

Gauging Progress toward a Healthier IU: Focus on IU Bloomington

A Comparison of the IU Workplace Health and Wellness Survey Results from 2013 to 2019



1 INTRODUCTION

In 2013, Indiana University implemented the first university-wide survey of employee health and wellness. In support of building a culture of health and wellness across all campus locations, the IU Workplace Health & Wellness Survey has encouraged broad participation, inviting *every* full-time employee to participate. Survey results have been shared widely with employee groups, and have guided *Healthy IU* and wellness champions across the university in taking action toward organizational policies and programs that foster a healthier IU.

The survey has been repeated twice now – in both 2015 and 2019 - since the inaugural survey of 2013. In this report, we present the 2019 results alongside those of prior years to assess our progress toward a healthier IU during this six-year span.

2 METHODS

2.1 SURVEY IMPLEMENTATION

Core question content remained intact across all survey years, enabling valid year-to-year comparisons. Some questions were removed due to limited usefulness and a desire to shorten completion time. Other questions were added or modified to improve the survey's value in organizational planning. In 2019, new items were added in these topic areas: 1) stress; 2) social connection and isolation; 3) employee participation with Healthy IU programs; 4) management of chronic illnesses; 5) barriers to the flu shot; 6) frequency of alcohol intake; and 7) employees' greatest strength and challenge to wellness. The survey was fielded via email to a roster of the university's full-time employees between 3/1-4/5/19 using Qualtrics®. E-mail addresses were used solely within Qualtrics® to deliver invitations and reminders; no personal identifiers were collected in the survey data itself.



2.2 APPROACH TO COMPARATIVE ANALYSIS

Quantitative data were analyzed using IBM SPSS Statistics 26 (IBM Corp., 2019). Campus-level survey results were weighted to the 2013 employee population using three weighting variables: sex (female or male), race/ethnicity (Hispanic/Latino, African American/Black, other minority, or white), and job type (faculty or staff). These variables were selected for weighting in 2013 to compensate for differences between the demographic makeup of survey participants and the employee population, yielding results that are more representative of the employee population on the whole. The 2015 and 2019 survey data presented in this report were also weighted to the 2013 population to improve validity of year-to-year comparisons.

In the tables that follow, we compare results from 2019 to 2013 so that the change reflects a six-year span. In some cases, results from 2013 are not available because the question was not included in the initial year. In those instances, the comparison shown is between 2015 and 2019. Please note in the tables that follow, "NA" identifies questions that were Not Asked or Not Asked in a comparable way in all years.

For each question being compared, we calculated and considered two measures of change, described and explained in the table below: 1) absolute change, and 2) relative change. Further, we considered both the statistical and practical significance of these changes. Chi-square testing was conducted to assess whether the absolute difference between the 2019 and 2013 results was *statistically significant*. However, given the large number of respondents to the survey (5,100), differences may be statistically significant though not practically meaningful. Therefore, we also set a benchmark for practical significance at $\geq 10\%$ relative change, either better or worse.

Table 1. Examples Demonstrating Approach to Year-to-Year Comparison

	Absolute Change	Relative Change
Meaning	The simple difference between the two rates being compared	Expresses the change <i>relative</i> to the starting point; <i>allows us to compare the degree of change across factors that vary widely in prevalence</i>
Calculation	= 2019 Rate – 2013 Rate	= $\frac{(2019 \text{ Rate} - 2013 \text{ Rate})}{2013 \text{ Rate}}$
Example 1: Employees told they have pre-diabetes or borderline diabetes	= 9.8% - 5.6% = +4.2% A small absolute change but... 	= $\frac{(9.8\% - 5.6\%)}{5.6\%} = \frac{4.2\%}{5.6\%} \times 100 = \mathbf{+75.0\%}$ A large relative change
Example 2: Employees who had a seasonal flu shot during the past 12 months	= 69.2% - 60.3% = +8.9% A larger absolute change than in example 1 but... 	= $\frac{(69.2\% - 60.3\%)}{60.3\%} = \frac{8.9\%}{60.3\%} \times 100 = \mathbf{+14.8\%}$ A much smaller relative change
Significance of Differences	Statistical significance evaluated at $\alpha=.05$ using Chi-square testing	Practical significance if $\geq \pm 10\%$ relative change

3 PARTICIPATION

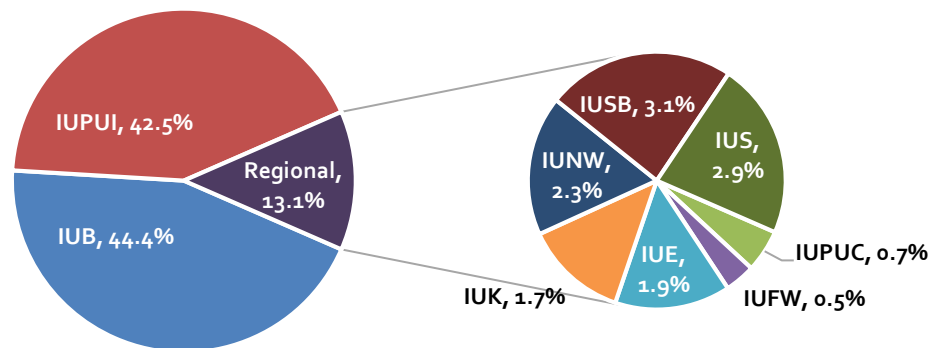
A total of 5,100 of IU's 19,000+ full-time employees who received the invitation (26.6%) participated in the 2019 IU Workplace Health & Wellness Survey, with campus participation rates ranging from a low of 24.9% to a high of 34.9%. While the IUB participation rate was the lowest of all campuses at 24.9%; well over 2,200 IUB employees participated, representing 44.4% of all survey participants. While the proportion of full-time employees who participated was similar across all locations, 86.9% of participants were affiliated with IUB or IUPUI due to the size of these campuses. Figure 1 demonstrates the proportion of total survey responses affiliated with each campus location.

