 employees and conducted 963 lunch and learn events, a commendable number for a small team. However, this amount of health assessments reaches only 5.1% of the total eligible staff (StayWell Health Management, 2014). Since WellMASS does not have the bandwidth to reach all of these people on their own, the program primarily connects with staff through “Wellness Champions”, a volunteer who serves as primary contact. Serving in this position requires additional work on top of an employee’s normal responsibilities. This is a tough proposition for busy employees and the Wellness Champion may not get as involved as needed as a liaison between WellMASS and their agency. If this vital connection is not made, the staff

at these agencies may not get the WellMASS message. This may play into communication problems between staff and management, as it was reported to be subpar by the survey respondents. In this respect, the problem may not be a lack of health and wellness programs but a lack of awareness as to what is available.

The availability and access to nutritious food was also a noticeable item frequently mentioned by the interviewees. In many locations, healthy food options are limited while unhealthy options are plentiful. The state agency health and wellness manager pointed out that while a nearby food court made junk food ever present, the family-style office culture of sharing baked treats was also partially to blame. Office location was also cited as a concern by both the city and state employees. The state employee's office was served by various fast food options and an on-site cafeteria with limited options of unhealthy fare. The city employee concurred, adding that while the sub shops and other local establishments were very tasty, they were not good for those who aimed to eat nutritiously. Another nearly unanimous issue is that of vending machines in offices. More often than not, interviewees reported these to be high energy, high calorie foods that sold well rather than offered health benefits. One location where this was not the rule was in the office of the city health and wellness program manager. She noted that a vending machine with healthy food options had been installed in City Hall, allowing staff a healthier choice of snacks. However, sales have been lackluster and the vendor will not continue to provide the service if they cannot make enough revenue. In many cases, governments will struggle with providing healthy food to a diverse set of employees spread out at various locations. The town administrator noted that it would be impossible to provide the same services in Town Hall and to the highway department crews as they work in very different environments and on different timelines.

## *Discussion*

The results of this survey and interviews are illustrative but need proper context to understand what they can tell us. That context can guide our thoughts as to what is being indicated and decisions can be made how to make beneficial changes that are still within the realistic limitations of current public offices. This study has shown that there is a willingness to be involved in health and wellness programs and to eat healthier, but there are problems in the process that will need to be addressed.

As the findings established, employees indicated that they have interest in participating in health and wellness programs but they believe that programs do not currently exist in their workplaces. This may be an accurate belief but quite a few public employees are simply not aware of what is available to them. These workers are aware of the benefits of exercise and would like to establish closer relationships with their coworkers in the process. They also see these programs as a way to relieve stress. Many of them even indicated that they would be willing to spend money as a part of these programs. Their management also indicated an interest in having such programs as it will lead to a more successful and pleasant office. Major limitations to creating such programs are cost and an inability to provide equal services to all employees, despite job function. It is usually these issues that cause public employers to give up grand plans for a healthier workforce and revert back to the status quo.

A very important area of need for further analysis is that of employee time constraints when it comes to exercise. With the large amount of people that stated an inability to find time to work out regularly, an alternative option must be considered if a behavior change is desired by public employers. The condensed schedule that is currently prevalent in the public sector is effective in terms of providing services to constituents. However, it may not be one that works

well with making healthy choices. While the Commonwealth and municipalities cannot reduce the work hours of the week, options to give employees more freedom to create a schedule that finds the best of both worlds should be considered. With proper regulation, the Somerville Flex Time Plan shows that a balance can be found between worker health and the job that needs to be done. The benefits of happier, more efficient employees might make less rigid rules worth it to the government.

