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Survey

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Healthy Campus Survey: First Report of Results

Why do some institutions have lower health care costs and rates of disability (or absence) than other similar institutions? What are these "healthier" institutions doing differently?

A symbiotic relationship exists between the health of an organization and the health of its people. Healthy organizations promote a healthy work environment and a climate of good health. In turn, healthy people are able to — and more apt to — engage in their work. Sibson Consulting's research shows strong relationships between employee engagement (knowing what to do and wanting to do it)[1] and motivation, productivity and retention. In addition, other research from various sources suggests that organizations can experience a loss of productivity valued at 150 percent of the combined cost associated with health and disability programs.

Many actions can be taken to enhance the effectiveness and health of an organization and promote physical well-being. For colleges and universities, strategically coordinated healthy campus programs can pay off with significant return on investment (ROI), making a strong case for the investment as a smart use of often tight budget dollars. (The sidebar at the top right of this page discusses the value of a healthy campus initiative.)

Given the ROI potential of campus health initiatives, Sibson invited colleges and universities across the country to participate in a *Healthy Campus Survey* in 2007. The survey captured information about current practices. It also examined the relationship between them and outcomes, such as faculty and staff turnover and vacancy rates, absence rates, health care costs and use of short-term disability benefits.

The results of the *Healthy Campus Survey*, which reflect 52 institutions in 30 states, should enable institutions to better understand the following:

- The kinds of healthy campus programs in which institutions are currently investing,
- The outcomes institutions might strive to achieve, and
- The strategies that may help institutions achieve better ROI on their healthy campus programs.

This report of the results from the *Healthy Campus Survey* focuses on the prevalence of various healthy campus initiatives.[2]

[1] A report of results from Sibson's 2006 *Rewards of Work Study* that focuses on employee engagement is available on the following Web page: http://www.sibson.com/publications/surveysandstudies/2006ROWno2.pdf

[2] A second report of the survey results will focus on the relationships between healthy campus initiatives and health and disability outcomes.

The Value of a Healthy Campus Initiative

The goal of a healthy campus initiative is to create a healthy environment for faculty, staff, students, and dependents, which results in reduced workforce costs and enables everyone to engage in their work. That engagement leads to improved retention, productivity, creativity and innovation in support of educational excellence, research and community service.

Specifically, a healthy campus:

- Keeps healthy people healthy.
- Helps unhealthy people change their behavior to become healthier.
- Supports people who have more serious health issues.
- Enables people to be more productive and satisfied in their work and life.

Healthy campus initiatives present a significant opportunity to increase staff/faculty productivity through an emotionally and physically healthier, more engaged workforce. These initiatives can also lead to lower health care costs, fewer – and less expensive – disability claims, and lower incidences of absenteeism, "presenteeism"* and turnover.

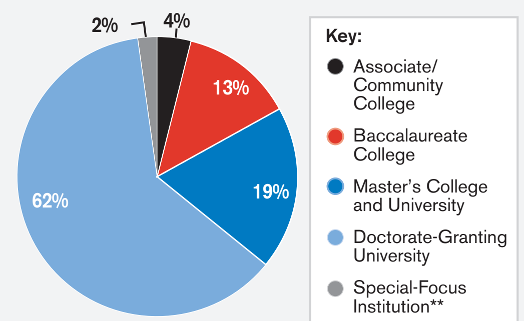
* This companion term to "absenteeism" represents employees who come to work when ill or otherwise distracted and, consequently, cannot perform effectively.

Profile of the Survey Participants

Of the 52 institutions represented in the survey, all are not-for-profit; half are public and half are private. In the aggregate, these institutions represent 460,000 faculty and staff with annual operating budgets totaling more than $63 billion. The survey includes institutions of all types with a majority of the respondents representing doctorate-granting institutions, as illustrated in the adjacent pie chart.

Participating institutions are identified in an online supplement to this report, which is available on the following Web page: http://www.segalsibson.com/publications/surveysandstudies/HCsupp.pdf

Breakdown of Institutions Represented in the Survey by Type of Degree(s) Granted*



* These are the classifications used by The Carnegie Foundation for the Advancement of Teaching (http://www.carnegiefoundation.org).

