

Wellness



Exercise

Federal Employee Health and Wellness

*Results from the 2013 Federal
Employee Benefits Survey*

Nutrition



**U.S. Office of
Personnel Management**

Background

The health and wellness of Federal employees is a primary focus for OPM and across the Federal Government. The importance of health and wellness programs for employees has gained momentum due in large part to the fact that improving the well-being of employees benefits both the individual and the employer. By investing in the well-being of employees, employers can see long-term improvements in workforce satisfaction and productivity. Although wellness programs can vary in scope and implementation, a well-designed program can have a strong positive impact on employee health and employer finance. A Harvard University study found that a properly designed wellness program can expect to yield an ROI of 3.27:1 on health care cost reductions and another 2.73:1 on absence and related costs after about three years.¹

Employer-sponsored health programs designed to promote physical and mental fitness of Federal employees are authorized by Public Law 79-658 (5 U.S.C. §7901). This legislation also charges the Office of Personnel Management (OPM) to provide guidance for employee health and wellness programs to Federal agencies, and to help facilitate the implementation of programs. Programs currently vary across agencies based on resources and workforce needs. For example, health and wellness programs encompass a variety of programs such as Employee Assistance Programs (EAP), health coaching, health education programs, fitness classes, disease management, preventive health services, and a healthy physical work environment.

Federal Employee Engagement in Health

As a result of the multiple benefits of promoting healthy living to both the employee and the employer, the 2011 and 2013 administrations of the Federal Employee Benefits Survey (FEBS) included questions about employee diet, exercise and engagement in personal health. Gaining a better understanding of how employees view and manage their personal health and wellness assists OPM with the ongoing improvement and development of health and wellness programs.

Diet and Nutrition

In order to assess the emphasis placed on nutrition and making healthy choices, respondents were asked a series of questions about nutrition and choosing healthy foods. Over half of participants (57.3%) responded that they **often** read the product label containing ingredients and nutrition information when they buy a food item for the first time. These results are almost exactly on par with the national adult population response – 54 percent.² Assessing employee behavior beyond looking at a product label, respondents were asked if they prioritize healthy and nutritious foods as a part of their daily living. The majority, 77.6 percent, of respondents indicated (strongly agree/agree) that they prioritize eating healthy and nutritious foods as part of their daily lives. Only 4.3 percent responded that they disagree or strongly disagree.

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¹ <http://www.shrm.org/hrdisciplines/benefits/articles/pages/wellness-roi-design.aspx?homepage=mpc>

² <http://www.fda.gov/Food/FoodScienceResearch/ConsumerBehaviorResearch/ucm193895.htm>

Additionally, nine out of ten respondents indicated some level of agreement with the statement, “I am confident I know how to choose healthy foods.” Of this group, 47.8 percent said that they strongly agree. The results of the Food and Drug Administration’s 2008 Health and Diet Survey demonstrate that Federal employee’s responses are comparable to the national adult population. When asked the same question, 48 percent of respondents strongly agreed that they know how to choose healthy foods.³

The results demonstrate that most people are aware of the importance of nutrition and have a high level of confidence in their ability to make healthy choices. The challenge for health and wellness programs, however, is helping employees to translate the knowledge into action. For example, even though the majority of participants responded they were confident in their ability to choose healthy foods and make nutrition a priority of their daily lives, 79.9 percent believe that they need to change their diet.

Health Risk Assessments

Various tools exist to help individuals assess their overall health and wellbeing to determine areas that may be in need of improvement. Perhaps the most widely used tool, a health risk assessment, asks a series of questions about demographics, medical history, and lifestyle. A HRA is officially defined as “a systematic approach to collecting information from individuals that identifies risk factors, provides individualized feedback, and links the person with at least one intervention to promote health, sustain function and/or prevent disease.”⁴

HRAs are widely used by health insurance plans and workplace wellness programs. However, since the true impact of the HRA is based on the employee’s behavior changes as a result of health risks and indicators, it is important to gain an accurate picture of how employees are actually using the tool.