Perhaps as important as exercise is the need to maintain a healthy diet. The majority of staff indicated that they already have a healthy diet, but less than half said they had healthy food options near their office. Supply proved to be limited and demand is high, as more than half indicated that they would be interested in having more healthy food options nearby. Public offices are somewhat limited as to what they can do here, as budgets may not be flexible enough to incorporate subsidizing a healthy food program. This leaves it up to individuals to make personal decisions to seek out such food, but this comes with complications besides proximity. One such factor to consider here as well is that fresh, healthy food is often more expensive than unhealthy food, so cost compared to previous choices could be an issue. The previously-mentioned issue of unhealthy office culture may be problematic as well. Those that enjoy baking unhealthy snacks may not take kindly to changing their recipes to meet new health goals. In places that have a tradition of an unhealthy diet in the workplace, these habits may be hard to break without viable options.

As with any public organization, the ability to fund everything the government wants to provide is an impossible task. The employers here are in the unenviable situation of trying to implement new health initiatives for employees but with no more funding than before. Therefore

it is imperative that they figure out ways to stretch the budget further or rely on employee cooperation in their programming.

### *Recommendations*

After conducting the research that went into this report, a few recommendations can be made to enhance the success of beginning health and wellness programs and to help those that are already working to be more successful.

- **Getting the message out is the most important part of the process.** It seems that the supply of programs is there, as is the demand for programs, but those that need a health and wellness program may not be getting the message. Since employee health has been established as such an issue, employers need to make sure that staff knows what resources are available to them. This can be done through the same types of mandatory training that are currently required for topics like ethics and diversity. Once the message has gotten out, people will most certainly get involved.
- **Start simple.** Employees want to get involved in a program, but may be nervous about joining an activity if do not feel ready. Advanced levels of fitness programs are fantastic, but many people may need to start with a walking club to get both their activity levels and confidence up. Once this occurs, they can move on to more challenging things with the other beginners who started with them. The same course of action should be applied to other programs such as healthier food options, where an attempt at a full scale change could be overwhelming. Instead, a gradual shift from unhealthy food toward healthier fare may be less likely to cause resistance and program failure.
- **Health and wellness programs do not need to break the bank.** With a typically sizable workforce, the Commonwealth and its cities and towns can leverage this into

developing favorable deals with businesses that promote health. Furthermore, public employers need to leverage the assistance programs available to them for such endeavors because many people stand to gain with a healthier workforce. A further method of keeping healthy choices affordable is simply to think outside the box. It does not cost anything for staff to take a scheduled walk or run, and it does not cost much more to make a healthy potluck lunch instead of the unhealthy food that may be more commonly found in the staff kitchen.

- **Be flexible.** Employees have indicated that their lives do not do a good job of allowing them time to exercise. If this is a desired trait in employees, management needs to permit employees to exercise during the workday, provided they still work the same hours. As mentioned, most people noted that work levels will go up with more exercise, so it is highly likely that changing the rules will create a more efficient and satisfying environment for staff.

### *Limitations*

There were limitations of this project that prevented getting definitive answers to all questions pertaining to health and wellness programs in Massachusetts. To start, the massive employee pool meant that it would be impossible to reach everyone; an attempt was made to find a representative sample. This project also required voluntary participation from public employees to take the survey and answer it honestly, which could potentially skew the results toward people who are more interested in the topic of health and wellness. Furthermore, many state and municipal employees do not have regular internet access and may have been unable to complete the survey as a result. A further issue in surveys can be that answers mean different things to different people. For example, respondents may have indicated that they eat healthy or



exercise regularly, but experts may disagree with their self-assessment. Within the interview process, there were also several limitations. For starters, the different public employees interviewed required different lines of questioning in order to gain the most knowledge of what they see regarding health and wellness programs. These questions can be viewed in the Appendix section of this paper and illustrate how different the interviews were. As a result, there was no basis of comparison between respondents. Furthermore, the scope of interviews was limited to very particular people within state and municipal workplaces. Each employee represents an honest opinion of their environment, but they are a very small sample of the Commonwealth's public sector as a whole. While their insights were incredibly useful in this project, they may not necessarily represent the general situation in Massachusetts public offices.