** The special-focus designation is used for specialized institutions with a concentration of degrees in a single field or set of related fields, at both the undergraduate and graduate levels.

Key Findings

Given the large portion of an institution's operating budget dedicated to paying for absence, health and disability programs (generally 15 to 20 percent), most institutions in the survey are underutilizing their programs and expenditures for the purpose of cultivating a healthy campus. The survey data suggests that the mere presence of wellness programs does not drive lower costs. The strategic approach used to determine the need for, the design of, and the communication of the program may be at least as important.

Most institutions have a documented health strategy. The survey findings suggest that institutions with a well-defined strategy are more likely to implement and design programs to support that strategy rather than adopt standard programs that seem to be popular.

The less prevalent, more innovative wellness programs tend to be associated with lower health care cost. More innovative wellness practices include programs that focus on behavior change using personalized tools and resources, such as personal health coaching, personal health statements and electronic medical records. It is also important to develop metrics and perform rigorous analysis to assure the value of wellness programs.

The findings of the *Healthy Campus Survey* discussed in this report suggest that institutions appear to be missing opportunities to gain leverage from coordinating their health-related programs. For example, institutions could benefit from packaging all offerings as part of an overall healthy campus "brand" using words and images that embody the promise of the programs' potential. Taking the effort a step further, even greater program value can be realized by presenting available resources from a more targeted, user-friendly point of view (the view of faculty/staff) — by health risk/chronic condition, and/or personal health goals (*e.g.*, stop smoking, lose weight, achieve greater fitness).

Prevalence of Practices

Health Strategy Practices

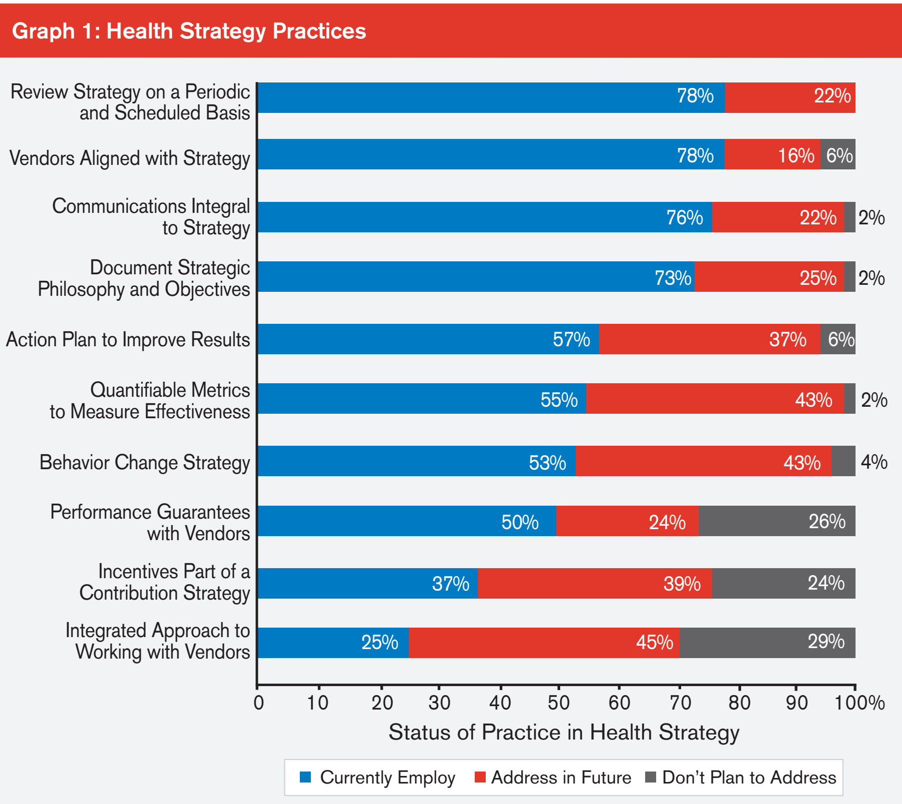
As shown in Graph 1, most institutions represented in the survey have a documented strategy that they review on a periodic basis. An overwhelming majority of those institutions align their vendors with the institution's health strategy. Just over three-quarters recognize the important role that communication plays in that strategy.