Table 2. 2019 Participation Rates by IU Location

IU Campus Location	2019 Survey Participants	Participation Rate (% of FTEs)
IU Bloomington	2265	24.9%
IUPUI, Indianapolis*	2231	27.2%
IUE, Richmond	95	34.9%
IUK, Kokomo	86	29.5%
IUNW, Gary	118	31.4%
IU South Bend	156	30.1%
IUS, New Albany	149	34.3%
All IU Locations Combined:	5100	26.6%

*Administratively, IUPUC-Columbus and IUFW-Fort Wayne are included with IUPUI for total employee counts.

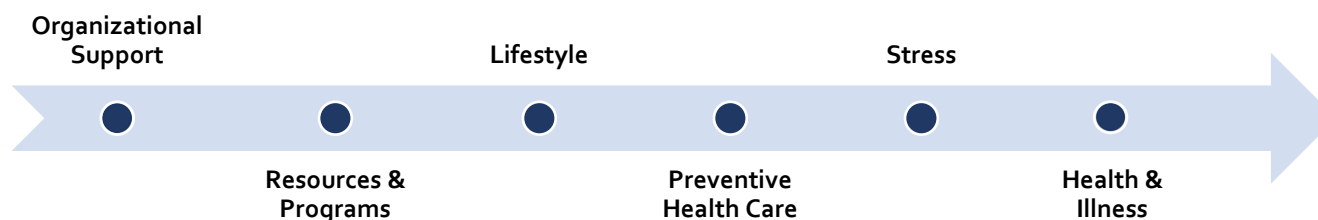
Figure 1. Proportion of 2019 Survey Participants by IU Location



4 COMPARATIVE RESULTS

The survey’s main content areas are shown below along a continuum of change (Figure 2). Moving from left to right along the continuum, the difficulty and time required for change increases. Areas further to the left represent the greatest potential for rapid change when organizational interventions are implemented; right-most areas are anticipated to take far longer to reflect change. We will consider the changes observed between 2013 and 2019 in the context of this continuum, proceeding through the six content areas from left to right along the continuum of change.

Figure 2. Survey Content Areas along Continuum of Change



In comparing the survey measures comprehensively, we color-coded our interpretations based on the combination of statistical and practical significance. The color-coding is intended to provide a quick visual impression of the strength and degree of change observed in each content area. We compare results from 2013 to 2019 so that the change over the six-year span is shown. In some cases, results from 2013 are not available because the question was not included in the initial year. In those instances, the comparison shown is between 2015 and 2019 (a four-year span).

Change Code Legend	
	Improvement is statistically <i>and</i> practically significant
	Worsening is statistically <i>and</i> practically significant
	Change lacks statistical <i>and/or</i> practical significance

In the following tables, the question number (e.g. Q10) is shown as a cross-reference to a separate document providing full results for each question in the order of the survey (“2019 Results in Survey Form”). This document will be available online through Healthy IU for each campus as well as IU Overall at <https://healthy.iu.edu/campus-programs-services/university/workplace-wellness-survey.html>.

4.1 ORGANIZATIONAL SUPPORT

Question #	Survey Items Regarding Organizational Support	Survey Results			Comparison of 2019 to 2013 ¹			
		2013	2015	2019	Absolute Change	Relative Change	p-value	Change Code ³
Q10	Overall, how supportive is IU of your personal health? (Percent rating 7-10 on scale of 1-10)	63.6%	72.6%	74.9%	11.3%	17.8%	<.001*	
Q9	Overall, how safe do you think your workplace is? (Percent rating 7-10 on scale of 1-10)	82.5%	85.6%	86.7%	4.2%	5.1%	<.001*	
Q12	All in all, how satisfied would you say you are with your job? (Percent satisfied/very satisfied)	81.5%	83.0%	88.4%	6.9%	8.5%	<.001*	
Q11	Employees who Agree or Strongly Agree...							
a	The people you work with take a personal interest in you.	NA	72.5%	71.4%	-1.1%	-1.5%	.077	
b	In your workplace, your co-workers support your efforts to be healthy.	62.6%	61.7%	62.2%	-0.4%	-0.6%	.566	
c	Your supervisor is concerned about the welfare of those under him or her.	NA	71.8%	74.0%	2.2%	3.1%	.001*	
d	In your workplace, management considers workplace health and safety to be important.	63.1%	65.4%	68.8%	5.7%	9.0%	<.001*	
e	IU has provided you with the opportunity to be physically active .	48.2%	62.7%	61.9%	13.7%	28.4%	<.001*	
f	IU has provided you with the opportunity to eat a healthy diet .	34.1%	35.5%	38.1%	4.0%	11.7%	<.001*	
g	IU has provided you with the opportunity to live tobacco free .	82.9%	80.9%	85.3%	2.4%	2.9%	<.001*	
h	IU has provided you with the opportunity to manage your stress .	27.6%	45.0%	45.3%	17.7%	64.1%	<.001*	
i	IU has provided you with the opportunity to work safely .	70.3%	77.1%	78.6%	8.3%	11.8%	<.001*	

