Creating Health Connections for Vulnerable Working Populations:

Goodwill NCW’s Circles of Good Care Model

Abstract

Worker health is influenced by where we work, how we work, and with whom we work. This case study shows it is possible to create health connections for vulnerable working populations through health and wellness coaching. The health and safety of team members has been improved by providing onsite health coaching linked to mental and emotional well-being, as well as financial security. By leveraging the collective efficacy of the workplace, even more vulnerable populations can become better health care consumers, with increased self-efficacy in promoting their own health and wellness, as well as their families.

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The workplace is an interdependent system comprised of the workers (workforce demographics), the work experience ecology (physical, behavioral and informational components) and external influences (regulatory agencies, laws, economics, etc) (Weiss, 2011). Worker health is influenced by where we work, how we work, and with whom we work. The physical work environment, the nature of the work we do and how it is organized affects both physical and mental health. Healthy workers and their families are likely to incur lower
medical costs and be more productive, while those with chronic health conditions generate higher costs in terms of health care use, absenteeism, disability and overall reduced productivity.

**Trends**

Employers are faced with an aging workforce, bringing an increased incidence of chronic disease. Goodwill NCW’s workforce demographics continue to reflect a disproportionate prevalence of mental/physical health higher needs. Economics play a huge role in determining access to care/use of prevention activities, leading to later access to more acute care (emergency room visits). For example, younger males rarely use primary care except for mental health issues. Those employees on benefit-rich plans tend to use them more so than those with co-pays. Analysis of Goodwill NCW health care statistics show that co-morbidities such as mental health issues, chronic disease and musculoskeletal conditions significantly influence healthcare use patterns. Environmental exposures and safety incidents/trends, such as musculoskeletal conditions, are compounded by mental health and substance use issues.

Ethnicity and socioeconomic status impact employment options. NIOSH reports that Hispanic employees face multiple barriers, including language, educational attainment, literacy, fear stemming from being in the US illegally, inadequate training and unawareness of employee rights. Niosh 2004 reported higher occupational fatality rates for Hispanics than any other ethnic group.
Although overall fatalities have dropped by 20% in the past decade, Hispanic fatalities have risen by 35% (NIOSH, 2004). Due to lower attainment levels for formal education, Hispanic workers are more likely to be employed in construction, agriculture, forestry, fishing, transportation and public utilities. Only 16% of Latino High school graduates earn a 4-year college degree by age 29, vs. 37% non-Hispanic whites and 21% African Americans. (Pew, 2006).

According to Drum, 2009, disabled workers face many health challenges, with 54 million Americans self-identifying as having a disability. There is evidence of health disparities in this underserved subpopulation in America. Evidence demonstrates poorer health than the general population. They are more likely to experience potentially preventable secondary conditions, chronic conditions and early deaths. The disabled have the highest rate of oral disease, diabetes, depression and anxiety. Research shows disparities in health behavior practices relating to health promotion-obesity, physical inactivity and smoking. Disabled persons are less likely to receive health promotion services during visits with primary care providers. Adults with intellectual disabilities receive less health promotion during primary care visits (Drum, 2009). Occupational health nurses can address cultural difference through appropriate educational programs, safety training, and health literacy-need to understand the cultural background (Johns, 2010).

A growing body of evidence indicates that health promotion programs are cost-effective. One review found an average return of $5.81 per $1 invested
in these programs, achieved through improved employee health, reduced medical benefit expenses and reduced absenteeism.


The Robert Wood Johnson Issue Brief of 2008 reports that physical, social and psychological aspects of the workplace affect both physical and mental health. Goodwill NCW’s workplace injuries and work-related illnesses are a huge financial burden. The RWJ Issue Brief of 2008 noted that economic costs of occupational illness and injury match those of cancer and nearly match those of heart disease. Workforce sectors with an increased risk of work-related injuries and illness include air transportation; nursing care, work with motorized vehicles and equipment, trucking services, hospitals, grocery and department stores, and food service. Jobs associated with higher risks include machine operators, fabricators and laborers. Physically demanding tasks put workers at higher risk for musculoskeletal injuries and disorders. Sedentary jobs increase the risk of obesity and chronic diseases such as diabetes and heart disease. Physical work hazards include exposure to toxins such as lead, pesticides, aerosols, ammonia, cleaning products, and asbestos; inadequate ventilation or temperature control that can aggravate allergies or asthma, and hearing loss due to noise exposure (Egerter et al, 2008).