Far fewer institutions in the survey invest the time and resources to change behavior, financially align vendors or measure outcomes. The "bottom five" health strategy practices in Graph 1 have the greatest potential for positive impact on outcomes, yet they are the least prevalent overall. Although just over half of the institutions in the survey have a strategy to improve behavior related to health risks, only one-third invest in incentives to motivate the necessary change.

Outcomes metrics can prove critical in making a case for, and sustaining, program funding. Yet, just over half of institutions in the survey establish quantifiable metrics to evaluate the effectiveness of their investments; half implement performance guarantees to hold vendors accountable; and only one-quarter coordinate their various service providers to ensure appropriate attention is paid to strategy execution.

Use of Claims Data

Nearly nine out of ten institutions in the survey analyze claims information, but just over half use that data to justify their health initiatives. The



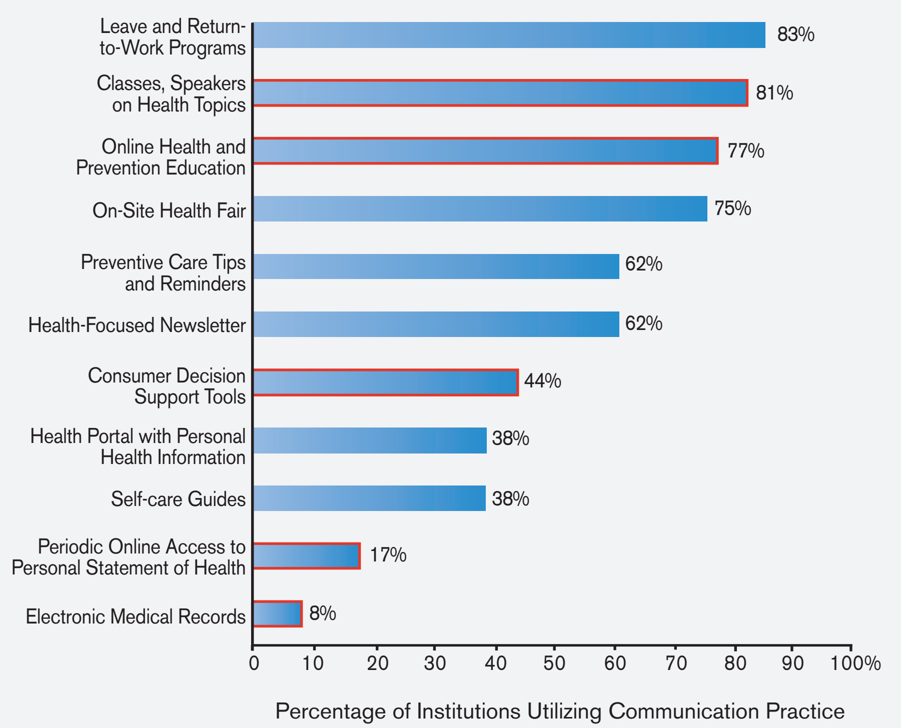
survey found that those that use data in this way have significantly more comprehensive health improvement programs. Institutions use claims data for:

- Communications (*e.g.*, targeted messaging, personalized communications and presentations to faculty and staff),
- Modeling (*e.g.*, targeting individuals for intervention),
- Vendor renewal negotiations,
- Planning (*e.g.*, process improvement, safety initiatives, support for case and care management initiatives, identification and justification of investments in wellness and disease management, and health workshops), and
- Research projects (*e.g.*, partnering with the academic side to publish research on the impact of the health improvement initiatives).

