

Briefing Summary
“Workplace Wellness Programs and Women’s Health:
Best Practices in the Public and Private Sectors”
December 2, 2015

Women’s Policy, Inc. (WPI) sponsored a briefing, “Workplace Wellness Programs and Women’s Health: Best Practices in the Public and Private Sectors,” on December 2, in cooperation with Reps. Kristi Noem (R-SD) and Doris O. Matsui (D-CA), Co-Chairs of the Congressional Caucus for Women’s Issues (the Women’s Caucus) and Reps. Susan Brooks (R-IN) and Lois Frankel (D-FL), Vice-Chairs of the Women’s Caucus.

This briefing is the eighth in a women’s health series sponsored by WPI over several years. The series is underwritten by the Robert Wood Johnson Foundation (RWJF), which works to build a Culture of Health in America.

Members of the Women’s Caucus

Noting the importance of the issue of women and wellness, Rep. Debbie Dingell (D-MI) stated that when women are young, they tend to focus on everyone else except themselves. However, young adulthood is the time for women to consider what they can do to stay healthy in the long run. In recent years, there has been an increased focus on breast cancer and heart disease. The issue of women and heart disease is a major passion for Rep. Dingell, who noted that the largest study ever conducted on heart disease (the Framingham study) excluded women altogether.

Rep. Lois Frankel (D-FL), Vice-Chair of the Women’s Caucus, said that it is easy to be healthy when you are young, but she has learned that to be fully productive, it is important to feel good and be healthy. Noting the number of young women in attendance, the Congresswoman offered several tips for life-long health for women: exercise, spend time with girlfriends, watch what you eat, and wear comfortable shoes.

Speakers

Dr. Christine Hunter

Cindy Hall, President of WPI, introduced Dr. Christine Hunter, Chief Medical Officer at the Office of Personnel Management (OPM). Dr. Hunter brings over 30 years of experience in federal health care to her position. She serves as Medical Director for the Federal Employees Health Benefits Program and Multi-State Plans available through the Health Insurance Exchanges in 36 states. She oversees health care quality for 8.2 million employees, retirees, and families, and co-chairs the National Committee for Quality Assurance Committee on Performance Measurement, working to improve health outcomes for all Americans. As a Navy Rear Admiral and Deputy Director of TRICARE Management Activity from 2009-2011, Dr. Hunter coordinated health care for 9.6 million military beneficiaries and managed a \$22 billion portfolio.

Dr. Hunter focused her remarks on how OPM supports women’s health and wellness needs in the federal workforce. Making up 42.6 percent of the federal workforce, women are employed in many diverse occupations, including the National Park Service, law enforcement, medical research, the U.S. Postal Service, and NASA. The second most common occupation for women in the federal workforce is in health-related fields. About three years ago, OPM revamped its strategic plan in order to recruit and retain a talented workforce for America and added a strategic goal that addresses the federal responsibilities for the population health of all Americans. In addition to providing health benefits for federal employees, OPM is focused on improving preventive services delivery, developing

partnerships in support of population health, and enhancing outreach and health literacy. Most of this work is done by the OPM staff that manages insurance benefits and the work-life staff that organizes interagency efforts to provide onsite and workforce wellness.

As the largest employer-sponsored group health insurer in the country, OPM looks at health across the lifespan for employees, their families, and retirees. Employees and retirees have a wide choice of plans with broad coverage in such areas as preventive care, immunizations, and interventions. OPM assesses how well different federal agencies are doing to support wellness in the work setting, using an evidence-based tool called WellCheck (based on the CDC Health Score Card). Thirty-six agencies and 291 worksites participated in an assessment of the health and wellness of their employees in 2014. This assessment measured wellness interventions across 16 categories, including tobacco-free living, support for nursing mothers, weight management, stress management, depression, and high blood pressure. Dr. Hunter emphasized that not only is it important to have the right programs in place, but it also is critical to measure progress in health outcomes in order to target areas for continuous improvement.

