

# 2012 Mat-Su CHANGE Analysis

## Overview of CHANGE

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The 2012 Mat-Su CHANGE Analysis was conducted by McDowell Group, Inc. for the Mat-Su Health Foundation and their partners as part of the 2013 Mat-Su Community Health Needs Assessment (CHNA). The partners who provided funding for this project are: Alaska Mental Health Trust Authority, BP Alaska, Denali Commission, Providence Health and Services Alaska, Rasmuson Foundation, Southcentral Foundation, Mat-Su Borough, Mat-Su Agency Partnership, Mat-Su Coalition of Senior Centers, Mat-Su Community Health Centers, the State of Alaska Department of Health and Social Services including Mat-Su Public Health Nursing, and the United Way of Mat-Su. An adapted version of the CHANGE analysis was included to ensure that the community health environment was addressed during the CHNA. The Healthy Communities Program within the Division of Adult and Community Health at the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention (CDC) developed the *Community Health Assessment and Group Evaluation (CHANGE)* tool “to gather and organize data on community assets and potential areas for improvement prior to deciding on the critical issues to be addressed in a Community Action Plan.” The tool consists of a comprehensive manual, scoring rubrics, and a set of Excel spreadsheets to help communities learn about and evaluate five “sectors” of the local health environment:

- Community at Large
- Community Institutions/Organizations
- Healthcare organizations
- Schools
- Worksites

CHANGE prescribes a comprehensive process designed to be implemented by a Community Team that represents a dozen or so key interest groups and organizations from the community, for example health providers, health insurers, recreation programs, business groups, political bodies, etc. The results are to be used by the team and others to plan local “policy, systems and environmental-change strategies.”

The CDC CHANGE manual suggests (p.12) that the Community Team describes CHANGE data to the general public as follows:

*“CHANGE is not used to compare sectors, to compare one community to another, or to find fault in our community for our weaknesses. Instead, it is used by us (the Community Team) to identify areas in our own community to highlight our strengths. It is up to us to decide if sharing CHANGE data with the public or outside of the community team is warranted in order to rally attention or public support for our efforts. Confidentiality is always an important element of data-collection; thus, we will not list who we talked with or provide specific details about data that could be specifically linked to an individual, community organization, or institution.”*

### **Role of CHANGE in the Mat-Su Community Health Needs Assessment**

As presented in the CDC manual, CHANGE is a complex and demanding process. For the Mat-Su CHNA, the CHANGE process was adapted and streamlined by the consulting team to gather data about the Mat-Su health environment (existing policies and practices) within the available budget and without direct participation by a Community Team. The CHNA Steering Committee provided guidance in all phases of the CHANGE research, however.

It is important to keep in mind the CHANGE methodology is not based on random sampling. Its results, therefore, are not statistically representative of the community (as are the demographic data, secondary indicators, and household survey results from the other major research tasks). The CHANGE information reported here is, therefore, best thought of not as conclusions but as a starting point for community discussion, prioritizing and action planning and as a benchmark against which to evaluate future progress.

### **Using the CHANGE Results**

The CHANGE methodology calls on the Community Team to rate organizations and institutions using a prescribed rubric and scoring system. In the Mat-Su CHNA, the study team acted as proxy for a Community Team and compiled the information. In most cases, the study team did not apply a scoring process; however, as evaluating these results is more appropriately done during a public involvement process.

### **Community-At-Large Sector**

Data for the community-at-large sector was gathered from official online documents and selected interviews with public officials and others. This information represents an overview of the policies and environmental conditions that exist in Mat-Su. Because policies and conditions vary from place to place, the study team distinguished instances when information applies borough-wide, primarily to Wasilla, primarily to Palmer, or primarily to rural areas of the borough.

## **Document Review**

Documents reviewed for the community-at-large research included the following:

- Wasilla Comprehensive Plan (June 2011)
- Matanuska-Susitna Borough Comprehensive Development Plan (2005 Update)
- Mat-Su Borough Long-Range Transportation Plan (June 2007)
- Website: [www.matsutransit.com](http://www.matsutransit.com)
- Matanuska Susitna Borough Code
- Mat-Su Borough Primary Healthcare Plan 2005-2015 (January 2006)
- Palmer Comprehensive Plan (September 2006)
- City of Palmer Ordinance 12-015 (Prohibiting Smoking in Places of Employment and Public Places)
- Palmer Municipal Code
- City of Palmer Parks, Trails and Recreational Fields Master Plan (November 2011)
- Willow Area Comprehensive Plan Public Review Draft (January 2012)- most current document
- Meadow Lakes Comprehensive Plan (adopted October 2005)
- City of Houston Comprehensive Plan (April 1999, Amended July 2003)
- Big Lake Community Council Area Comprehensive Plan Update (August 2009)
- Sutton Comprehensive Plan (November 2009 Update)

## **Clarifying Interviews**

The officials helped the study team find and interpret policy and planning information. McDowell Group is grateful for their assistance. In the event any information has been incorrectly interpreted, the study team bears full responsibility.