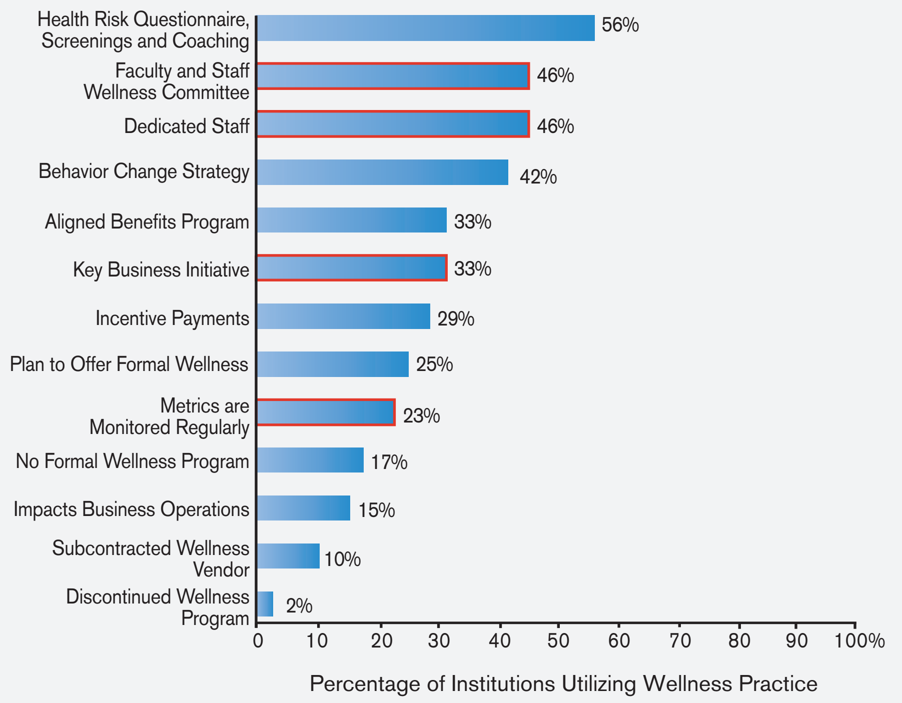
Communications Practices

Graph 2 shows that most institutions in the survey disseminate general health information to faculty and staff. Far fewer provide higher value, personalized, interactive, on-demand resources, such as consumer decision support tools, online personal statements of health and electronic medical records.[3]

As noted in Graph 2, the red outline around some of the bars represents those practices for which the prevalence was at least five percentage points greater for institutions with lower annual health care costs (defined as $7,000 or less per participant) compared to institutions with higher



Note: The red outline around some of the bars in this graph and Graphs 3-6 represents those practices for which the prevalence was at least five percentage points greater for institutions with lower annual health care costs (defined as $7,000 or less per participant) compared to institutions with higher annual health care costs (defined as $8,000 or more per participant).



[3] Research from the University of Michigan suggests that personalized information (*e.g.*, through personal health records) is much more conducive to behavior change than general health tips and reminders. That research, "Communicating Rewards and Lifestyle Change," was presented by Victor J. Strecher, PhD, MPH, professor and director, Center for Health Communications Research, School of Public Health, University of Michigan, at a 2007 meeting of the New York Business Group on Health.

annual health care costs (defined as $8,000 or more per participant). For example, 14 percent of institutions with lower annual health care costs, but none of the institutions with higher annual health care costs, use electronic medical records.[4]