The RWJ Issues Brief of 2008 noted that disturbed circadian rhythms and fatigue can be caused by working evening and night shifts, holding multiple jobs, long work hours and excessive overtime. Sleep deprivation leads to decreased concentration and lower cognitive performance. Extended work shifts (> 8 hours) and work weeks > than 40 hours have been associated with poorer perceived overall health, increased injury and illness rates and increased mortality. High demand jobs with little decision-making latitude can increase worker stress levels, contributing to psychological distress, increasing risk of chronic illnesses and unhealthy coping behaviors (such as smoking) that
contribute to these illnesses. Exposure to chronic stress can cause more physiological damage than a single stressful event through neuroendocrine and immune pathways that trigger the release of hormones and other substances in the body which can damage immune defenses and vital organs. Chronic stress may accelerate aging (Egerter et al., 2008).

Efforts to recruit, reward, and retain talented and skilled workers depend upon the fit between the worker, the culture of the organization and the work experience ecology (Weiss/Tyink, 2010). Good health is often required for employment, particularly for low-skilled workers. Lack of employment among those who are unable to work because of ill health can lead to further economic and social disadvantage and fewer resources and opportunities to improve health, perpetuating a vicious cycle. Work provides opportunities for personal development and building stable social networks. These opportunities are shaped by many characteristics of the work environment, including workplace culture, job demands and latitude in making decisions about one’s work. Work enhances collective efficacy because it provides a sense of identity, social status and purpose in life, as well as social support.

Work consumes over half of most people’s waking hours. Single parent homes continue to rise. Dual parent households with children under age 18 have increased their average work week by eleven hours. Both adversely affect the amount of time available for activities like housework, childcare, leisure and sleep (Egerter, 2008). Balancing home and work life is difficult, sometimes leading to increased stress and increased incidence of mood, anxiety and substance dependence disorders. Longer commutes have been associated with greater levels of stress, physical ailments such as lower back pain, increased likelihood of obesity, and less time for leisure and social activities. Commuting contributes to traffic congestion, air pollution, reduced physical activity and risk of injury and death due to accidents.
Reducing work-related stress can have positive health impacts not only for workers but for their families as well. Strategies include flexible scheduling, a change in focus between team or individual efforts, improving decision-making processes and task distribution, and other procedural adjustments. Changes to the work environment, including social as well as physical conditions, may also improve workers’ well-being and reduce stress and stress-related illness.

**Solutions that Work**

Innovative companies that can link health, safety and sustainability efforts create supportive work environments, helping to decrease work-related physical and mental health stressors through improvements in the nature and structure of work, design of work tools and work space (Weiss, 2011). By incorporating new technologies and tools to prevent injuries, these companies can protect worker safety and promote healthy, sustainable living. Work-focused public policies, work-based health promotion activities, employee education and outreach programs increase awareness of health and safety hazards and promote prevention. Jobs characterized by both high psychological demands and high levels of decision-making authority and skill utilization promote self esteem and self efficacy.

Distributed work forces (office and field-based) are organized to support the functions of the worker in various roles (sales, service, trades) who work in their area of expertise. However, this segregation of duties and geography can hamper standardized programming, training and communication. Increasing worker self-efficacy can help eliminate obvious dangers (ergonomics, safety, exposures) as well as promote healthy, sustainable lifestyles. Self-efficacy is improved in companies which provide opportunities for individuals to interact
with each other in the workplace, increasing effective communication and knowledge sharing, creating a “collaborative culture of interaction” (McCarthy and Blumenthal, 2006). This requires strategic communication integration and initiatives for both the office and the field staff. Collective efficacy is a group’s shared belief in its conjoint capabilities to organize and execute a course of action required to produce given levels of attainment (Bandura, 1982). Collective efficacy leverages the social cohesion, communication channels and activities within the workplace and the school setting to promote healthy, sustainable work cultures. This in turn: 1) protects the health and safety of workers, 2) preserves the natural environment and 3) increases the effectiveness of the organization to provide products and services that delight customers.