¹In cases where 2013 results were "NA" (not asked), the Comparison is made between 2019 and 2015; ²NA=not asked/not comparably asked in given year

³See Change Code legend on page 5; *Statistically significant



Key Findings ~ Organizational Support

The content area of Organizational Support showed statistically and practically significant improvements in five measures (green). The remaining seven measures improved or held steady, though changes did not meet the criteria set for dual significance. The greatest relative improvement (64.1% increase over 2013) was in the percentage of employees who say that IU has provided them with the opportunity to manage their stress, increasing from 27.6% in 2013 to 45.3% in 2019. Levels of stress reported by employees in the initial 2013 survey were a top concern, and substantial efforts were subsequently focused on addressing stress. There was also a 28.4% increase over 2013 in the percentage of employees who say that IU has provided them with the opportunity to be physically active. Perceptions of University support for health and for providing opportunities to eat a healthy diet and work safely also were statistically and practically significant, although to a lesser extent.

Engagement with Healthy IU

In the 2019 survey, we asked participants for the first time about their engagement with program(s) offered through *Healthy IU*. As the university's employee wellness department, this is a main avenue through which organizational support for employee wellness is conveyed. While we do not have these data for prior years to compare, it is useful in assessing the reach of *Healthy IU* over the past two years.

We asked two questions. One indicates the degree of engagement *Healthy IU* is having with full-time employees: *Over the past two years (or since you were hired if less than two years), in which of the following Healthy IU programs have you participated? (Mark all that apply.)* The second question attempts to capture the potential "ripple effect" of *Healthy IU* programs from employees who directly participated in programs to others within their sphere of influence. We asked: *"Did you share any information or skills you learned in the Healthy IU program(s) with any others in your life? For example, did you involve your co-worker in climbing stairs, choose healthier foods when shopping for your family, or pass on a deep-breathing tip to a friend under stress? (Mark all that apply.)"*

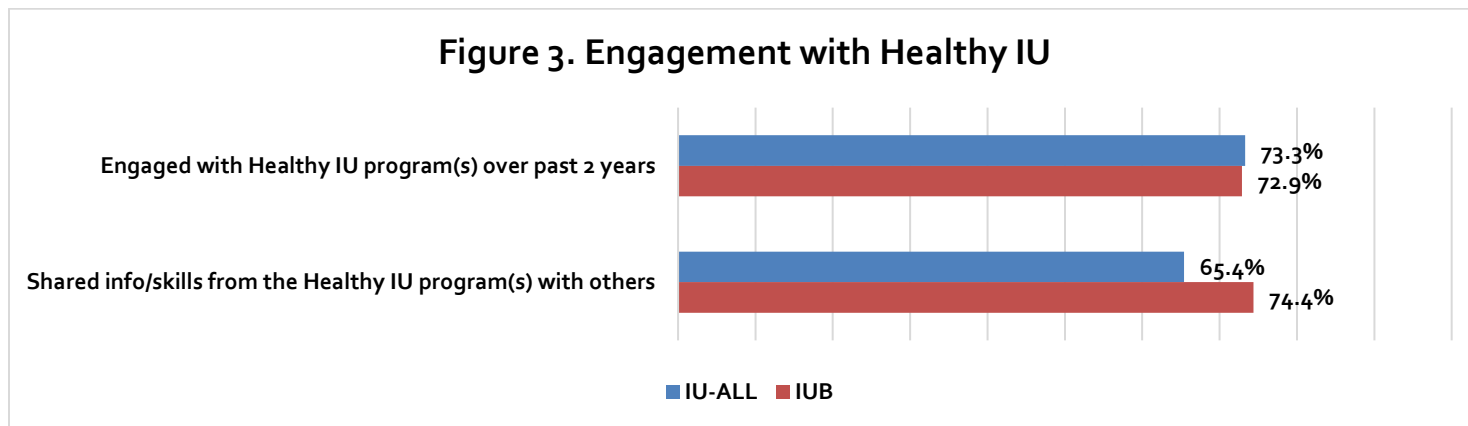


Figure 4. In what type of program(s) did you participate? (IUB)