Wellness Practices

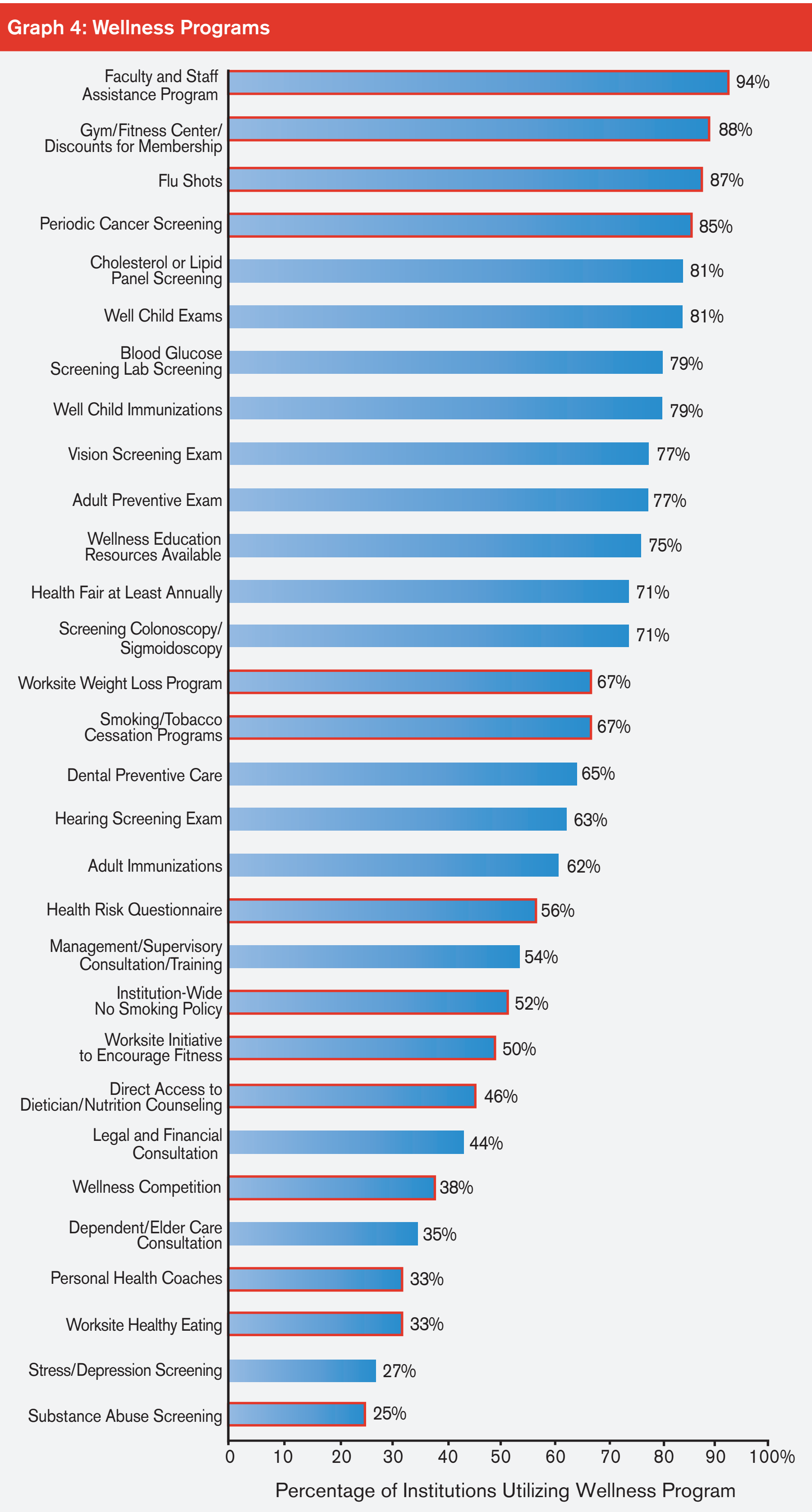
Strategies to promote health, wellness and behavior change are not highly prevalent among the surveyed institutions as shown in Graph 3 on page 3. Less than one-third of the institutions in the survey view wellness as a key business initiative that is driven by senior leadership. However, formal wellness practices are on the drawing board at more than one-quarter of institutions in the survey. Other evidence of this emerging focus on wellness includes the establishment of faculty and staff wellness committees, employment of dedicated wellness staff and the opportunity for faculty and staff to participate in health-risk questionnaires, clinical screenings, analysis and coaching.

"Less than one-third of the institutions in the survey view wellness as a key business initiative that is driven by senior leadership."

While the majority of institutions in the survey do not provide a formal, coordinated wellness program, they have many separate program elements (as reported in Graph 4) that can be joined to form a comprehensive offering.

The most common wellness initiatives are employee assistance programs (EAPs), such as counseling and support resources. The overall emphasis appears to be on the

Graph 4: Wellness Programs



[4] The second report of results from the *Healthy Campus Survey* will discuss these relationships in detail.

physical wellness of adults and children, with the large majority of institutions offering screenings and preventative exams. Far fewer institutions provide mental health screening for stress or depression.

Institutions with lower health costs are more likely to adopt some of the least prevalent programs. Eight of the 15 least prevalent programs at the bottom of the graph were more likely to be in place at institutions with lower costs, as noted by red outlines in the bars. Conversely, only six of the 15 most prevalent programs at the top of the graph were more likely to be in place at institutions with lower cost.