### *Conclusion*

Obesity has proven to be a problem that has stuck around and is one that can lead to fatal consequences for those who struggle with it. It makes life harder for those inflicted with it and choices have to be made in how to combat it. Obesity affects public administrators in particular, making it an issue that governments must now conquer. The best way to beat obesity is to live a healthier lifestyle, one in which exercise, nutrition and stress are all kept at preferred levels. For this reason, health and wellness programs in the workplace have become a hot topic due to the need of keeping healthcare costs lower, making sure that employees are able to be productive during the workday, and to ensure staff can make a healthy career out of working in the public sector.

This study has shown that health and wellness programs are a hot topic in Massachusetts' public sector with varying degrees of success in development and implementation so far. Many employers have begun these programs but there have been difficulties in communicating the

options available to employees. The unique obstacles faced by each community and state agency guide the needs within those offices and proactive programs that understand the particular office culture have shown to be most effective so far. Agendas for these programs vary but employers now understand that investing money in employee health upfront will lead to tremendous savings down the line. Public workers have shown an interest in joining these programs and management seems to believe they will be beneficial to offices on the whole. Struggles remain in terms of making program policy match with an environment that will allow them to flourish, but progress has occurred. Furthermore, studies have shown that people who exercise are happier, healthier and more effective workers, and management seems to agree with that assessment. The example of how things currently stand in Massachusetts show that while they are very much a work in progress, their day is coming and new, innovative ideas are being implemented every day.

## Bibliography

- Abraham, J. M., Feldman, R., Nyman, J. A., & Barleen, N. (2011). What factors influence participation in an exercise-focused, employer based wellness program? *Inquiry, 48*, 221-241.
- Barkin, S. L., Heerman, W. J., Warren, M. D., & Rennhoff, C. (2010). Millennials and the world of work: The impact of obesity on health and productivity. *Journal of Business Psychology, 25*, 239-245.
- Burton, J. P., Hoobler, J. M., & Scheuer, M. L. (2012). Supervisor workplace stress and abusive supervision: The buffering effect of exercise. *Journal of Business Psychology, 27*, 271-279.
- Call, C., Gerdes, R., & Robinson, K. (2009). Health and wellness research study: Corporate and worksite wellness programs: A research review focused on individuals with disabilities. Washington, D.C.: U.S. Department of Labor. Retrieved from [www.dol.gov/odep/research/CorporateWellnessResearchLiteratureReview.pdf](http://www.dol.gov/odep/research/CorporateWellnessResearchLiteratureReview.pdf).
- City of Somerville (2013). Physical activity flex time policy 2013. Somerville, MA: City of Somerville. Please see appendix for document.
- City of Somerville (2012). Wellness program policy. Somerville, MA: City of Somerville. Retrieved from <http://www.somervillema.gov/sites/default/files/documents/WellnessProgramPolicy-Adopted%20-10-31-2012.pdf>
- Commonwealth of Massachusetts (2014). State employee monthly GIC rates effective July 1, 2014. Boston: Commonwealth of Massachusetts Group Insurance Commission. Retrieved from <http://www.mass.gov/anf/docs/gic/spd/2014ratesheet.pdf>.
- Commonwealth of Massachusetts (2010). Benefits Summary. Boston: Commonwealth of Massachusetts Human Resources Division. Retrieved from <http://www.mass.gov/ago/docs/ourorganization/benefits-summary.pdf>.
- Denton, F. T., & Spencer, B. G. (2011). Age of pension eligibility, gains in life expectancy, and social policy. *Canadian Public Policy, 37*, 183-199.
- Der-Karabetian, A. (1986). Effect of physical fitness program in the workplace. *Journal of Business and Psychology, 1* (1), 51-58.
- Division of Instructional Innovation and Assessment, The University of Texas at Austin (2007). Guidelines for maximizing response rates. Austin, TX: Instructional Assessment Resources. Retrieved from <https://www.utexas.edu/academic/ctl/assessment/iar/teaching/gather/method/survey-Response.php>