Dr. Hunter reported areas of progress and areas where more work is needed. A comparison of federal agencies with worksites across the country showed that the federal government was doing quite well in the areas of tobacco-free living, vaccine preventable diseases, and depression. With respect to tobacco use, only 11.6 percent of active federal employees report that they now use tobacco, in comparison to 17 percent in the population overall. It is very important that the federal government lead the way on smoking cessation. Federal health plans offer excellent benefits to support tobacco cessation. Six in ten tobacco users express an intention to quit. Because quitting is difficult, it is important to support multiple attempts to quit smoking.

In the areas of high blood pressure, diabetes, cholesterol, nutrition, and weight, there is room for improvement in the federal government. As the Surgeon General and Chair of the National Prevention Council, Dr. Vivek Murthy has emphasized the importance of reinforcing healthy lifestyles and good nutrition in the workplace, the home, and society at large. Dr. Hunter places heart health at the top of the priority list for women, since many women spend more years with high blood pressure than they do giving birth to and raising children. OPM is focused on increasing awareness of heart health through wellness programs, health risk assessments, and biometric screening. OPM sponsored health plans offer behavioral interventions for overweight people, and are focused on evidence-based blood pressure control as an important part of heart health and overall wellness.

The federal government wants to get the family off to a good start. In addition to focusing on reproductive health for women and healthy pregnancies, OPM focuses on timely well-child visits and immunizations, newborn screenings, and support for nursing mothers in the workplace. Health plans now cover breast pumps, agencies provide a private space to express breast milk, and women have access to flexible scheduling in federal workplaces where possible.

Behavioral health is another key component of the federal approach to promoting wellness. Dr. Hunter stressed the importance of mental health as part of the federal government's approach to overall health. In addition to the employee assistance programs in federal workplaces, OPM has taken steps to ensure parity in mental health and substance abuse treatment in all federal health plans. President Obama recently published a presidential memorandum underscoring the national epidemic of drug misuse and addiction. OPM is now reviewing all its health plans to ensure, to the greatest extent possible, that these plans provide medication assisted therapy for addiction as well as access to antidote kits for those who may have family members at risk of a drug overdose. Finally, with cancer screening so very important for women and families, federal health plans cover the recommended screenings for breast, cervical, colon, and lung cancer—as well as breast cancer genetic testing and medications—with no copayments and deductibles.

Dr. Hunter concluded her remarks by discussing the importance of ensuring accountability in the health plans provided to federal employees, their families, and retirees. Each year, OPM measures the effectiveness of health plans by requiring plans to file measures in areas such as diabetes, hypertension control, and mammograms. OPM compares these measures to national averages, and ties the profit of insurance plans to performance. OPM is doing everything it can to put the right programs in place, to extend benefits to families and retirees, and to hold health plans accountable to ensure that all employees, families, and retirees receive the best possible health care.

Chatrane Birbal

Cindy Hall introduced Chatrane Birbal, a Senior Advisor of Government Relations for the Society for Human Resource Management (SHRM). Prior to joining SHRM, Ms. Birbal was the Director of Government Relations at the Council on Foundations, a Washington, DC-based nonprofit membership association of some 2,000 grant making foundations and corporations, with assets totaling more than \$282 billion. During her tenure at the Council, Ms. Birbal implemented strategies and launched programs in support of the organization's public policy and government relations work. Prior to joining the Council, Ms. Birbal was a federal legislative lobbyist at the American Psychiatric Association.

Ms. Birbal explained that SHRM is a national membership organization for human resource (HR) professionals. Understanding that human capital is the key to successful businesses, HR professionals aim to provide benefits that support a healthy and happy workforce. Given how many hours employees spend at work, the workplace is an excellent place to implement wellness programs. The inclusion of a provision to support wellness programs in the Affordable Care Act (ACA) has led more employers to implement these programs.

Since 2012, SHRM has conducted a survey of its membership to determine the benefits used by employers to recruit and retain a productive workforce. The 2015 survey found that more than two-thirds (69 percent) of HR members reported that their organization offered some kind of wellness program ranging from boot camps to yoga and health fairs. Just under half (46 percent) of the organizations that had wellness programs in place extended those benefits to dependents of employees. While wellness programs are on the rise, most employers have not actively started to conduct internal measurements in order to determine the return on investment from these programs. This may be because wellness programs are relatively new.