- Archie Giddings, City of Wasilla, Public Works Director, 7/9/12
- Bert Cottle, City of Wasilla, Chief of Staff, 7/10/12
- Tina Crawford, City of Wasilla, Planner, 7/9/12
- Eileen Probasco, Mat-Su Borough, Acting Director Planning & Land Use, 7/10/12
- Pam Graham, Mat-Su Borough, Grants Coordinator, 7/10/12
- Dennis Brodigan, Mat-Su Borough, Director of Emergency Services, 7/11/12
- Sandra Garley, City of Palmer, Planning Department, 7/6/12
- Sonja Dukes, City of Houston, City Clerk, 7/13/12

## Summary of Findings

In Table 1, dark blue shaded boxes indicate that services are provided or a policy exists within the applicable community/region. The medium blue indicates that the community/region may provide some services or are in the process of developing policies. The yellow indicates that none of these services or policies exists within the applicable community/region. Finally, the gray indicates that there is no information available about this indicator.

**Table 1. Community At-Large Sector Summary Table**

Indicator	Borough	Palmer	Wasilla	Rural
Provide emergency medical services	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Land use plan	Dark Blue	Dark Blue	Dark Blue	Medium Blue
Land use plan with mixed-used development	Dark Blue	Dark Blue	Yellow	Medium Blue
Network of parks	Dark Blue	Dark Blue	Dark Blue	Gray
Approach to public transportation	Dark Blue	Dark Blue	Dark Blue	Gray
Public-health infrastructure financed by public taxes/bonding	Dark Blue	Dark Blue	Dark Blue	Gray
Sidewalks comply with American with Disabilities Act	Yellow	Dark Blue	Dark Blue	Gray
Adopted a complete-streets plan	Yellow	Dark Blue	Dark Blue	Gray
Community Participation	Dark Blue	Dark Blue	Dark Blue	Gray
Community finance pedestrian enhancements	Gray	Dark Blue	Dark Blue	Gray
Education on heart attack, stroke symptoms and 911	Dark Blue	Dark Blue	Dark Blue	Gray
Network of walking routes	Yellow	Medium Blue	Medium Blue	Medium Blue
Require sidewalks to be built for all developments	Medium Blue	Medium Blue	Yellow	Yellow
Network of biking routes	Yellow	Medium Blue	Medium Blue	Gray
Program to improve safety within transportation system	Medium Blue	Medium Blue	Medium Blue	Gray
Local programs available for chronic disease self-management	Yellow	Yellow	Yellow	Gray
Education on obesity, high blood pressure, cholesterol	Yellow	Yellow	Yellow	Gray
Education on preventive care	Yellow	Yellow	Yellow	Gray
Laws or policies on tobacco, sale, use and advertising	Medium Blue	Yellow	Yellow	Gray
Chronic disease risk factors	Yellow	Yellow	Yellow	Gray
Adopt strategies to address chronic disease	Yellow	Yellow	Yellow	Gray

## Healthcare Providers

Eleven organizations serving Mat-Su participated in scripted interviews. These included three health clinics, four primary care organizations, two senior centers, a social service agency and one hospice organization. All participating facilities had less than 125 employees. Three had less than ten employees.

### Health Care Sector Summary Tables

Table 2. provides a weighted summary of the information described in the text regarding the health care organization interviews. A dark blue shaded box indicates that the organization provides the services. A light-shaded box indicates possible gaps or areas where system improvement may be made in combination with other data presented in this report. The strengths in the health care system, therefore, are those with the most blue boxes, and they are listed first in the table. The areas at the bottom of the list are addressed by the fewest of the participating health provider organizations. They are potential targets for additional attention.

The table is weighted to account for an agency's ability to provide services. For example, an agency that serves seniors would not be expected to provide care to pregnant women. So failure of such an agency to provide that service is not counted as a gap in the table.

### Community Priorities

- Financial resources and transportation were mentioned by nearly all participants as the greatest barriers preventing people from accessing health care in Mat-Su.
- All but one of the health organizations interviewed said transportation is sometimes an issue for their patients, especially those from low income households.
- Four providers noted alcohol or substance abuse as one of the two or three healthcare-related initiatives or issues having the greatest potential to improve the health of Mat-Su residents. Obesity was mentioned by three providers. Other issues mentioned were healthcare coverage, high school graduation and health education, and tobacco use.
- When asked the top healthcare issues they see in their patients, participating providers mentioned cardiac issues and heart failure, reproductive health, diabetes, obesity, and tobacco use.

### Employment Policies

Of the eleven participants, one has a mission statement that includes a commitment to employee health and wellbeing. Six said their organizations have an employee wellness program and two participants offer an employee health insurance plan.