- Falkenburg, L. E. (1987). Employee fitness programs: Their impact on the employee and the organization. *The Academy of Management Review*, 12 (3), 511-522.
- Finklestein, E., Trogon, J., Cohen, J., & Dietz, W. (2009). Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs*, 28 (5), W822-831.
- Heinen, L. & Darling, H. (2009). Addressing obesity in the workplace: The role of employers. *The Milbank Quarterly*, 87 (1), 101-122.
- Hubley, T. A. & Dutram, K. (2008). Maine DOT Region 5 employee wellness program evaluation report 2008. Portland, ME: University of Southern Maine. Retrieved from <http://www.maine.gov/mdot/tr/documents/pdf/report0803final.pdf>
- Internal Revenue Service (2014). Choosing a retirement plan: Defined benefit plan. Washington, D.C.: Internal Revenue Service. Retrieved from <http://www.irs.gov/Retirement-Plans/Choosing-a-Retirement-Plan:-Defined-Benefit-Plan>
- Luckhaupt, S. E., Cohen, M. A., Li, J., & Calvert, G. M. (2014). Prevalence of obesity among U.S. workers and associations with occupational factors. *American Journal of Preventive Medicine*, 46 (3), 237-248.
- Martin, A., Sanderson, K., & Cocker, F. (2009). Meta-analysis of the effect of health promotion intervention in the workplace on depression and anxiety symptoms. *Scandinavian Journal of Work, Environment & Health*, 35 (1), 7-18.
- Massachusetts General Hospital (2013). 2013 Employee T-Pass program price list. Boston: Massachusetts General Hospital. Retrieved from [http://www.massgeneral.org/police/parking/2013\\_MBTA\\_Cost/](http://www.massgeneral.org/police/parking/2013_MBTA_Cost/)
- Mass. Gen. Law § 149-100. Hours of work without interval for meal; duration; violation of statute. Retrieved from <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXI/Chapter149/Section100>
- Mass. Gen. Sess. Law § 288 (2010). An act to promote cost containment, transparency and efficiency in the provision of quality health insurance for individuals and small businesses. Retrieved from <https://malegislature.gov/Laws/SessionLaws/Acts/2010/Chapter288>.
- Mayer, G. (2014) Selected characteristics of private and public sector workers. Washington, D.C.: Congressional Research Service. Retrieved from <http://www.fas.org/sgp/crs/misc/R41897.pdf>

- Proper, K. I., Staal, B. J., Hildebrandt, V. H., van der Beek, A. J., & van Mechelen, W. (2002). Effectiveness of physical activity programs at worksites with respect to work-related outcomes. *Scandinavian Journal of Work, Environment & Health*, 28 (2), 75-84.
- Ridgely, M. S., Burnam, M. A., Barry, C. L., Goldman, H. H., & Hennessy, K. D. (2006). Health plans respond to parity: Managing behavioral health care in the Federal Employees Health Benefits Program. *The Milbank Quarterly*, 84 (1), 201-218.
- StayWell Health Management, Inc (2014). WellMASS Year 2 Participation. St. Paul, MN: StayWell Health Management, Inc. Please see appendix for document.
- Taylor, C. B., Jatulis, D. E., Winkleby, M. A., Rockhill, B. J., & Kraemer, H. C. (1994). Effects of life-style on body mass index change. *Epidemiology*, 5 (6), 599-603.
- US Department of Labor (2013). Workplace wellness programs study. Washington, D.C: US Department of Labor. Retrieved from [www.dol.gov/ebsa/pdf/workplacewellnessstudysummary.pdf](http://www.dol.gov/ebsa/pdf/workplacewellnessstudysummary.pdf)

## Appendix

### Survey

#### Health and Wellness Program Survey

This survey is part of a University of Massachusetts Boston capstone project within the Masters of Science in Public Affairs program. It is intended to measure both the availability of and interest in workplace health and wellness programs for public employees in Massachusetts. Please answer honestly and to the best of your knowledge. Results will be analyzed to evaluate the current state of these programs within Massachusetts. It will take approximately ten minutes and all surveys will be anonymous with no personal contact information collected.