Unhealthy individuals drive up health costs in the workplace. Poor employee health leads to lost productivity, which costs employers \$1.1 trillion annually through short- and long-term disability, workers' compensation, avoidable sick days, and "presenteeism" where employees come to work but cannot perform to their full ability. It is mutually beneficial to employers and employees to participate in wellness programs. Surveys conducted by SHRM show an increase in employee participation in wellness programs from 2014 to 2015.

More than three-quarters of respondents (77 percent) believe that wellness programs in their organizations are effective in reducing health care costs, which in turn can help to hold the line on premium costs. The ACA includes a provision to encourage employers to offer employee incentives to participate in wellness programs. According to the 2015 survey, about 59 percent of respondents said that their organization offers some incentives or rewards to employees who participate in wellness programs, including a reduction in health care premiums, gift cards, and Fitbit bands. More and more employers are implementing wellness programs to attract millennials and Generation X employees who report that wellness programs contribute to job satisfaction.

Ms. Birbal closed by encouraging attendees to read two SHRM publications: “[Promoting Employee Well-Being: Wellness Strategies to Improve Health, Performance, and the Bottom Line](#)” and “[Evaluating Worksite Wellness: Practical Applications for Employers.](#)”

Carolyn J. Williams

Cindy Hall introduced Carolyn Williams, Director of the Civic and Community Engagement Department for the International Brotherhood of Electrical Workers (IBEW), a labor union of approximately 725,000 members. The IBEW represents workers in the utility, construction, government, manufacturing, telecommunications, broadcast, and railroad industries. Ms. Williams is responsible for the development and implementation of membership and community outreach programs and serves as IBEW liaison to the six constituency groups of the AFL-CIO and the Electrical Workers Minority Caucus. She also manages the IBEW Union Privilege benefits programs. Among many board memberships, Ms. Williams is a national vice president of the Coalition of Labor Union Women (CLUW) and is former chair of the Building and Construction Trades Department (BCTD) Committee of Women in the Trades.

Ms. Williams reported that in addition to facing the same health and safety issues confronted by men working in the building trades, women who work in construction deal with a number of gender-specific health and safety issues that can adversely affect their ability to perform their jobs safely. In 1994, OSHA organized a working group to examine issues of health and safety for women in construction. In 1997, the Health and Safety of Women in Construction working group (HASWIC) produced a report, “Women in the Construction Workplace: Providing Equitable Safety and Health Protections.” This report identified six issues of prime concern to tradeswomen: access to sanitary facilities; personal protection, equipment, and suitable sizes; ergonomic design for female bodies; workplace culture; reproductive hazards; and health and safety training. Additional recommendations were published in a document prepared by the National Institute for Occupational Safety and Health (NIOSH), “Providing Safety and Health Protection for a Diverse Construction Workforce.” In August 2013, the Occupational Safety and Health Administration (OSHA) created a website on women in construction and formed an alliance with the National Association of Women in Construction to provide information on hazards facing women in the industry.

According to the HASWIC report, women in the building trades often face a workplace culture that undermines their health and safety. Like other occupations, women in construction are sometimes subjected to demeaning remarks and harassment. Given the low number of women in the industry, an additional concern is a sense of isolation. Working in this environment can cause women to overlook safety issues. It also can lead to excessive absenteeism, lower productivity, and added stress. To help women deal with the workplace culture in construction, a number of local unions have established mentoring programs and circles, women’s committees, and women’s support groups.

Although there is still a significant amount of work to be done, some progress has been made. More employers (although not enough) are providing separate sanitary facilities for women and men, providing personal protective equipment in a variety of sizes, and ensuring that all workers receive health and safety training on the worksite. Many pre-apprenticeship programs that specifically target women (often funded through the Women and Apprenticeships in Nontraditional Occupations Act or WANTO) incorporate physical fitness training, ergonomic training, equipment design, and peer-to-peer support services.