**Innovative Programming for Vulnerable Work Populations**

Goodwill NCW’s Circles of Care is a comprehensive program that evolved from a pilot program called “Nursing Rounds” designed to engage team members in developing the skills needed to become more adept in living a healthy, sustainable life. Goodwill North Central Wisconsin (NCW) is a 501C3 organization composed of central distribution center, sheltered workshop and 23 store locations that span the north central section of Wisconsin. The workforce is composed of approximately 1250 paid team members and 350 program participants. Program participants may include people who are cognitively, mentally or physically disabled; older workers trying to re-enter the workforce; incarcerated workers trying to re-enter the workforce. Program
participant time with Goodwill NCW varies, depending upon the program.

Characteristics of the paid team member aggregate include: an average age of 36 years, 89% Caucasian, 49% full time, 66% female.

Good health is a resource that originates from people within their social context. The design of Goodwill’s health promotion services was based on some of the recommendations provided by Drum, 2009 which included: basing interventions on transtheoretical and cognitive learning theories, establishing clear metrics to assess progress, including disabled team members in program development, and delivering free one-site mental and physical health promotion services.

Prior to initiating health promotion services, an in-depth analysis of the organization’s health care claims data, work injury statistics, worker’s compensation claims, a culture survey and present practices was completed.

The major areas of concern for Goodwill team members included:

1) Chronic Disease (heart disease/stroke, diabetes, ulcers)
2) Chronic Pain-musculoskeletal disorders
3) Stress/Mental Health and Alcohol/Drug Use
4) Maternal/child health-need for prenatal care and early childhood interventions

The specific program objectives for the 2010 pilot were to (1) increase team member self-efficacy in relation to managing health, wellness and safety, (2) increase collective efficacy by leveraging the workplace team as a means to motivate healthy, sustainable living.
The Goodwill NCW’s “Nursing Rounds” included: (1) providing basic health care services at the worksite (blood pressure monitoring, medication review, health coaching, etc.) and (2) establishing a trust relationship through regular presence to better facilitate identification of health issues and successful referrals to community healthcare resources. During 2010, Goodwill Nursing Rounds were conducted in about one-half of the Goodwill NCW stores, the organization’s main campus and the warehouse/logistics center to provide basic health care services at the worksite (blood pressure monitoring, medication review, on-the spot assessment of injuries), one-to-one health coaching sessions, the development of weekly educational flyers and monthly health challenges. Through Nursing Rounds, Goodwill NCW made preventive health care and education more accessible to all team members and program participants, who might struggle with issues of time and income to access such services outside of the work setting. The goal was to improve health outcomes for team members and program participants (reduction in risk factors, early detection, stabilization/control of chronic health conditions), which in turn would help meet Goodwill’s Wellness Strategy objectives and increase Goodwill’s ability to maintain its benefit programs while controlling costs. One-to-one health coaching was based on the Health Check assessment tool, a modified Systoc HRA tool. Secondarily, the organization hoped to decrease workers compensation claims and costs by increasing safety awareness and decreasing the incidence of unsafe behaviors.
Nursing Rounds is one of the strategies used to support the broad set of programs called “Circles of Good Care,” including onsite-health coaching, the Employee Assistance Program (EAP), the spiritual services of a workplace chaplain, and financial counseling through the Goodwill FISC (Financial Information & Service Center) program. The chaplain serves as a resource for personal counseling, focusing on mental, spiritual and emotional well-being. The financial counselor’s role is to serve as a guide in helping people to become financially secure by linking them to financial services and counseling. The chaplain and financial counselor have both recently been added full-time to the Circles of Care program. The services of a previous part-time chaplain have led to an increase in EAP referrals well-beyond the national norm.