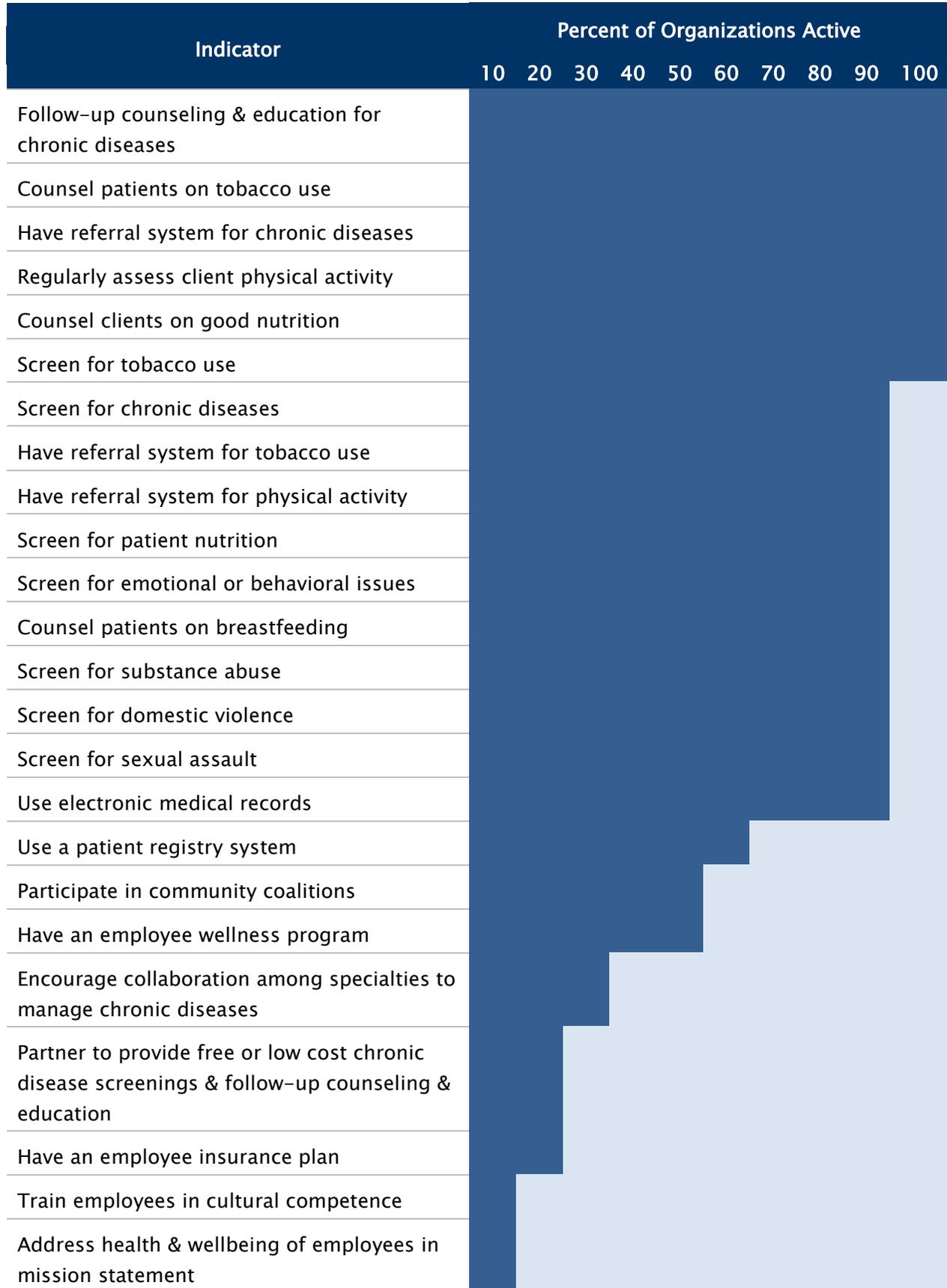
## **Data Systems**

Eight of eleven participants said their organization uses an electronic medical records system and four use a patient data registry system.

## **Community Relationships**

More than half of those interviewed said their organizations participate in community coalitions and partnerships. Four of the participating organizations said they partner with community agencies to provide free or low cost chronic disease health screenings, follow-up counseling, and education for those at risk. One, for example, provides free dental screenings for seniors in the area and is partnering with another agency to launch men's health screenings in some of the neighboring communities.

**Table 2. Weighted Summary of Health Care Organization Activities**



# Schools

## Policies and Practices

### *Is there a wellness policy/action plan?*

The Mat-Su Borough School District (MSBSD) has a wellness policy that includes food and beverages sold during school hours. It includes a ban on pop and candy vending machines. The District has policies for nutrition and physical activity. For example, MSBSD School Board Policies and Administrative Regulations state, *“The School District will provide environments that promote and protect students’ health, well-being and ability to learn by supporting quality nutrition and physical activity. Schools will provide nutrition education and physical education to foster lifelong good health, and will establish linkages between nutrition education and school meal programs.”* The District and individual schools are expected to work with a Wellness Committee.

For the most part, it is up to individual schools to implement fitness and wellness programs (other than the mandated physical education (PE) time. In the past few years, the number of positions for PE teachers and school nurses has been cut due to budget constraints and increased emphasis on core classes.

### *Does the wellness policy address diversity/culturally inclusive practices?*

The District does not differentiate practices by diversity or cultures, but defines them by student need, for example, programs that focus on latchkey students and those that need help in school. The MSBSD data on Alaska Native youth and other minorities indicate they participate more in extra-curricular activities including sports.

### *Are wellness action items funded?*

Funding depends on the grants received at individual schools. Some funding comes through the Parent Teacher Associations (PTAs), Mat-Su Health Foundation mini-grants, school activity funds, and taxpayer monies to schools.

### *Are wellness goals integrated into the overall School Improvement Plan?*

Some schools, for example Title 1 schools, integrate wellness goals. MSBSD partners with Knik Tribal Council by providing transportation home so students can participate in afterschool programs that include yoga, Zumba, and tutoring. In this way, the students have exercised and done their homework before going home.