Two-thirds of the institutions in the survey do not measure the ROI of their wellness programs beyond enrollment, putting these programs at risk when budgets get tight.

Disease Management Practices

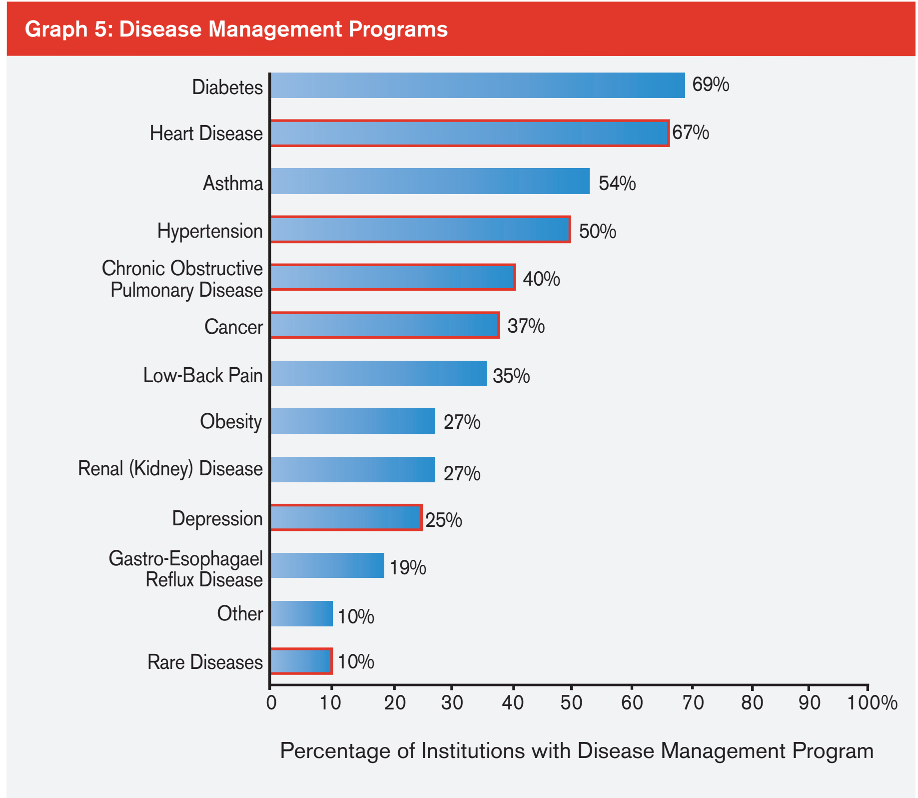
More than two-thirds of the institutions in the survey have some form of disease management, with programs for diabetes and heart disease being the most common. (See Graph 5.) Diabetes and heart disease are the two conditions for which the most published research exists. More than 60 percent of the institutions attempt to measure the ROI of their disease management programs, far more than wellness or program coordination, yet they primarily rely on their vendor to supply the data.

Unlike wellness, where institutions in the survey plan to create new programs, disease management programs are not the focus of change. None of the institutions in the survey plan to add or delete disease management programs.