Encouraging HRA completion can be challenging for employers and health plans due to concerns surrounding confidentiality. Additionally, completion rates can be impacted as a result of factors such as the method of administration, length of the assessment, and whether or not incentives are involved.⁵ The results from the FEBS demonstrate HRA completion as an ongoing challenge; only 6.6 percent of respondents reported completing one through their agency in the past year. Slightly more respondents, 9.4 percent, completed a HRA through their insurance company within the past year. What is important, however, is that even though only a small percentage of respondents completed a HRA, 70.5 percent of those who did said that it increased their overall awareness of their personal health.

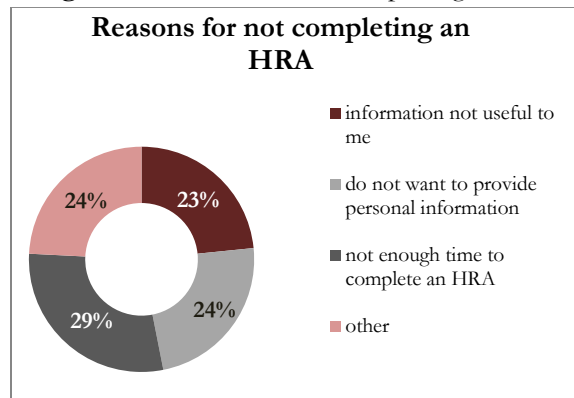
Considering why individuals did not complete a HRA, 13.1% knew one was available and chose not to fill it out, while 47.1% said that one was not made available. Nearly one-fourth of participants (23.3%) did not know whether or not they had completed a HRA within the past 12 months. When asked why an HRA was not completed, the responses were evenly split among the four choices. 23.4% said they did not feel as if the information was useful to them, 23.5% did not want to provide personal information, 28.9% did not have enough time to complete an HRA, and 24.2% indicated “other” (see Figure 1).

³ <http://www.fda.gov/Food/FoodScienceResearch/ConsumerBehaviorResearch/ucm193895.htm>

⁴ http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/health_risk_appraisals.htm

⁵ http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/health_risk_appraisals.htm

Figure 1. Reasons for not completing an HRA



Federal Employee Exercise Habits

In addition to asking employees about their knowledge of and level of engagement with their personal health, the FEBS contained a series of questions about exercise and physical activity. Physical activity helps to dramatically improve overall health and wellness and reduces the risk of chronic illness. Current guidelines suggest that adults need 150 minutes per week of moderate aerobic activity with muscle strengthening activities at least two days a week, OR 75 minutes of vigorous aerobic activity with two days of muscle strengthening exercises.⁶ The majority of respondents, 76.5 percent, indicated agreement that exercise is an important part of their lifestyle, while only five percent indicated disagreement. What is promising from this five percent, however, is the fact that the majority (83.5%) stated that they would like to make physical activity more of a priority.

24.3 percent of respondents indicated that they engage in moderate or vigorous activity 3 days per week.

24.3 percent of respondents indicated that they engage in moderate or vigorous activity three days per week, which represents the most popular response. 8.7 percent of FEBS respondents chose zero days/week and just under 11 percent responded that they exercise six or more days/week. For employees who indicated that they engage in physical activity at any point during the week, the majority (63.8%) stated that they are active for 30-60 minutes. Federal employees are on par with the national adult average, as 26 percent stated that they engage in moderate or vigorous activity 3 days per week for 30 to 60 minutes.⁷

Overall Wellness of Federal Employees

After asking employees about specific aspects of their health and wellbeing, respondents were asked to rate their overall health. Three-fourths of Federal employees rated their own health as very good or good (75.6%). 12 percent rated their overall health as excellent, while 10.6 percent rated it as fair. Very few respondents, only 1.5 percent, responded that their overall health is poor.

⁶ <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>

⁷ <http://www.fda.gov/Food/FoodScienceResearch/ConsumerBehaviorResearch/ucm193895.htm>

19.2 percent of respondents reported that emotional problems have impacted the time spent on work or the quality of work.