***Is there district or school-level progress reporting on implementation of wellness policies?***

The Superintendent is tasked with ensuring compliance with district-wide wellness policies including nutrition and physical activity and reporting to the School Board on an annual basis. Data is kept to track specific health grants.

***Is wellness a standing topic on site council/PTA agendas?***

It is becoming more and more so. Children are putting pressure on their families after participating in wellness education at school. PTA's sometimes fund fitness programs such as Run for Fitness, skating, family outings, Walk to School programs, etc.

***Do students provide meaningful input on school health and wellness activities?***

Extra-curricular activities offered at each school are determined by student surveys. There are two students on the District's Advisory Group who provide meaningful information (high school and middle school level). At Burchell High School, a student panel suggests food choices.

***Are school facilities open to students/families/community for physical activities?***

Yes. Part of the latest school bond was funding to keep outside school facilities open for community use. There are security cameras at all schools (digital monitoring). All gates are left open 24/7. Access to the inside of schools is overseen by the community schools program (when someone is on duty). Non-profits also use the schools, e.g. Girl Scouts, Boy Scouts, karate, etc. Indoor activities in the schools include basketball and volleyball. There are two Borough-run swimming pools, also open to the public.

***Do schools track BMI and fitness levels and report annually?***

Yes, MSBSD and the Alaska Division of Public Health collaborated on a study of obesity among district students. School nurses collected data (height and weight measurements, using BMI-for-age values) on 19,357 students for seven years (2003-2007) in grades K, 1, 3, 5 and 7. Findings showed a decline in obesity during the study time period – the percentage of students above healthy weight declined from 32% to 26% (Chronic Disease Prevention and Health Promotion Chronicles, March 2011: <http://www.hss.state.ak.us/dph/chronic/>).

***Are school buildings and grounds monitored regularly for safety and environmental quality?***

The School Board encourages each school to work with law enforcement to develop a comprehensive school safety plan. There are security cameras on school grounds and someone on-site when schools are open. Secondary schools have safety officers. A building inspection team inspects school district facilities annually ("or as deemed necessary") to ensure compliance with mandated regulations and laws.

***Are there policies covering the following:***

*School meals?*

Yes. Policies address fat content and what can be served. According to the District's guidelines, school breakfasts and lunches must comply with federal nutrition standards under the School Meals Initiative.

*Competitive foods and beverages?*

Food and beverages available during the school day (other than school meals) must be consistent with the standards in the Administrative Regulations. No pop is allowed in schools during the school day (revenues from vending machine sales declined from \$40,000/yr to \$6,000/hr. in one year when the District put healthy snacks and drinks in the vending machines).

Food and beverages sold outside of the school meal programs should meet the Alliance for Competitive Foods Guidelines and the nutrition standards in the Districts Administrative Guidelines (BP 3554 – Other Food Sales). Food sold during school-sponsored activities (athletic and sporting events) must also offer healthy food and beverage choices in addition to the standard menu. For fundraising activities outside of school hours, the nutrition guidelines do not apply but the District does encourage that healthy food choices also be offered.

*Health education?*

According to the District's guidelines, health classes are to include information on the benefits of good nutrition, maintaining a healthy weight, and preventing chronic diseases. Health education is mandatory for one semester in high school. The District also offers health education in 4<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grades in the Human Growth and Development class (mandatory curriculum with parent opt-out).

*Physical activity?*

There is no MSBSD policy other than providing a lunch recess through 5<sup>th</sup> grade. MSBSD encourages physical activity during the school day including before, during and after school by encouraging participation in recess, physical education classes, classroom activities and other school events. The District also encourages students to walk or bike to school and it encourages individual schools to allow use of their facilities after school, on weekends and during school vacations.

*Physical education?*

Physical education is coordinated with health education to teach the benefits of being physically active. Elementary schools have physical education 90 minutes/week; middle schools have 45 minutes/day; and high schools require two PE semesters including one semester of health education.

### *Exercise and nutritional components of before-school and afterschool programs?*

If the program is run by MSBSD it must follow the nutritional guidelines of the school district.

### **Individual School Programs Examples:**

#### ***Before-school programs***

Shaw Elementary has a jump rope club, tumbling and yoga.

Goose Bay Elementary has an Early Movers program two times a week for one hour. It is a physical activity program run by the PE teacher. Parents agree to provide a healthy breakfast and the gym opens on Tuesday and Thursday mornings an hour before school starts.

#### ***After-school programs***

Goose Bay Elementary has an instruction-based sports camp after school for K-2 during 2<sup>nd</sup>- 4<sup>th</sup> quarters of the school year. It runs one-and-a-half hours, two days a week with alternate weeks for the different grade levels. The program has included soccer, juggling, stunts and tumbling. The first 40 students who sign up for each week's program can participate.

Burchell High School, Mat-Su Central (Correspondence) School, and Valley Pathways participate in the federally funded 21<sup>st</sup> Century Community Learning Centers program. At Burchell, the program runs four days a week from 1:30-4:30. Physical education courses include archery, dance, and a ropes challenge course. They have also offered bicycling, hiking, bowling, and golf in the past. Valley Pathways and Central School have no physical education facilities. However, Valley Pathways partners with the local Alaska Club to provide a limited number of students with gym memberships.

Supper Program – Burchell High School is the only school in Mat-Su School District that has a supper program where the students can eat a full, nutritious meal before they leave school for the day (Burchell has a high percentage of homeless students).