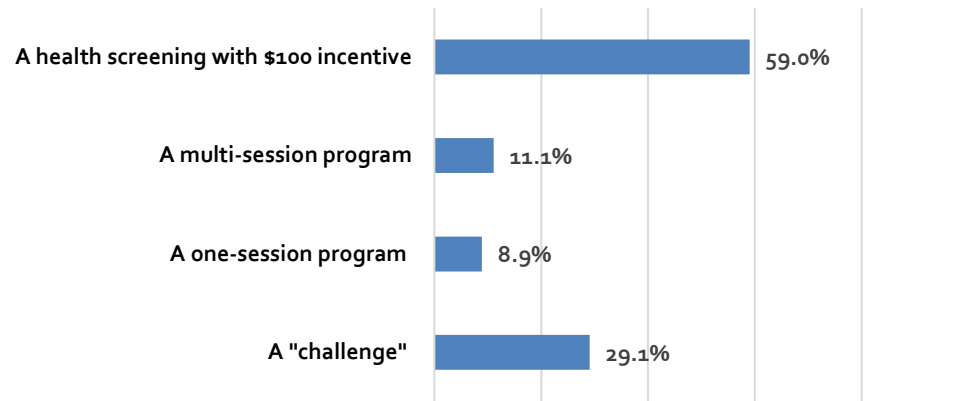
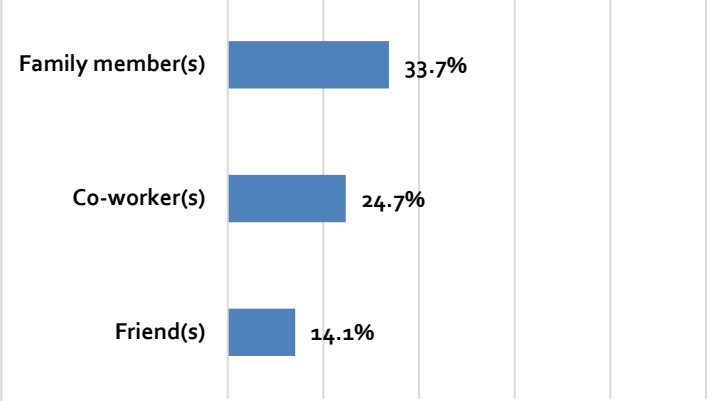


Figure 5. With whom did you share the info/skills?



Key Findings ~ Engagement with Healthy IU

Nearly 3 of every 4 IUB employees said they had participated in at least one Healthy IU program in the past two years (Figure 3). Among those who said they had participated in a Healthy IU program, the percentage participating in various types of programs is shown in Figure 4. More than half of all respondents said they had completed the incentivized health screening in the past 2 years, and nearly one-third said they participated in a “challenge.” Roughly one in ten reported participating in single or multi-session programs. About three-quarters of all IUB employees who participated in Healthy IU program(s) report sharing program-related information or skills with others in their life. Those who shared the info/skills most commonly shared with family, followed by co-workers, and least with friends.

Both the broad improvements in measures of organizational support at IUB and the 2019 information about the reach of Healthy IU into the lives and social networks of these employees demonstrate strong and steady progress toward an organizational culture of health encompassing the IUB campus.

4.2 RESOURCES & PROGRAMS

Question #	Q13: Are the following PROGRAMS OR RESOURCES currently available at your workplace? (Percent who said yes)	Survey Results			Comparison of 2019 to 2013 ¹			
		2013	2015	2019	Absolute Change	Relative Change	p-value	Change Code
Q13	Resources to support healthy eating and nutrition							
A	Healthy food options in vending machines	14.8%	22.1%	25.4%	10.6%	71.6%	<.001*	
B	Healthy food options (like fresh fruits and vegetables, available) to purchase in the cafeteria or other food service [2019 wording change inside parentheses]	44.2%	48.1%	45.5%	1.3%	2.9%	.096	
C	1-on-1 nutritional counseling		26.1%	27.1%	1.0%	3.8%	.196	
D	Healthy weight/weight loss programs	28.8%	42.2%	33.5%	4.7%	16.3%	<.001*	
E	Access to clean drinkable water		91.7%	94.6%	2.9%	3.2%	<.001*	
	Resources to support physical activity							
F	A convenient place to work out or exercise (2015, 2019) - A place to work out or exercise such as an onsite exercise room (2013)	15.3%	44.9%	40.7%	25.4%	166.0%	<.001*	
G	A place to bike or walk	74.1%	81.6%	83.9%	9.8%	13.2%	<.001*	
H	Signs that encourage stair use	22.2%	23.1%	52.4%	30.2%	136.0%	<.001*	
I	Markers that identify walking trails		15.7%	36.6%	20.9%	133.1%	<.001*	
J	Easy to access maps of walking trails		19.1%	31.6%	12.5%	65.4%	<.001*	
	Other resources to support health & wellbeing							
K	Flu shots at work	73.3%	77.1%	77.3%	4.0%	5.5%	<.001*	
L	Programs to help people stop smoking (of current smokers)	69.3%	81.2%	90.5%	21.2%	30.6%	<.001*	
M	A true smoke-free workplace	83.2%	72.0%	75.5%	-7.7%	-9.3%	<.001*	
N	Blood pressure monitoring device available for self-assessment	11.5%	32.7%	38.7%	27.2%	236.5%	<.001*	
O	Stress management or stress reduction classes/programs	15.5%	37.4%	35.6%	20.1%	129.7%	<.001*	
P	Employee Assistance Program (access to professional counseling)	52.5%	60.5%	60.0%	7.5%	14.3%	<.001*	

-continued-

Question #	Q13: Are the following PROGRAMS OR RESOURCES currently available at your workplace? (Percent who said yes)	Survey Results			Comparison of 2019 to 2013 ¹			
		2013	2015	2019	Absolute Change	Relative Change	<i>p-value</i>	Change Code
Q	Ergonomics (work station or computer setup, proper lifting, etc.)	41.0%	49.8%	58.8%	17.8%	43.4%	<.001*	
R	A private area/lactation room for moms who are breastfeeding (of women aged 18-44)	35.9%	38.2%	50.1%	14.2%	39.6%	<.001*	
S	A designated person who communicates health and wellness information to your work group		25.1%	22.4%	-2.7%	-10.8%	<.001*	