\* Required

1. **Do you work for the Commonwealth of Massachusetts or a municipality?\***

*Mark only one oval.*

- Commonwealth or County employee  
 Municipal employee

2. **What is your gender?\***

*Mark only one oval.*

- Female  
 Male

3. **How many people are employed at your place of work? \***

*Mark only one oval.*

- 25 people or under  
 26 to 100 people  
 101 to 500 people  
 501 to 1000 people  
 1001 or more people

4. **How long have you worked in your current position? \***

*Mark only one oval.*

- 5 years or less  
 6 to 10 years  
 11 to 15 years  
 16 to 20 years  
 More than 20 years

5. **How would you describe your job satisfaction? \***

*Mark only one oval.*

- Very unsatisfied
- Somewhat unsatisfied
- Neutral
- Somewhat satisfied
- Very satisfied

6. **How would you describe your relationship with your colleagues?\***

*Mark only one oval.*

- Very unfriendly
- Somewhat unfriendly
- Neutral
- Somewhat friendly
- Very friendly

7. **How is the communication between staff and management at your organization?\***

*Mark only one oval.*

- Very poor
- Somewhat poor
- Neutral
- Somewhat good
- Very good

8. **How frequently do you exercise? \***

*Mark only one oval.*

- Every day
- Multiple times a week
- Once a week
- 1-3 times a month
- Less than monthly

9. **Do you feel you have enough time to exercise during the day, including before or after work?\***

*Mark only one oval.*

- Yes  
 No

10. **Are you a smoker?\***

*Mark only one oval.*

- Yes  
 No

11. **If yes, how often do you smoke? \***

*Mark only one oval.*

- Every day  
 Multiple times a week  
 Once a week  
 1-3 times a month  
 Less than monthly  
 I don't smoke

12. **How interested are you in participating in a health or wellness program through your job?\***

*Mark only one oval.*

- Very uninterested  
 Somewhat uninterested  
 Neutral  
 Somewhat interested  
 Very interested



13. **When was the last time you participated in a health or wellness program through a public sector job you've had? \***

*Mark only one oval.*

- In the past month
- Two to six months ago
- Seven months to a year ago
- More than a year ago
- Never

14. **Do you have a health or wellness program at your current job?\***

*Mark only one oval.*

- Yes
- No

15. **If you have one, how often do you use the health or wellness programs at work?\***

*Mark only one oval.*

- Never
- Rarely
- Sometimes
- Often
- Constantly
- Not applicable

16. **Would you be willing to spend money on a workplace health and wellness program?\***

*Mark only one oval.*

- Yes
- No

17.

**How flexible is your workplace in allowing employees time to exercise during the workday?\***

*Mark only one oval.*

- Very inflexible
- Slightly inflexible
- Neutral
- Slightly flexible
- Very flexible

18.

**How would you generally describe your eating habits? \***

*Mark only one oval.*

- Very unhealthy
- Somewhat unhealthy
- Neutral
- Somewhat healthy
- Very healthy

19.

**How available are healthy food options at your workplace? \***

*Mark only one oval.*

- Very unavailable
- Somewhat unavailable
- Somewhat available
- Very available
- Not applicable

20.

**How interested would you be in more healthy food options at work?\***

*Mark only one oval.*

- Very uninterested
- Somewhat uninterested
- Neutral
- Somewhat interested
- Very interested

21.

**If you are eating an unhealthy meal during work hours, why would this occur?\***

(check all that apply)

*Check all that apply.*

- Lack of time to prepare a healthy meal
- Not enough time to find a healthy meal elsewhere
- Cost
- Not available at my location
- I don't eat unhealthy meals during working hours
- Other: .....

22.

**What are or would be useful forms of health and wellness activities for you?\***

(check all that apply)

*Check all that apply.*

- Running group
- Weight training
- Bicycling program
- Team sports activity
- Information about healthy eating
- Staff weight loss program
- Quitting/cutting back smoking program
- None
- Other: .....