#### ***Other programs:***

Goose Bay Elementary has Family Night programs twice a year. With a \$5000 Healthy Schools grant from Mat-Su Health Foundation, the PE teacher was able to purchase equipment and food for the events. The whole family is encouraged to participate. Sports have included snowboarding and snowshoeing. A healthy meal is included during evening that is prepared with the help of the school nurse and recipe cards are given out for parents to prepare the healthy meal at home.

### *Mileage clubs*

Several elementary schools have mileage clubs which occur at recess everyday which are sponsored by the state-wide Healthy Futures Program. The students who participate receive punch cards. Every time they go around the track/area, they receive a punch. Each card punched in full (twenty punches) equals five miles walked. For every punch card turned in, the student receives a backpack token and a “foot” (cut out) placed in the school hallway. Other incentives include bracelets, t-shirts and water bottles.

### *Walk programs*

Shaw Elementary School has a walk program where they dedicate 15 minutes each day to walking or running outside (or in the gym in inclement weather).

Goose Bay Elementary has a walk-to-school program in the spring. One day a week, students and their parents meet at the local grocery store and everyone walks to school together (about 1 mile).

SPARK curriculum is offered through the PE classes. The program teaches students how to have a physically healthy lifestyle and to make healthy choices, not just while in school but outside of school, as well.

The Healthy Futures program has a three-month challenge run twice a year. Also, students (K-12) keep an activity log of how active they are outside of school: students must do something active three times a week for 30 minutes each. Each month of the challenge, students turn in their activity sheets (signed by parents) for prizes: hacky sacks, boomerangs, digital jump ropes.

### *Tobacco-Free Schools/Smoking*

The School Board prohibits the use of tobacco products “anywhere and anytime on district property and in district vehicles.” (MSBSD School Board Policy -BP 3513.3).

## **Workplace Sector**

To address the Workplace Sector portion of the CHANGE methodology, McDowell Group fielded an online survey of Mat-Su businesses and organizations between June 12 and July 31, 2012. The workplace survey was designed by McDowell Group in cooperation with the staff at the Mat-Su Health Foundation to learn about what businesses and other organizations were doing to help employees live healthier lifestyles.

### **Methodology**

An email with an explanation of the project and a survey link was sent to various organizations whose directors had agreed to forward the information to their membership. Organizations that agreed to help publicize the survey included: the Wasilla, Palmer, Big Lake, and Willow Chambers of Commerce; the City of Houston; the Rotary Clubs of Susitna, Wasilla Sunrise and Palmer; and the Mat Su Business Alliance. These organizations were solicited as a cost-effective way of distributing the survey link. Participation in the survey was open to any interested individual, however. The online survey resulted in 82 completed responses.

### **Interpreting Survey Results**

The results of this survey are most useful as a source of insight and hypotheses for further discussion and analysis of the Mat-Su health environment. The results may also be compared with future, similar surveys for additional insights.

It is important to keep in mind, however, that the survey sample does not represent a random cross-section of Mat-Su workers or workplaces. Respondents are more likely than the general public to be members of the business organizations mentioned. They are also more likely to be interested in health policies than the average owner/manager, since they took the initiative to respond to the survey invitation. Finally, the sample is small. There are roughly 8,000 private businesses in the Mat-Su Borough, and just 40 survey respondents are from private firms. A larger, more rigorous survey would be needed to draw statistically valid conclusions about Mat-Su businesses and organizations as a whole.

# Description of Respondents

## TYPES OF BUSINESSES AND ORGANIZATIONS

One fifth of respondents said they work in finance, insurance, real estate, legal, or consulting services. Another 18% work in the social services industry and 10% in healthcare. Rounding out the top five categories were government/military and media/communications at nine percent each.

**Table 3. Respondent Business/Organization Type**

Type	%
Finance/insurance/real estate/legal or consulting services	20%
Social services	18
Healthcare	10
Government/military support	9
Media/communications	9
Wholesale/retail	7
Arts/education	4
Construction/maintenance	2
Food service/tourism/lodging	2
Transportation	2
Information technology	2
Manufacturing	1
Mining/Oil	1
Utilities	1
Engineering/architecture	1
Other*	10

Due to rounding, columns may not add to 100%.

\*Other industries included: Religious Community/Church – 2 responses, Chamber of Commerce – 2 responses, Apartment Rental Business, Marina, Lobbyist, and Economic Development.

About half (48%) of respondents work in the private sector.

**Table 4. Type of Organization**

Type	%
For-profit business	48%
Not-for-profit	41
Public agency	11

#### **POSITION AND WORKPLACE LOCATION OF RESPONDENTS**

One third of respondents are business owners, another third are managers, and the remainder included administrative assistants, executive and marketing directors, human resource staff, and sales employees.

**Table 5. Respondent Position at Organization**

Position	%
Manager	34%
Owner	33
Other	33

Seventy percent of those who completed the survey have workplace locations either in Wasilla (48%) or Palmer (21%).

**Table 6. Primary Location of Respondent Business/Organization**

Primary Location	# of Respondents
Wasilla	48
Palmer	21
Big Lake	5
Houston	3
Talkeetna	1
Other	4

Many of the businesses surveyed belong to one or more chambers of commerce in Mat-Su: more than half belong to the Wasilla Chamber (52 businesses), another 29 to the Palmer Chamber, and 21 are members of the Big Lake Chamber of Commerce. Seven members each of the Houston and Talkeetna chambers also responded to the survey. Seventeen businesses/organizations were not chamber members.