The 2010 pilot Nursing Rounds demonstrated that many basic health care needs had not been identified or met especially related to good nutrition, physical activity, non-smoking, obesity, high blood pressure and diabetes. In addition to weekly or biweekly nursing rounds, health promotion challenges-such as a pedometer challenge were initiated. “Good Moves,” which is a set of pre-shift warm-up exercises designed specifically for Goodwill team members and program participants was initiated. While it only takes about 4 minutes for the warm-up, these exercises help to energize the team for the shift ahead as well as help to decrease the on-the-job injuries. Harmony Café (a community-minded coffee shop that is also a program of Goodwill NCW) has been a great partner in providing healthy "prizes" for the quarterly Healthy, Sustainable Living
challenges. Resource Baskets, loaded with information on a variety of health-related topics, were placed in all break rooms in the “pilot sites”. To encourage healthy eating habits and help decrease cholesterol levels, Goodwill provides free oatmeal for team members at these locations.

Individual, confidential health coaching is available to all team members. Links to FISC, Spiritual Services and EAP services are encouraged when appropriate. Weekly visits: Darboy, Shiner Distribution Center, Grand Chute, Menasha, Oshkosh and main campus. Every other week: GB West, Harmony-GB and Appleton, GB East, Shawano, Ashwaubenon, Marshfield, Weston, Waupaca, Stevens Point. Initial implementation steps included arranging for a private space within the worksite for visits and purchasing the equipment necessary (laptop computer, and a set of health monitoring equipment (stethoscope, blood pressure, body fat analyzer) for the nurse, orienting team leaders about the program and enlisting their assistance to introduce it to team members. Nursing Rounds were scheduled for approximately 1 hour per store either weekly or biweekly. The Nursing Rounds program budget grew as the program expanded: 2009-$4800 for 6-week pilot, 2010-$55,000, 2011 $135,000. Service delivery included monitoring about 150-180 blood pressure readings/month, 10-20 more intensive one-to-one coaching sessions per month and traveling 25,000 miles for the year.
Linkages to financial counseling, spiritual services and safety have become more formalized and will be communicated throughout the organization with the next wave of insurance open enrollment.

Research Questions and metrics for the 2010 pilot include:
- How effective were Nursing Rounds in increasing self-efficacy and utilizing collective efficacy to encourage healthy, sustainable living?
- Result in increased insured population?
- Result in increased use of PCPs, monitoring of chronic care?
- Result in lowered health care costs?
- Result in better safety statistics?
- Result in increased attachment? Attach 21

Measuring Effectiveness
Nursing Rounds, health promotion challenges, one-to-one health coaching was made available to all paid team members and program participants at the identified site. The Attach21 tool was developed for use in profiling customer and team member attachment. The tool addresses four areas: health, safety and self-efficacy. The participants rated 21 items based on a scale of 1=strongly disagree to 5=strongly agree, sustainability and stewardship. Six dimensions (consistency, stability, confidence, trust, dedication and attachment) profile customer and team member attachment. The Attach 21 results (administered to both paid team members and program participants) from 2009, 2010 and 2011 all show a high degree of understanding that health and wellness are determined to a large degree on how one lives one's life. The respondents indicate high levels of self efficacy “confident in my ability to promote health and safety for self and family” with aggregate means ranging from 4.25 to 4.29. Likewise, attachment (loyalty to the organization) has ranged from a dimension
mean of 4.09 to 4.18. The Attach21 survey completed in 2009, 2010 and 2011 show high levels of self-efficacy and increased attachment to the organization.

Notes from a recent report to senior management include:

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➤ We continue to perform at a level where we are within the top 2-3 organizations that participate in the survey.

➤ Our results are trending similarly to previous years, noting some slight dips and peaks along the way.

➤ Team members are feeling our Circles of Care support in a variety of positive ways.