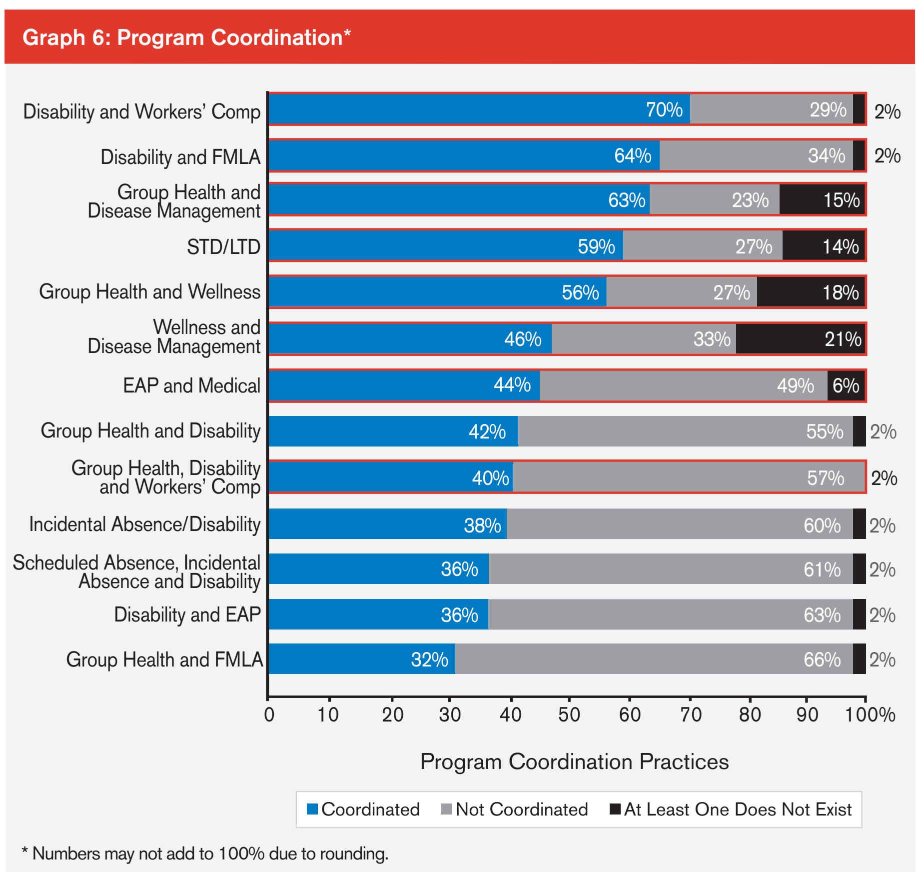
Program Coordination

As shown in Graph 6, most institutions in the survey offer several programs that may have overlapping services and may have different objectives (*e.g.*, case management for health care often seeks the lowest cost treatment without regard to the lost

Graph 5: Disease Management Programs



Graph 6: Program Coordination*



* Numbers may not add to 100% due to rounding.

wages, while workers' compensation often seeks the most aggressive treatments to minimize lost-time claims).

When programs are brought together, disability is most likely to be paired with workers' compensation and family medical leave. Synergies between group health and disease management, wellness and EAPs appear to be most prevalent. Yet the vast majority of surveyed institutions appear to offer discrete programs. In addition, 70 percent of institutions do not measure the ROI of their coordination efforts, leaving undiscovered and potentially valuable data that can be used to make a case for program enhancement or expansion.

Program coordination may have an effect on lowering costs. The *Healthy Campus Survey* found that the coordinated programs that are most prevalent are associated with lower costs.

Creating a Healthy Campus

Every campus offers numerous health and wellness programs. Yet, to maximize the return on that very significant investment:

- There needs to be a strategy with clear goals and objectives, an action plan for how the goals will be achieved and metrics to demonstrate the success of the program.
- The programs need to be coordinated, orchestrated and communicated as part of a larger healthy campus effort focused on creating a healthy environment and changing behavior.
- The effort must be understood and supported by leadership, faculty, staff and even students.

"Seventy percent of institutions do not measure the ROI of their coordination efforts, leaving undiscovered and potentially valuable data that can be used to make a case for program enhancement or expansion."

HR professionals in higher education who want to determine whether their institution is realizing the greatest return on its investment in helping to create a healthy campus, may want to consider the range of programs from the typical (*e.g.*, disability management and disease management) to the more advanced, which are hallmarks of forward-thinking organizations (*e.g.*, care advocacy, health risk reduction and work/life balance). They can assess whether each program offered supports a healthy campus initiative by asking questions such as the following:

- Does the program align with a broader initiative, mission, vision and goals?
- Does the environment support the goals and objectives of the program?
- Is leadership support visible?
- Is program data integrated into a centralized data warehouse?
- Is the program coordinated with other programs and vendors?
- Are appropriate incentives in place to drive the desired behavior?
- Have the desired outcomes been achieved?

To review how well your programs support a healthy campus, take a quick Healthy Campus Assessment, which can be accessed from the following Web page: http://www.segalsibson.com/rewards/hci.html To discuss specific strategies for creating a healthy campus, assess your current efforts, or measure your program's ROI, please contact one of the following experts:

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