## Survey Findings

### WORKPLACE PROVISIONS AND ATTITUDES

Respondents were asked whether they agreed or disagreed with a series of statements about their workplace policies and attitudes concerning employee health issues.

- Ninety percent of respondents agreed or strongly agreed that it is important for businesses to support and encourage employees to lead healthy lifestyles.
- More than eight of ten agreed or strongly agreed that their management was responsive to employee health needs.
- More than three-fourths indicated their management supports efforts to encourage physical activity. The same percentage believed that the workplace has an important role in helping to improve employee health.

**Table 7. Workplace Provisions and Attitudes (n=82)**

“My workplace...”	Strongly Agree	Agree	Disagree	Strongly Disagree	Don’t know/ Not Applicable
Believes it is important to support and encourage employees to lead healthy lifestyles.	55%	35%	5%	2%	2%
Is very responsive to employee health needs.	43	40	6	2	9
Is concerned about the negative effects of employee health and medical issues.	39	40	9	2	10
Believes the workplace has an important role to play in improving the health of employees.	39	38	13	5	5
Supports clubs, groups or community efforts to encourage physical activity (walking, biking, youth sports, races, etc.).	38	39	13	2	7
Provides flexible work arrangements or break times for employees to engage in physical activity	32	39	10	6	13
Participates in the public process or community partnerships to address better worker health.	29	35	11	6	18

Due to rounding, rows may not add to 100%.

#### **DIFFERENCES AND SIMILARITIES AMONG FOR-PROFIT, NONPROFIT AND PUBLIC ORGANIZATIONS**

In a few areas survey responses differed somewhat for different types of organizations (see Table 8.).

- Public agencies may be somewhat less likely than nonprofit and for-profit businesses to believe that employers should actively encourage employees to be healthier or to take concrete steps to improve employee health, for example by offering flex-time or supporting exercise groups and events.
- For-profit businesses may be less likely to participate in public processes or community partnerships than nonprofits and public agencies.

In other areas, responses among the three types of organization were similar.

**Table 8. Workplace Provisions and Attitudes by Type of Organization**

<b>“My workplace...”</b>	<b>Strongly Agree %</b>	<b>Agree %</b>	<b>Disagree %</b>	<b>Strongly Disagree %</b>	<b>Don't know/NA%</b>
<b>Believes it is important to support and encourage employees to lead healthy lifestyles</b>					
For-Profit Business	59	28	5	3	5
Public Agency	33	44	11	11	0
Not-for-Profit	56	41	3	0	0
<b>Is very responsive to employee health needs</b>					
For-Profit Business	41	41	5	0	11
Public Agency	44	44	0	11	0
Not-for-Profit	44	38	9	3	6
<b>Is concerned about the negative effects of employee health and medical issues</b>					
For-Profit Business	41	28	13	0	18
Public Agency	22	56	0	11	11
Not-for-Profit	41	50	6	3	0
<b>Believes the workplace has an important role to play in improving the health of employees</b>					
For-Profit Business	38	36	15	5	5
Public Agency	44	33	0	22	0
Not-for-Profit	38	41	15	0	6
<b>Supports clubs, groups or community efforts to encourage physical activity</b>					
For-Profit Business	36	36	21	3	5
Public Agency	11	67	0	11	11
Not-for-Profit	47	35	9	0	9
<b>Provides flexible work arrangements or break times for employees to engage in physical activity</b>					
For-Profit Business	28	41	8	5	18
Public Agency	11	44	0	22	22
Not-for-Profit	41	35	15	3	6
<b>Participates in the public process or community partnerships to address better worker health</b>					
For-Profit Business	15	31	18	10	26
Public Agency	33	56	0	11	0
Not-for-Profit	44	35	6	0	15

## HEALTH INSURANCE

Of those businesses/organizations responding to the online survey, 61% offer full-time employees access to a health insurance plan.

**Table 9. Health Insurance**

	<b>%</b>
Yes	61%
No	37
Don't know	2

Table 10. reports the varied reasons as to why businesses/organizations did not offer health coverage for their employees.

**Table 10. Reasons for not offering Health Insurance**

<b>Reason</b>	<b>#</b>
Too expensive	25
Most employees are covered elsewhere	14
Not required by law	11
Not the company's responsibility	8
Don't know what options are available	6
Most employees would not be eligible	6
Most employees don't want coverage	4
It doesn't benefit our company	4
Owner/no employees	4
Policies and process are too complicated	2
High employee turnover	1
Other	9

Respondents could choose 3.

## WORKPLACE AMENITIES

The majority of businesses that responded provide amenities such as refrigerators, microwaves, a sink, and drinking water for employees. Seventeen percent offer healthy food and beverage options in vending machines or the company cafeteria, 73% have an emergency response plan, and 45% have a response plan for heart attack or stroke.