23.

**What benefits would you expect from a health and wellness program at your workplace? \***

(check all that apply)

*Check all that apply.*

- Losing weight
- Less sick days used
- Better overall health
- Better eating habits
- Quitting/cutting back smoking
- Less stress
- More collaboration with other employees
- None
- Other: .....

*Consent Form- Interviews*

Dear XXXX,

My name is Andrew Sullivan and I am a student at the University of Massachusetts Boston pursuing a Masters of Science in Public Affairs. Together with Connie Chan, Associate Dean and Professor at the University of Massachusetts Boston, we are conducting a research project examining health and wellness programs among Commonwealth of Massachusetts and municipal employees. As a (administrator/wellness program manager/employee) at a public employer, I am hoping to interview you over the phone for about 30 to 60 minutes. The questions we would be asking are below.

(Questions put in based on person being interviewed)

After I complete my interviews, I plan to write up the results of my study. Any information I use from the interviews would be presented in a way to ensure confidentiality. I would like to record the phone interviews using an audio recorder. You could end the interview or not answer questions at any point for any reason. While I cannot promise any direct benefit from any participation in this study, I hope that it will provide systematically collected data on what scholars in the field of public administration see as emerging issues. I would be pleased to provide you with a copy of what we write.

University research procedures govern this project and we would be pleased to answer question about these procedures at any time. This project has been reviewed by the Institutional Review Board at the University of Massachusetts Boston. Approval of this project only signifies that the procedures adequately protect the rights and welfare of participants. Should have any questions or concerns for the Institutional Review Board (IRB), you may contact IRB directly at the Office of Research Compliance at (617) 287-5374 or at [human.subjects@umb.edu](mailto:human.subjects@umb.edu). I hope to speak with you about emerging issues in the field of public administration. If you are willing to talk to me, just let me know and I will contact you to set up a time.

Thank you,  
Andrew Sullivan

Andrew Sullivan  
MSPA Candidate  
University of Massachusetts Boston  
[Andrew.Sullivan002@umb.edu](mailto:Andrew.Sullivan002@umb.edu)  
(617) 529-2090

## *Interview Questions*

### State Agency Wellness Program Administrator Interview

- How does your program work?
- What health issues have been problems at the agency?
- What inspired the idea to start a health and wellness program in the workplace?
- What sources of funding is the program using?
- What impact has the program had on employees?
- What can be done to further involvement in the program?
- Have you found particular programs more useful or participatory than others?
- How has the program impacted working relationships within the office?
- How can employees get exercise during the workday?

### WellMASS Program Manager Interview

- When did WellMASS come about?
- What was the basis for the creation of the WellMASS program?
- How does the program work?
- How is WellMASS funded?
- Using the WellMASS program, can employers seek funds?
- How effectively has the program worked with Massachusetts public employees?
- What are some of the office culture problems the program has found?
- What have been some of the limitations of the program?
- What is in the future of the program?

### State Manager Interview

- How does the structure of your team work?
- What health issues have been problems at the agency?
- Have these issues existed within the team you manage?
- What have been some of the pitfalls of staff poor health?
- What would be good solutions to limit the amount of health issues on the team?
- How could a health and wellness program impact employee attendance?

### Town Administrator Interview

- How is the town staff organized?
- Do you share resources with other communities?
- Do you have a health and wellness program in place, or have you considered implementing one?
- How has employee health impacted the town?
- How do finances impact the construction of a health and wellness program?
- Would the availability of such a program have an impact in the workplace?
- Would a health and wellness program for staff be seen as valuable to residents of the community?
- What are the limitations that may prevent programs?

### City Health and Wellness Program Coordinator Interview

How did the city's health and wellness program come about?

What are the main drivers of the program?

What activities have been utilized in the program?

Have there been particular health issues among city employees?

Have these activities changed the work environment?

What sources of funding does the program use?

What can be done to further build the health and wellness program?