Ms. Williams shared several best practices that are positively affecting workplace wellness for women in the building trades. Two of these programs do not specifically target women but are available to female and male union members, and two are specifically targeted to women in construction. She noted that it is important to approach wellness in terms of both physical and mental health.

About two years ago, a joint labor-management cooperative committee serving IBEW Local 3 and employers in New York City established a health and wellness program with seven wellness workshops to educate union members. Topics included the importance of eating healthy food, the benefits of being physically active, and gaining knowledge about eating a variety of different foods. The goal was to gain a healthier membership which, in turn, would cut down on the spiraling costs of the local union's health benefits plan. The health and wellness program motivated members to establish a family wellness club for the local union offering physical fitness classes to members and their families. Women in the club implemented the Diva Dash, a women-only 5K road race and obstacle course. As a result of these programs, a number of women in the local union have lost a considerable amount of weight, camaraderie among members has increased, and friendly competitions among women have helped to accomplish fitness goals. Members report that they are sleeping better and have less stress, increased self-confidence and morale, and more quality family time.

In San Mateo, CA, IBEW Local 617 initiated a program to assist a handful of apprentices and journey persons who were experiencing personal issues but did not want to use the Employee Assistance Program due to perceived concerns about stigma. The goal was to capture these members before real issues surfaced that could negatively affect the job site and the careers of these individuals. Paid for through a labor-management cooperative committee, the local union retained a retired psychologist who was familiar with unions. Through the provision of services in a safe, discreet, and comfortable environment, this program led to greater enthusiasm among those who participated, increased work and classroom attendance, and a decrease in sexual harassment cases on the job site.

Since 2011, North America's Building Trades Unions, through the Committee on Women in the Trades and in conjunction with other groups, has sponsored an annual tradeswomen conference. Last year's conference brought together 1,100 female tradeswomen and their supporters. More than 20 workshops were provided over three days on topics that included pre-apprenticeships, "staying in and staying strong," promoting leadership, policy and politics, and career ladders. Most workshops were conducted by rank-and-file tradeswomen and women with leadership roles in their unions. A significant number of attendees took the information back home to their unions and implemented programs to increase women's participation in and access to apprenticeships. Others returned home more determined to remain in their careers and to take on leadership roles in their unions and communities.

Ms. Williams mentioned the important resources provided by the Coalition of Labor Union Women (CLUW), which has a mandate to inform labor union women about health issues. CLUW provides information to women on breast cancer, cervical cancer, and heart health. She also noted that the Building Trades recently approached the Committee on Women in the Trades to expand the curriculum in the pre-apprenticeship program in order to better serve women. The Committee recommended additions to the curriculum to address sexual harassment, cultural competence, and women's safety and health. Ms. Williams concluded by saying that each of the programs described today demonstrate the ways that unions, employers, and union members are addressing the health and safety of women in construction to ensure that these women can have balanced work and home lives.

Discussion

Attendees were invited to raise comments and questions. Dr. Saralyn Mark, former senior policy adviser to the White House Office of Science and Technology Policy, described a program that she created called IGIANT (Impact of Gender/Sex on Innovation and Novel Technologies). Launched this past summer with roundtables at the HHS Office on Women's Health, IGIANT roundtables are now taking place across the United States. Dr. Mark encouraged everyone to look at how research translates into sex- and gender-specific design elements in programs, protocols, products, and policies.

Dr. Angela Ford from the National Black Women's Health Imperative (NBWHI) described the CDC-funded diabetes prevention program that she directs. While the program is open to anyone at risk, NBWHI focuses on enrolling African-American women and Latinas because of their high risk for diabetes. Ms. Ford noted that employers often focus on self-management and control rather than prevention. She asked that panelists educate their members about this important diabetes prevention program, which has proven that lifestyle activities can prevent many diseases.

Additional discussion focused on the relationship between sleep disorders and disease; the civil rights implications of wellness programs; sexual assault prevention programs in nontraditional industries for women; and initiatives to address the health problem of noise and its impact on construction workers as well as those living in adjacent communities.

The webcast of the briefing can be viewed by clicking [this link](#).