**Table 11. Workplace Amenities (n=82)**

	Yes	No	Don't know/ Not applicable
Refrigerator access for employees?	90%	5%	5%
Microwave access for employees?	87	9	5
A sink with water faucet access for employees?	91	4	5
Healthy food and beverage options at company-sponsored meetings and events?	66	15	21
Healthy food and beverage options in on-site cafeteria or vending machines?	17	46	37
Safe, unflavored, drinking water at no cost to employees?	88	6	6
Bicycle parking for employees (bike racks, shelters)?	34	50	16
Information about nutrition or weight-management classes or counseling?	26	55	20
Exercise facilities for employees or help cover the cost of off-site exercise programs?	17	65	18
Health promotion programs or classes or paid time off to attend them?	16	63	21
An emergency response/evacuation plan for fire, earthquake or other disasters?	73	17	10
An emergency response plan for heart attack or stroke?	45	41	13

Due to rounding, rows may not add to 100%.

## **DIFFERENCES AND SIMILARITIES AMONG RESPONDING FOR-PROFIT, NONPROFIT AND PUBLIC ORGANIZATIONS**

- All public agency workplaces responding provide certain amenities: refrigerators, microwaves, sinks and free drinking water for employees.
- A higher percentage of not-for-profit agencies (76%) provide healthy food and beverage options at company-sponsored meetings than for-profit businesses (59%) and public agencies (44%). Public agencies, though, have a high percentage of healthy food and beverage options (33%) in their vending machines or cafeterias than for-profits (13%) and non-for-profits (18%).
- More than one-half (56%) of public agencies have bicycle parking for employees compared to for-profit businesses (31%) and non-for-profits (32%).
- Public agencies (89%) and not-for-profit organizations (88%) have emergency response plans for fire, earthquakes and other disasters whereas 56% of businesses have an emergency program.

**Table 12. Workplace Amenities by Type of Organization**  
**For-Profit Businesses (n=39), Public Agencies (n=9), Nonprofits (n=34)**

<b>Workplace Amenity</b>	<b>Yes (%)</b>	<b>No (%)</b>	<b>Don't Know/ Not Applicable (%)</b>
<b>Refrigerator access for employees</b>			
For-Profit Business	85%	5%	10%
Public Agency	100	0	0
Not-for-Profit	94	6	0
<b>Microwave Access for Employees</b>			
For-Profit Business	79	10	10
Public Agency	100	0	0
Not-for-Profit	91	9	0
<b>A sink with water facet access for employees</b>			
For-Profit Business	85	5	10
Public Agency	100	0	0
Not-for-Profit	97	3	0
<b>Healthy food and beverage options at company-sponsored meetings and events</b>			
For-Profit Business	59	18	23
Public Agency	44	22	33
Not-for-Profit	76	9	15
<b>Healthy food and beverage options in on-site cafeteria or vending machines</b>			
For-Profit Business	13	41	46
Public Agency	33	56	11
Not-for-Profit	18	50	32

### Workplace Amenities by Type of Organization (continued)

Workplace Amenity	Yes (%)	No (%)	Don't Know/ Not Applicable (%)
<b>Safe, unflavored, drinking water at no cost to employees</b>			
For-Profit Business	82%	5%	13%
Public Agency	100	0	0
Not-for-Profit	91	9	0
<b>Bicycle parking for employees (bike racks, shelters)</b>			
For-Profit Business	31	41	28
Public Agency	56	33	11
Not-for-Profit	32	65	3
<b>Information about nutrition or weight-management classes or counseling</b>			
For-Profit Business	15	59	26
Public Agency	33	33	33
Not-for-Profit	35	56	9
<b>Exercise facilities for employees or help cover the cost of off-site exercise programs</b>			
For-Profit Business	13	59	28
Public Agency	22	67	11
Not-for-Profit	21	71	9
<b>Health promotion programs or classes or paid time off to attend them</b>			
For-Profit Business	10	56	33
Public Agency	11	67	22
Not-for-Profit	24	71	6
<b>An emergency response/evacuation plan for fire, earthquake, or other disasters</b>			
For-Profit Business	56	28	15
Public Agency	89	0	11
Not-for-Profit	88	9	3
<b>An emergency response plan for heart attack or stroke</b>			
For-Profit Business	38	41	21
Public Agency	56	22	22
Not-for-Profit	50	47	3

Due to rounding, rows may not add to 100%.

## WORKPLACE HEALTH POLICIES AND PROGRAMS

- Nearly eight out of ten businesses (79%) prohibit smoking. One-third (33%) of workplaces have programs in place to refer employees to tobacco cessation resources.
- Nearly three-fourths (72%) of business do not have a program to educate employees to recognize signs of a stroke.

**Table 13. Workplace Health Policies and Programs (n=82)**

Policy/Program	Yes	No	Don't know/ Not applicable
Raise awareness of how to recognize signs of a stroke?	18%	73%	9%
Ensure employees can pump and store their breast milk at work to take home to their infants at the end of the workday?	27	29	44
Prohibit smoking in the workplace?	79	16	5
Help prevent or reduce employee stress?	39	45	16
Refer employees to tobacco cessation resources or services, such as a telephone quit-line?	33	43	24

Due to rounding, rows may not add to 100%.

## DIFFERENCES AND SIMILARITIES AMONG FOR-PROFIT, NONPROFIT AND PUBLIC ORGANIZATIONS

- Twice as many public agencies (33%) have health programs to raise awareness of how to recognize signs of a stroke than for-profit (18%) and not-for-profits businesses (15%).
- One hundred percent of the respondents from public agencies prohibit smoking in the workplace, followed by 91% in non-for-profit and 64% in for-profit companies.