When employees are asked to rate their own health, the FEBS responses demonstrate that most people rate themselves somewhere in the middle. With regard to the effect of an employee's health on their employer, approximately one-third of respondents (31.5%) stated that they have not missed one day of work in the past year due to physical injury or illness. 80.9% of all respondents reported missing one work week (5 days) or fewer throughout the year prior to survey completion. Even if employees have not missed work due to injury or illness, approximately one-fourth (25%) of respondents said that physical illness or injury has *impacted* the amount of time spent on

work or the quality of their work within the past year. A slightly lower percentage, 19.2, responded that emotional problems have impacted the amount of time spent on work or the quality of work within the past year.

Conclusions

Wellness programs are a long-term investment

Despite the ongoing debate regarding the effectiveness of worksite and employer sponsored wellness programs, they should be viewed as a long-term investment in employees. FEBS results demonstrate that employees are aware of the importance of a healthy diet and exercise and that they wish to make changes that support healthy living. Worksite wellness programs have the potential to dramatically improve employee health by establishing the workplace as a setting for health improvement and risk reduction. Moreover, creating a long-term culture and environment in the workplace that supports healthy living can create positive change for employees who spend the majority of their lives on the job.⁸

Although the impact of worksite wellness programs on health care cost savings is not always definitive, numerous factors can impact program success. For example, effective communication with employees about program goals and benefits, accessibility and alignment with employee needs, leadership support, creative use of resources, and continuous program improvement can improve employee health and increase the effectiveness of worksite wellness programs.⁹ Collaborative efforts between worksite wellness coordinators and health benefits officers can also increase employee awareness of health and wellness benefits available through and at the worksite, increase opportunities for participation in health and wellness activities, and present a robust and cohesive message of improving employee productivity, enhancing healthy lifestyles, and lowering long-term healthcare costs.

⁸ <http://healthaffairs.org/blog/2013/04/23/structuring-legal-ethical-and-practical-workplace-health-incentives-a-reply-to-horwitz-kelly-and-dinardo/>

⁹ <http://www.dol.gov/ebsa/pdf/workplacewellnessstudyfinal.pdf>

HRA completion should be encouraged

Employees often express hesitation or a general lack of interest when asked to complete a HRA; however, it is noteworthy that the majority of respondents who did complete the assessment said it increased awareness of their overall health. This demonstrates that the exercise can be helpful to an individual's engagement in their own well-being. Agencies and health plans should continue, through targeted outreach and communication, to encourage the completion of HRAs. Where appropriate, incentives should be used to encourage employee participation. The FEBS results demonstrate the opportunity to educate employees about the value of a HRA, as nearly one quarter of respondents said they did not know whether or not they had completed an HRA within 12 months prior to taking the survey. This indicates that employees may not be aware of what a HRA is, let alone the positive impact it could have on their health.

Self-reported health status does not indicate a lack of room for improvement

Despite the fact many employees ranked their confidence to make healthy choices high and stated that they engage in the recommended amount of physical activity, results still indicate a desire to continue making improvements and changes. For example, approximately 32 percent of respondents said that they had been advised to lose weight by a health professional within the past year. This indicates that even though employees may be aware of health guidelines and recommendations, the need for wellness support and programs remains.

2013 Federal Employee Benefits Survey: Background & Methods

Purpose: The Federal Employee Benefits Survey (FEBS) is the primary employee benefit data collection tool. The 2013 FEBS was designed to measure the importance, adequacy and value of employee benefits to ensure that available benefits align with best practices and employee needs. The FEBS results help the Office of Personnel Management (OPM) to determine whether or not Federal employees understand the flexibilities and benefits available to them, and drive benefit program and policy development. As a result of the ongoing focus on health and wellness programs across the Federal Government, the FEBS continues to focus on capturing employee health status, health demographics and tobacco use and cessation that began with the 2011 survey administration.

Survey Sample: The FEBS was administered to a random sample of approximately 40,000 full-time, permanent, non-seasonal executive branch employees of the Federal Government. Employees on-board as of February 2013 were eligible.

Survey Mode: A link to the web survey was sent out electronically via email invitation.

Survey Field Period: Administration of the FEBS began on September 4, 2013 and continued through October 22, 2013.

Response Rate: The FEBS had an overall response rate of 35 percent.



UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
Planning and Policy Analysis
1900 E Street, NW
Washington, DC 20415