¹In cases where 2013 results were "NA" (not asked), the comparison is made between 2019 and 2015; ²NA=not asked/not comparably asked in given year

³See Change Code legend on page 5; *Statistically significant

Key Findings ~ Resources & Programs

Improving employee awareness and access to health-supporting Resources & Programs in IU workplaces was identified in 2013 as an opportunity for rapid change and organizational action. Broad action was taken in this area. Improvement is clearly evidenced with interim changes that are both statistically and practically significant for 13 of the 19 measures (green). In fact, relative increases over the baseline 2013 rates were over 100% for several resources/programs, including: stress management programs, a place to work out or exercise, blood pressure self-monitoring devices, signs encouraging stair use, and markers identifying walking trails. One measure significantly worsened (red): the percentage who had a designated wellness advocate in their work group. The proportion of employees with access to a true smoke-free workplace decreased, approaching practical significance.

4.3 LIFESTYLE INFLUENCES ON HEALTH

Question #	Survey Items Regarding Lifestyle	Survey Results			Comparison of 2019 to 2013 ¹			
		2013	2015	2019	Absolute Change	Relative Change	<i>p-value</i>	Change Code
Q26	Getting enough restful sleep to function well in job and personal life - always/most of the time	61.5%	55.5%	58.5%	-3.0%	-4.9%	<.001*	
Q59 & 60	Body Mass Index (BMI) falls within normal range (18.5-24.9)	40.2%	36.9%	35.6%	-4.6%	-11.4%	<.001*	
Q27	Does not smoke cigarettes	95.7%	95.8%	95.2%	-0.5%	-0.5%	.130	
Q28	Current smokers who stopped smoking for one day or longer because they were trying to quit	44.8%	44.0%	48.8%	4.0%	8.9%	.285	
Q30	Employees who participated in some physical activities or exercises...during the past month	86.5%	88.6%	82.7%	-3.8%	-4.4%	<.001*	
Q31 & 32	Employees meeting the aerobic physical activity guidelines	67.0%	70.5%	66.1%	-0.9%	-1.3%	.245	
Q35	(Of those who mostly sit on the job) Employees who are able to get up and move around 8 or more times during a usual 8-hour work day	52.0%	49.6%	45.0%	-7.0%	-13.5%	<.001*	
Q23a	How often do you get the social and emotional support you need? (Always/usually)	61.4%	61.4%	59.2%	-2.2%	-3.6%	.005*	
Q23b	How often do you feel you lack companionship (Always/usually)	NA	NA	15.4%	-	-	-	-
Q23c	How often do you feel isolated from others (Always/usually)	NA	NA	15.0%	-	-	-	-
Q23d	How often do you feel left out? (Always/usually)	NA	NA	11.5%	-	-	-	-
Q29	Employees who reported drinking alcohol on one or more of the past 30 days	NA	NA	68%	-	-	-	-

¹In cases where 2013 results were "NA" (not asked), the comparison is made between 2019 and 2015; ²NA=not asked/not comparably asked in given year

³See Change Code legend on page; *Statistically significant;

Key Findings ~ Lifestyle Influences

The content area of Lifestyle Influences on Health moves us toward the middle of the continuum of change. No significant improvements were found among the 8 measures that could be compared with prior years' results. Two measures significantly worsened: 1) the percentage of employees whose BMI was in the normal range and 2) the percentage of employees in sedentary jobs who are able to get up and move around at least 8 times per work

day. In 2019, four items were added to the survey. Three of the new items are indicators of social isolation, a growing health threat in the U.S. that is also reflected in the persistent 40% of IUB employees getting inadequate social and emotional support. Based on three new questions, approximately one in seven IUB employees is socially isolated. We also added a question about frequency of alcohol intake (number of days in past 30 in which the employee drank alcohol), and found that over two-thirds of employees drank alcohol at least one day in the past 30.

4.4 PREVENTIVE HEALTH CARE

Question #	Survey Items Regarding Preventive Health Care	Survey Results			Comparison of 2019 to 2013			
		2013	2015	2019	Absolute Change	Relative Change	<i>p-value</i>	Change Code
Q36	Employees who visited a doctor for a routine checkup within the past 2 years	85.3%	83.7%	84.2%	-1.1%	-1.3%	.051	
Q37	Employees who had blood pressure checked by a health professional within the past year	89.5%	91.9%	91.5%	2.0%	2.2%	<.001*	
Q38	Employees who last had a cholesterol test less than 5 years ago	94.0%	94.9%	93.0%	-1.0%	-1.1%	.011*	
Q39	Employees who had a lab test for high blood sugar or diabetes within the past 3 years	76.3%	80.5%	77.4%	1.1%	1.4%	.111	
Q40	Employees who had a seasonal flu vaccine during the past 12 months	52.4%	53.5%	63.7%	11.3%	21.6%	<.001*	

³See Change Code legend on page 5; *Statistically significant

Key Findings ~ Preventive Health Care

Most of the preventive health care measures remained stable across time. Given the excellent baseline rates reported by IU employees for routine checkups, blood pressure checks, and cholesterol testing, there is little room for improvement in these. Significant improvement was noted for rates of seasonal flu vaccination, improving from 52.4% to 63.7% in the six-year span. The top three reasons cited for not getting the flu shot were: 1) not thinking it works well to protect from the flu (24.4%); 2) thinking they are healthy and do not need it (22.5%), and 3) finding their schedule makes it hard to get somewhere to get the vaccine (10.7%). (See Question 41 of the “Results in Survey Form” document for full results.)