### City and State Employee Interviews

How is the health of staff overall?

What issues are most prevalent that cause staff to miss work?

How has poor health of staff affected you in your position?

Have you ever been involved in a health and wellness program through work?

Has a program ever been used to help staff with their own issues?

How receptive would staff be to a health and wellness program?

What do you think the best solution might be to improve employee health?



## City of Somerville Physical Activity Flex Time Policy 2013



### **PURPOSE:**

To promote a healthier work environment and encourage increased physical activity among City employees by establishing a flexible work schedule policy to allow employees to participate in physical activities during the work week.

### **Who is Eligible?**

Full-time Non-Union Employees

### **What is Physical Activity Flex Time?**

In order to allow employees to take part in physical activity during the work week, the City encourages employees to use lunch breaks for physical activity. However, understanding that it can often be difficult to complete an entire physical activity program during the allotted lunch time, employees may request the use of flextime for an approved physical activity program. Time for the physical activity program will include travel to and from the program, changing, the actual program and showering if necessary.

Flex time is defined as beginning one's work day earlier than the standard work day, working later than the standard work day, or taking a shorter lunch period to make up for the time used to participate in the physical activity program during the standard work day. Prior to flexing time, a written arrangement must be made between department head and employee regarding when the time will be made up.

### **Eligible Activities**

Physical activity programs such as structured aerobics, walking, jogging, swimming, and bicycling, weight control programs, walking school bus supervision, yoga, and boot camp are examples of programs that qualify for approval. However, other activities may be approved. Department heads are encouraged to contact the Personnel Department if there is some concern regarding the appropriateness of activities for which approval is requested.

Flex time should not exceed more than 30 minutes per day or 90 minutes per week and should occur on a regular schedule to the extent possible (example: lunch time Monday, Wednesday and Friday).

### **Procedures**

Prior to taking flex time, the employee must submit a written request to his/her department head for approval (see attached form) at least one week prior to taking time. The time for this activity shall be determined by an agreement between the employee and his/her department head. Staff requesting flex time are expected to work with the department head to ensure that department needs are met and the impact to the department minimized. Department heads may take into consideration busy times of day and year when determining whether to grant a specific request and may also weigh the requests of the department as a whole in order to ensure office coverage throughout standard works hours.

An employee's disciplinary record within the prior year may be taken into account in determining whether flextime will be granted. Supervisors may revoke flex time at any time due to disciplinary actions.

Renewal or continuation of approval to participate in physical activities subject to this policy shall be reviewed quarterly by the employee and the supervisor.



## Employee Request for Physical Activity Flex Time

In accordance with the City of Somerville Physical Activity Flextime Policy, I request permission to participate in the following health improvement program

Physical Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Revised Schedule to Make up for Flextime: \_\_\_\_\_

All terms of the City of Somerville Physical Activity Flextime Policy will be followed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Approved:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Form must be submitted to Personnel at least one week prior to flextime use.



## Year 1 Participation

| Health Assessment   | Eligible | Actual | %    |
|---|----------|--------|------|
| Total HA Completion*  | 64,194   | 2,661  | 4.1% |
| HA Completion by Active Employees   | 48,050   | 2,428  | 5.1% |
| HA Completion by Early Retiree  | 11,004   | 211    | 1.9% |
| HA Completion by Retire Spouse/Domestic Partner                                   | 5,139    | 22     | 0.4% |
| Current Saved HA  |          | 386    |      |
| <b>NextSteps</b>  |          |        |      |
| Total NS Participation  | 1,619    | 375    | 23%  |
| <b>SWOL</b>   |          |        |      |
| SWOL Home Page Hits Unique Users  | 64,194   | 3,207  |      |
| <b>Onsite</b>   |          |        |      |
| Lunch n Learns  |          | 963    |      |
| Other (webinars, drop-by tables, blood pressure screenings, Ashburton Café Tours) |          | 655    |      |

\*The paper HAs are included in the Actual HA figures above.

