What Components of State Workplace Health Promotion Laws Align with Evidence?

Colleen Barbero, MPPA, PhD
Jennifer VanderVeur, JD
Sharada Shantharam, MPH
John Chapel, BS
Disclaimer

This presentation is for educational purposes only. The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Session Format

- Overview of workplace health promotion (WHP) state laws
- Overview of the Quality and Impact of Component (QuIC) Evidence Assessment
- Results of QuIC Evidence Assessment for state WHP laws
- Time for Q&A
WORKPLACE HEALTH PROMOTION
& POLICY RESEARCH
Colleen Barbero, MPPA, PhD
Workplace Health Promotion

- A coordinated set of health promotion and protection activities and strategies implemented at the worksite to encourage the health and safety of all employees\(^1\)

- There are over 150 million working adults in the US\(^2\)

- Evidence shows that well-designed and well-executed WHP programs founded on evidence-based principles can achieve positive health and financial outcomes\(^3\)

Scaling WHP programs with public policies

**Individual-level strategies**
Save lives one at a time

**Public health policies**
Save lives millions at a time
What could be addressed in an evidence-informed state WHP law?

- Assessed early (best available) evidence for types of WHP interventions that could be scaled up for statewide adoption with a state law.

- Results offer public decision makers real-world options for supporting WHP that are grounded in best available evidence.
Early Evidence Assessment & Policy Surveillance are the first steps of policy research.
STATE WORKPLACE HEALTH PROMOTION LAWS

Jennifer VanderVeur, JD
Impact of Public Policy

State WHP Law Assessment Process Overview

- Collect & classify empirical evidence
- Identify components of law
- Conduct legal searches
- Analyze and report state law data
Summary of WHP State Law

- Have states enacted law that supports implementation of evidence-based WHP program interventions?
  - State law includes statutes and regulations in effect among all the United States and Washington, D.C. (51 jurisdictions) at a certain point in time
  - Evidence based WHP interventions include components of WHP programs supported by evidence indicating positive health impact
## Components of State WHP Law, 2013 Study

- Tax incentives
- Grants or funding
- Certification requirements
- Program analysis or evaluation
- Initiatives to raise awareness
- Participation incentives
- Organizational supports
- Tobacco control
- Nutrition
- Physical activity
- Weight management
- Stress management
- Depression
- High blood pressure
- High cholesterol
- Diabetes
- Signs and symptoms of heart attack and stroke
- Emergency response to heart attack and stroke

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Centers for Disease Control and Prevention. The CDC Worksite Health ScoreCard: an assessment tool for employers to prevent heart disease, stroke, and related health conditions; 2012.
Summary of State WHP Law, 2013 Study

Summary of State WHP Law, 2013 Study

Use of the QuIC Methodology

- **Why use QuIC?**
  - Credible
  - Methodical
  - Replicable
  - Timely
  - Applies a continuum of evidence strength and quality (emerging, promising, best)

- **Products derived from this research:**
  - Policy Evidence Assessment Reports
  - State Law Fact Sheets
  - State law datasets
  - Journal articles
WHP Interventions based on QuIC Methodology

Retained
- Tax incentives
- Grants or funding
- Certification requirements
- Program analysis or evaluation
- Initiatives to raise awareness
- Participation incentives
- Tobacco control
- High blood pressure
- High cholesterol
- Diabetes
- Organizational supports
- Signs and symptoms of heart attack and stroke
- Emergency response to heart attack and stroke

Combined
- Nutrition
- Physical activity
- Weight management
- Stress management
- Depression
WHP Interventions based on QuIC Methodology

Retained
- State tax credits for WHP
- State grants for WHP
- State certification of WHP
- State evaluation of WHP
- State raises awareness of WHP
- Incentives for employee participation
- Tobacco control interventions
- Blood pressure interventions
- Cholesterol interventions
- Diabetes interventions
- Flexible work scheduling
- Workplace education about stroke and heart attack
- Workplace public access defibrillation

Combined
- Obesity interventions
- Depression & stress interventions

Added
- On-site vaccinations
- Skin cancer prevention
- Workplace lactation support
- Health risk assessment with education
- Integration of WHP and safety programs
- Family inclusion in WHP
Summary of State WHP Law, 2016

- State enacted statutes or regulations containing 11-15 WHP interventions (n=4)
- State enacted statutes or regulations containing 6-10 WHP interventions (n=19)
- State enacted statutes or regulations containing 1-5 WHP interventions (n=20)
- State enacted no statutes or regulations containing WHP interventions (n=8)

Note: No states have enacted more than 15 of the WHP interventions identified in this study.
QUALITY AND IMPACT OF COMPONENT (QUIC) EVIDENCE ASSESSMENT

Sharada Shantharam, MPH
What is QuIC?

- Screening tool to assess the evidence for individual interventions that could make up a policy
- Focuses on policies that are more new and upcoming
- Not like traditional policy research
What QuIC is NOT

- QuIC is NOT a systematic review
- QuIC is NOT a tool for assessing the potential for a negative public health impact
- QuIC is NOT a predictive model for the potential public health impact of evidence-informed policies
QuIC Audience

- Public health decision makers & Researchers
  - Policy Evidence Assessment Report
Why QuIC?