4.5 STRESS

Question #	Survey Items Regarding Stress	Survey Results			Comparison of 2019 to 2013 ¹			
		2013	2015	2019	Absolute Change	Relative Change	p-value	Change Code
Q22	Stress means a situation in which a person feels tense, restless, nervous or anxious, or is unable to sleep at night because his/her mind is troubled. Within the last 30 days, how often have you felt this kind of stress? (Most of the time/all of the time)	NA	NA	20.5%	-	-	-	-
Q25	Employees who said stress (from all sources at work or at home) had <i>a lot</i> or <i>some</i> impact on their health in the past year	69.9%	69.0%	63.4%	-6.5%	-9.3%	<.001*	
Q24	Thinking about sources of stress between work and home...							
a	How often do you find your work stressful? (Always/often)	40.7%	41.7%	29.9%	-10.8%	-26.5%	<.001*	
b	How often do things going on at <u>work</u> make you tense or irritable at home? (Always/often)	NA	26.1%	19.1%	-7.0%	-26.8%	<.001*	
c	How often do things going on at <u>home</u> make you tense or irritable at work? (Always/often)	NA	8.0%	4.9%	-3.1%	-38.8%	<.001*	

¹In cases where 2013 results were "NA" (not asked), the Comparison is made between 2019 and 2015; ²NA=not asked/not comparably asked in given year

³See Change Code legend on page 5; *Statistically significant

Key Findings

Findings around stress and mental health from the 2013 baseline survey were concerning, with nearly 7 of 10 employees saying stress had affected their health in the past year. Plans and programs were put in place to address employee stress. In the interim, three of the four measures of stress significantly improved. While the proportion of IUB employees who said stress had impacted their health in the past year improved, the relative change approached but did not meet our criterion for practical significance. Notably, the percentage of employees who reported finding their work stressful (always/often) fell from 40.7% in 2013 to 29.9% in 2019. In 2015, we added two additional measures to help us better understand the interplay of stress between home and work. Based on these results, work stress affects employees at home more often than home stress affects employees at work, but significant reductions were seen in both. These are good signs of progress, yet stress remains a prevalent concern with one in five IUB employees feeling stress most or all of the time in the 30 days prior to the survey. We note the concurrent increase in the percentage of employees saying that IU has provided them the opportunity to manage their stress (page 5).

4.6 HEALTH & ILLNESS

Question #	Survey Items Regarding Health and Illness	Survey Results			Comparison of 2019 to 2013 ¹			
		2013	2015	2019	Absolute Change	Relative Change	p-value	Change Code
Q18	Employees rating their health as fair or poor	9.9%	10.8%	12.7%	2.8%	28.3%	<.001*	
Q19	Employees with one or more days of poor physical health in past 30	38.0%	35.6%	44.3%	6.3%	16.6%	<.001*	
Q20	Employees with one or more days of poor mental health in past 30	43.1%	44.5%	49.8%	6.7%	15.5%	<.001*	
Q21	Employees with one or more days in past 30 when poor physical/mental health interfered with usual activities	31.3%	31.9%	37.9%	6.6%	21.1%	<.001*	
	<i>[Employees responding yes - Have you EVER been told by a doctor, nurse, or other health professional that you have...]</i>							
Q42	High blood pressure	24.4%	24.6%	26.1%	1.7%	7.0%	.012*	
Q42	Borderline high or pre-hypertensive	13.5%	15.2%	14.4%	0.9%	6.7%	.082	
Q44	High blood cholesterol	37.4%	37.7%	41.4%	4.0%	10.7%	.040*	
Q46	Diabetes	5.1%	5.5%	6.1%	1.0%	19.6%	.004*	
Q46	Pre-diabetes or borderline diabetes	6.3%	7.7%	9.8%	3.5%	55.6%	<.001*	
Q50	Asthma - ever	14.2%	15.8%	17.7%	3.5%	24.6%	<.001*	
Q51	Asthma – current asthma among those ever diagnosed		60.3%	66.8%	6.5%	10.8%	.001*	
Q53	Arthritis	23.9%	28.5%	28.1%	4.2%	17.6%	<.001*	
Q58	Depressive disorder	21.9%	25.1%	29.3%	7.4%	33.8%	<.001*	
Q48	Heart disease	3.1%	3.5%	3.0%	-0.1%	-3.2%	.667	
Q57	Carpal tunnel syndrome	9.9%	11.2%	12.2%	2.3%	23.2%	<.001*	
	<i>[Employees who self-identified having ...]</i>							
Q55	Chronic or recurrent low back pain	27.0%	31.1%	35.0%	8.0%	29.6%	<.001*	
Q59-60	Obesity (calculated BMI ≥30.0)	25.5%	29.2%	30.8%	5.3%	20.8%	<.001*	
Q59-60	Overweight (calculated BMI 25.0-29.9)	32.9%	32.8%	32.7%	-0.2%	-0.6%	.801	
Q16	Health problems they think may be due to physical surroundings at workplace		25.8%	28.1%	2.3%	8.9%	.001*	