**Table 14. Workplace Health Policies and Programs by Type of Organization**  
**For-Profit Businesses (n=39), Public Agencies (n=9), Nonprofits (n=34)**

<b>Policy/Program</b>	<b>Yes (%)</b>	<b>No (%)</b>	<b>Don't Know/Not Applicable (%)</b>
<b>Raise awareness of how to recognize signs of a stroke</b>			
For-Profit Business	18%	69%	13%
Public Agency	33	67	0
Not-for-Profit	15	79	6
<b>Ensure employees can pump and store their breast milk at work to take home to their infants at the end of the workday</b>			
For-Profit Business	15%	31%	54%
Public Agency	44	22	33
Not-for-Profit	35	29	35
<b>Prohibit smoking in the workplace</b>			
For-Profit Business	64%	26%	10%
Public Agency	100	0	0
Not-for-Profit	91	9	0
<b>Help prevent or reduce employee stress</b>			
For-Profit Business	31%	46%	23%
Public Agency	44	33	22
Not-for-Profit	47	47	6
<b>Refer employees to tobacco cessation resources or services, such as a telephone quit-line</b>			
For-Profit Business	21%	49%	31%
Public Agency	33	44	22
Not-for-Profit	47	35	18

Due to rounding, rows may not add to 100%.

#### **OTHER COMMENTS**

When asked to describe other ways that their workplace helps employees to be healthier, respondent comments fell into three primary areas: workplace wellness policies, programs that encourage more physical activity and policies that promote less stress.

## WELLNESS POLICIES

- *Have a wellness policy but need to be better at enforcement.*
- *Employee Wellness Program*
- *Mobile mammogram. Teams for Run for Life, etc. and other events in community (not formalized) - ad hoc.*
- *Employee assistance program available. Does health fairs. Annual free clinics. Participate with mobile mammogram. CPR training quarterly - free to employees. Quarterly blood drives.*
- *We are 100 % no tobacco use. We simply no longer hire smokers or chewers.*
- *Mid-Valley serves nutritious meals to our home delivered meal program as well as our congregate meal site. Staff eats these same meals. The Wii is set up and it's mandatory on Wednesdays for all staff to play for half hour or more. Some board members are not happy when they walk in to see staff playing games.*
- *We have morning meetings for safety tips. About three minutes long.*
- *Workplace safety committee. Wellness committee. All-staff wellness in-service each year. Nutrition and wellness newsletter purchased for all employees.*
- *Corporately, have lowered cost of business by doing healthy measures - incentivized for not-smoking, and other healthy measures program.*

## PHYSICALLY ACTIVE LIFESTYLE

- *Noon walks, ergonomic work stations.*
- *Walking (or fitness) challenges. Employee health clinic; coaches; counseling for diet and nutrition; on-site gym (Anchorage); running clubs; Chief executive rides bike to work every day (all seasons); sponsors locally community events - Heart Run; Tobacco-free campus to next level - they no longer hire employees that use nicotine; sponsored a weight loss program (Naturally Slim); several employer sponsor challenges - walking, steps; incentivized employees to get biometric screenings; new benefit approach will be Account Based - employees will take more active role in managing their health.*

## PROGRAMS TO REDUCE STRESS

- *Required they leave the office at lunch. Try to limit over time. Weekends off.*
- *We offer 30 minutes self-care for full-time counseling staff each 8 hour day. This self-care time can be spent in personal devotion and is intended to reduce staff stress, burnout, and turnover while increasing staff health.*
- *Provide them the tools they need to accomplish their contracted goals and earn money. Allow them to schedule their own time to accomplish their life goals. Listen to their wants/needs and work with them to clarify methods for achieving satisfaction in what they do.*
- *Flexible with time off for time with family or medical appointments.*

- *Provides a small budget for employees to engage in group self-care activities. Includes mental health insurance coverage for employees.*
- *Employees are able to work from home when conditions warrant.*
- *Employee assistance program that is free - Magellan Health in Anchorage. Free service for full and part time employees - counseling on a variety of issues (stress, family relationships, etc.). Yearly biometric screening (free) for full time employees. Train on body mechanics to protect backs and how to lift properly.*
- *Encourages cooperation and a team effort approach among all staff. Executive director is available to talk about any problems that any of the staff may encounter and also helps maintain the tourist traffic flow in the office*
- *Through an environment of peer engagement. Be good role model for students. Manages lifestyles and promote wellness. Covers physical and personal wellness.*

#### **OTHER**

- *When an employer pays 100% of health insurance it probably means the hourly wage is less than a company who only pays 80%.*
- *We intend on offering health insurance to our employees as soon as we can financially make it happen.*
- *Our company is a small LLC that invests and manages real estate, without employees. There are two owners and we purchase self-employment insurance, which is very expensive and is mostly a major medical and our children are not covered on it.*
- *Houston Area is growing at a rapid rate with seniors, more seniors eating meals, less having any funds to donate for suggested donations. This stops a lot of seniors in their tracks.*
- *She wishes there were better discounts at health places as a company (health clubs).*
- *I would like to say that I am very glad to see that this survey is being made available to businesses here in Mat-Su. It is something that has been needed for a long time, and I hope to see some positive results come from it.*
- *Be good role models and keep ourselves healthy.*