- Aids decision makers
- Quick but reliable
- A way to fill a gap when policy studies aren’t available
Essential Elements of QuIC

Evidence for Potential Public Health Impact

Evidence Quality
QuIC’s Public Health Impact Domains

- **Effectiveness** – has it worked?
- **Equity & Reach** – for whom has it worked?
- **Efficiency** – has it been a good use of resources?
- **Transferability** – where has it worked?
QuIC’s Evidence Quality Domains

- Evidence type – study design
- Source – credibility
- Evidence from Research
- Evidence from Translation and Practice
Evidence Base Categories

Best
- Stronger evidence for potential impact
- Higher quality evidence

Promising Quality
- Weaker evidence for potential impact
- Higher quality evidence

Promising Impact
- Stronger evidence for potential impact
- Lower quality evidence

Emerging
- Weaker evidence for potential impact
- Lower quality evidence
QUIC ASSESSMENT RESULTS

John Chapel, BS
Types of WHP Interventions:
Evolution from 2013 state law assessment to QuIC assessment

Retained
- State tax credits for WHP
- State grants for WHP
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### 21 types of WHP interventions addressed in state laws, 2016

#### Health Interventions
- Obesity interventions
- On-site vaccinations
- Tobacco interventions
- Skin cancer prevention
- Blood pressure interventions
- Cholesterol interventions
- Diabetes interventions
- Depression/stress interventions
- Workplace lactations support
- Workplace public access defibrillation
- Workplace education about stroke/heart attack

#### Organizational Interventions
- Health Risk Assessment with Education
- Incentives for employee WHP participation
- Integration of WHP and safety programs
- Family inclusion in WHP
- Flexible work scheduling
- State tax credits for WHP
- State grants for WHP
- State raises awareness for WHP
- State certification of WHP
- State evaluation of WHP
Evidence Inclusion/Exclusion Flowchart

**Essential Search**
PubMed search: “worksite health promotion” OR “worksite wellness program”
Returned: 316 items

**Expanded Search**
- Google scholar search: variations of Essential Search (e.g. “workplace wellness”)
- CDC WHP subject matter experts
- Worksite Health ScoreCard citations
Returned: 162 items

- Evidence did not meet QuIC’s “best” available evidence definition. **3 items excluded**
- Evidence was not about/set in the U.S. **88 items excluded**
- Evidence was not about workplace health promotion. **48 items excluded**
- No components’ impact was addressed in the evidence. **270 items excluded**
- Article not available. **1 item excluded**

12 remaining Essential Search items.
56 remaining Expanded Search items.
**Total: 68 included items of evidence**
Essential Elements of QuIC

Evidence for Potential Public Health Impact

1. Effectiveness
2. Equity and reach
3. Efficiency
4. Transferability

Evidence Quality

1. Evidence types
2. Sources
3. Evidence from research
4. Evidence from translation or practice
# WHP Types of Interventions

## Health Interventions

<table>
<thead>
<tr>
<th>Type of Intervention</th>
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<th>Quality Assessment Score</th>
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### Blood Pressure Interventions Evidence

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<thead>
<tr>
<th>Evidence item</th>
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<th>Equity and Reach</th>
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**Workplace high cholesterol interventions**
- Stronger
- Higher

**Workplace diabetes interventions**
- Stronger
- Higher

**Workplace depression and stress interventions**
- Stronger
- Higher

**Workplace lactation support**
- Weaker
- Higher

**Workplace public access defibrillation interventions**
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## WHP Types of Interventions

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**Organizational Interventions**

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<td>Workplace integrates WHP and occupational health and safety programs</td>
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<td>Higher</td>
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<tr>
<td>Workplaces makes WHP program benefits available to family members</td>
<td>Stronger</td>
<td>Higher</td>
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<tr>
<td>Workplace provides flexible scheduling for WHP</td>
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<td>Higher</td>
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<td>State tax credits WHP programs</td>
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<tr>
<td>State grants or other funding for WHP programs</td>
<td>Stronger</td>
<td>Lower</td>
</tr>
<tr>
<td>State raises awareness for WHP programs</td>
<td>Weaker</td>
<td>Lower</td>
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Results

Health Interventions

Promising Evidence for Potential Impact
- Workplace Public Access Defibrillation

Emerging Evidence
- Workplace Education about Heart Attack/Stroke Signs

Promising Evidence Quality
- Workplace Lactation Support

Lower Evidence Quality

Best Evidence

Community Guide
- Obesity Interventions
- On-site Vaccinations
- Tobacco Interventions
- Skin Cancer Prevention

QuIC
- Blood Pressure Interventions
- Cholesterol Interventions
- Diabetes Interventions
- Depression and Stress Interventions

Stronger Evidence for Potential Impact

Weaker Evidence for Potential Impact
Results

Organizational Interventions

```
Best Evidence

- Community Guide
  - Health Risk Assessment with Education
  - Incentives for Employee WHP Participation
- QuIC
  - Integration of WHP and Safety Programs
  - Family Inclusion in WHP
  - Flexible Scheduling for WHP

Promising Evidence Quality
- State Tax Credits for WHP

Promising Evidence for Potential Impact
- State Grants for WHP

Emerging Evidence
- State Raises Awareness for WHP
- State Certification of WHP Programs
- State Evaluation of WHP

Lower Evidence Quality
```
Limitations/Considerations

- Interventions are not well described on the implementation side

- Lack of policy outcomes research and lack of focus on equity research limits the applicability and reach of these interventions
Conclusions

- The majority of the types of interventions (13 out of 21) had “Best Evidence”
  - This can help state policymakers considering adding or expanding WHP components in state laws by informing what types of interventions they can prioritize

- Some components still only have a limited evidence base, so there is a need for more research in these areas

- Results help inform continued policy surveillance
Next Steps

- WHP Policy Evidence Assessment Report
- Inform state WHP laws
- Link existing state WHP laws to evidence
Contact Us

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ORISE Fellow

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