¹In cases where 2013 results were "NA" (not asked), the Comparison is made between 2019 and 2015; ²NA=not asked/not comparably asked in given year

³See Change Code legend on page 5; *Statistically significant



Key Findings ~ Health & Illness

The final content area, to the far right of the continuum of change, describes the Health & Illness measures of IU employees. Interpretation of these results over time is less straightforward than in previous sections. Some of the measures coded red for significant increases may be, in fact, positive signs of pro-active screening and management as much as they are warning signs. For example, an increase in pre-hypertension or pre-diabetes may mean that employees are made aware of their risk at an earlier point where progression to disease can be prevented or slowed. Also, several of these health questions reflect lifetime prevalence (i.e. having EVER been diagnosed with the stated condition). Since it is impossible for employees, once diagnosed with a condition, to be “un-diagnosed,” we expect progress in these measures to be demonstrated through a slow and gradual leveling off, beginning with stabilization in rates (yellow).

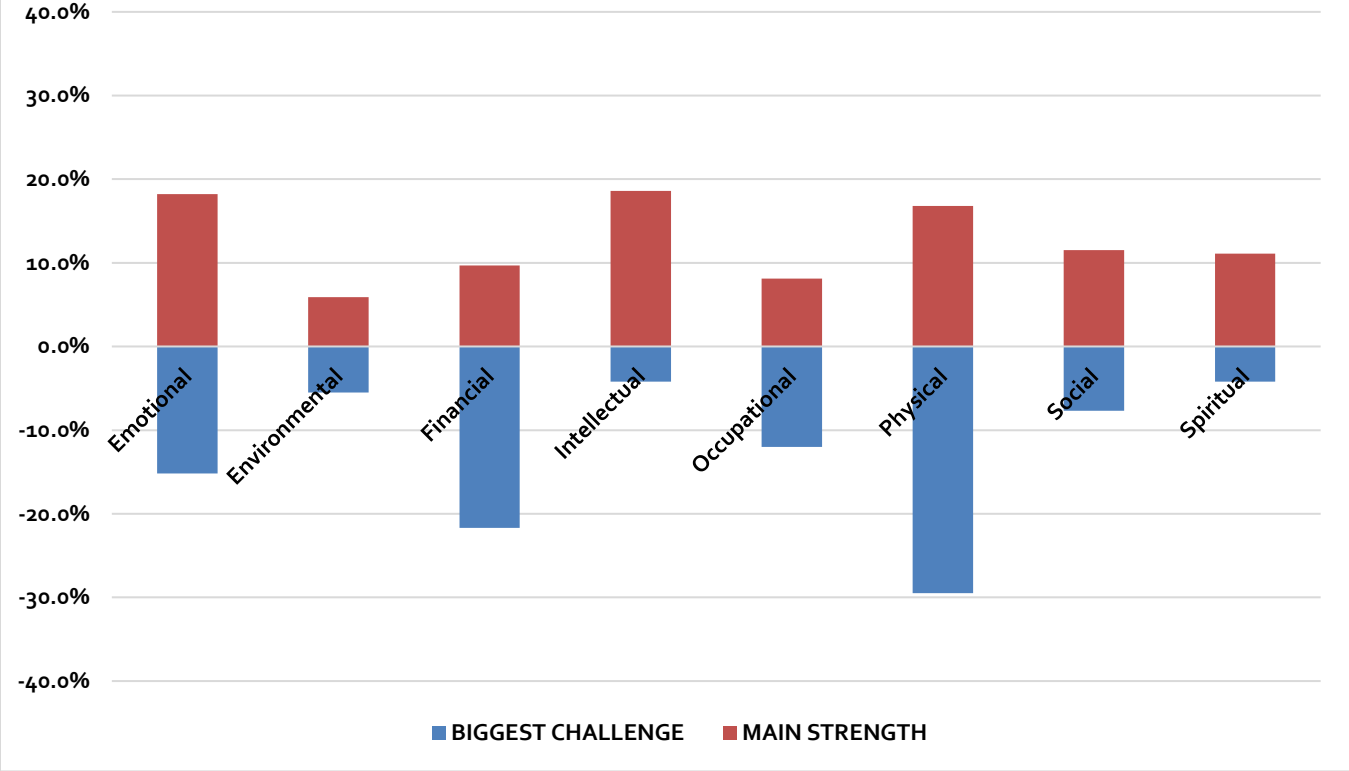
Across all Health and Illness measures, 14 of 19 demonstrated statistically and practically significant increases (red), while five remained stable (yellow). All four self-reported global measures of physical and mental health (Q18-Q21) worsened significantly in the six-year span. Lifetime prevalence rates of high cholesterol, diabetes, pre-diabetes, asthma, depressive disorder, arthritis, and carpal tunnel syndrome all significantly increased, as did current prevalence of obesity and chronic/recurrent low back pain. In contrast, lifetime prevalence rates of hypertension, pre-hypertension, and heart disease remained stable overall, as did current prevalence of overweight and health problems thought to be related to the physical work environment. Increases in the proportion of IUB employees rating their health as fair/poor, as well as the proportion who have ever been diagnosed with diabetes, asthma, high cholesterol, or carpal tunnel syndrome met dual significance criteria at IUB, though not IU-Wide. Conversely, rates of pre-hypertension, which significantly increased IU-Wide, were stable at IUB.