➤ Our team members come with a variety of barriers that we hope to continue to work on assisting with the breaking down of those barriers and providing them with options and choices that they need to make.

➤ That we have made progress and see opportunities to get better in the areas of healthy food alternatives.

➤ That we asked financial questions which really show a need for our Financial Coach support and referral resource to FISC“

Program participants are not included in the following health plan metrics.
The insured team member population has increased from 595 in 2007 to 688 in 2010. Annual cost per team member has stayed fairly flat $9421 in 2008 to $9397 in 2010. Emergency room visits have dropped from 3003 in 2007 to 288 in 2010. While mental health care visits have risen, the average cost per visit has dropped from $189 in 2008 to $155 in 2010. Wellness visits have risen from 348 in 2007 to 439 in 2010. Claims related to unhealthy behaviors have stayed stable from 2007 to 2010 at 11%. The safety MOD rate (covering both paid team members and program participants) has decreased slightly. The chart below depicts a comparison plan performance criteria for sites with and without Nursing Rounds for 2010.
Moving Forward

Due to the success of the 2010 Nursing Rounds pilot, Goodwill NCW has implemented the Circles of Care concept and extended Wellness services to all locations for 2011. Health and Wellness services include:

1- Ongoing education and health coaching-nutrition, physical activity, tobacco use, substance abuse, with “taking it home”-family strategies, increasing self and collective efficacy through family and social support mechanisms. A more formalized health coaching approach with improved screening tools and efficient record-keeping, standardized programming and increased use of bilingual educational tools is planned.
2-Ongoing weekly educational efforts focused on messages such as right care, right place, and right time; using generic meds, adhering to prescribed health maintenance strategies, such as taking prescribed medications as ordered.

3-Standardizing the linkages between health, safety and sustainability via initiatives like “Good Moves”; community garden partnerships (bag gardens at each store site); healthy food sections in the stores and in vending machines, lactation rooms are being planned.

4-Health coaching will continue to emphasize supporting mental health via TAP (team member assistance programs); economic health via FISC, and spiritual health via chaplain visits.

5-Strategies to encourage leadership buy-in and modeling at organization and store levels continue to be a high priority.

6-Environmental/paradigm changes, such as changing vending machine options to provide healthy options, providing free oatmeal in all stores for team members and program participants have been implemented. Evaluating the content of store stock, a “food policy”, computerized safety policies/programs, safe walking paths, and controlling workplace exposures-dust, mold, lifting, etc. are under way. Each store location has a designated wellness space that can be used for health coaching, quiet time, screening services and also doubles as a lactation room.

7-Cost control/incentives, such as premium discounts based on healthy behaviors-1) no smoking, 2) biometrics-BP, cholesterol, triglycerides and glucose;
incentivize healthy behaviors are not being considered at this time. However, a more positive approach to earning points towards "Good Care $'s" that could be used for tennis shoes; exercise equipment, YMCA memberships, healthy food, etc. might become discussion topics for future consideration.

Metrics for 2011 and beyond include: maintaining a 1 – 3% growth in health care costs, staying below the mid-west benchmark trend in health care cost per, reducing Workers Compensation costs by 5 - 10% over the next 3 years, increasing the percent of team members with health care coverage/resource providers, and determining ways to assess presenteeism of team members.

Summary

Goodwill NCW’s Circles of Care Model shows that it is possible to create health connections for vulnerable working populations through health and wellness coaching. Goodwill NCW has influenced the health and safety of team members by providing onsite nursing services, health promotion challenges, and one-to-one health coaching. The success of the pilot Nursing Rounds program was the impetus for developing the Circles of Care Model which links safety, mental and emotional well-being and financial security with healthy lifestyles. By leveraging the collective efficacy of the workplace, even more vulnerable populations can become better health care consumers, with increased self-efficacy in promoting their own health and wellness, as well as
their families. Future results will be measured in health care utilization patterns/costs, absenteeism, disability claims and overall productivity measures.

References