Employee Perspectives on Their Wellness Strengths and Challenges

The final two questions of the 2019 survey were newly added, providing some insight into what IU employees consider their main areas of strength and challenge to wellness today. After some introductory framing to describe wellness as encompassing many areas of our lives, employees were asked to select which of 8 dimensions of wellness they considered their “*biggest challenge to wellness today – the area where (they) are farthest from where (they) want to be,*” and their “*main strength in wellness today – the area where (they) are closest to where (they) would like to be.*” Figure 6 demonstrates results based on the responses of IUB employees. In the figure, the proportion who identified a dimension as their biggest challenge is charted as a negative value, while the proportion who identified that domain as their main strength is charted as a positive value.

Intellectual and Spiritual dimensions were more often considered a strength than a challenge. Physical and Financial dimensions were more often considered a challenge than a strength. The remaining dimensions (Emotional, Environmental, Occupational and Social) were more evenly considered a strength as they were a challenge. The top three dimensions employees identified as their main strength in wellness were Intellectual (18.6%), Emotional (18.2%), and Physical (16.8%). On the other hand, the top three dimensions employees identified as their biggest challenge to wellness were Physical (29.5%), Financial (21.7%), and Emotional (15.2%).

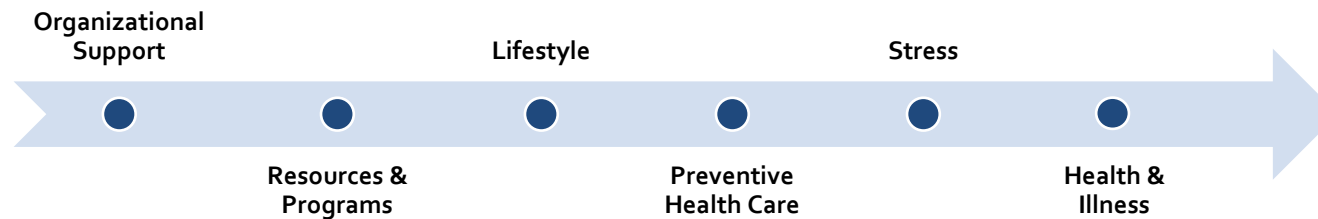
Figure 6. Main Strength and Biggest Challenge in Wellness per IUB Employees



5 SUMMARY

The 2019 IU Workplace Health & Wellness survey results provide an opportunity to gauge progress toward a healthier IU, informed by thousands of IU employees who participated in each of the three surveys of 2013, 2015, and 2019. In 2019, 2265 IUB employees participated, for a campus participation rate of 24.9%. We summarize IUB findings by topic along the continuum of change (Figure 2).

Figure 2. Survey Content Areas along Continuum of Change (reprinted)



- Several measures of **Organizational Support** improved among IUB employees in the six-year span, including an increase in the proportion of employees who say that IU is supportive of their personal health and that IU had provided the opportunity to manage their stress, be physically active, eat a healthy diet, and work safely. No measures worsened. For the first time in 2019, we asked about employees' participation with *Healthy IU* programs and the extended impact ("ripple effect") when employees share program information or skills with others. More than 70% of IUB employees said they had participated in at least one Healthy IU program in the past two years, for a level of engagement that was on par with IU employees on the whole. About two-thirds of program participants shared program-related information or skills with others in their life. These findings demonstrate strong and steady progress toward an organizational culture of health encompassing the IUB campus.
- Improving employee awareness and access to health-supporting **Resources & Programs** in IU workplaces was identified in 2013 as an opportunity for rapid change and organizational action. Broad action was taken in this area. Progress is clearly evidenced with significant improvements in 13 of the 19 measures. In fact, the proportion of IUB employees with access to several resources and programs at least doubled between 2013 and 2019; these included stress management programs, convenient places to work out, blood pressure self-monitoring devices, signs encouraging stair use, and markers identifying walking trails. One measure significantly worsened: the percentage of IUB employees who had a designated wellness advocate in their work group.
- No significant improvements were found among the 8 measures of **Lifestyle Influences on Health** that could be compared with prior results, and two measures worsened significantly (normal BMI and ability of sedentary workers to get up and move around during their work day). These

findings warrant a closer look as plans are made for the future. Based on new questions in 2019, approximately one in seven IUB employees is socially isolated, a growing health threat in the U.S. that is further reflected in the persistent 40% of IUB employees getting inadequate social and emotional support.

- Across the survey years, IU employees on the whole have maintained excellent rates of **Preventive Health Care**. At IUB, these rates have remained steadily high with little room for improvement. Seasonal flu vaccination rates are the exception, improving from 52.4% to 63.7% in the six-year span. In 2019, we learned about employee's main reasons for not getting the flu shot; this may inform efforts to further increase vaccination rates.
- Clear improvements were observed in the area of **Stress**. Three of four measures of stress significantly improved, as did the proportion of IUB employees who say that IU has provided them with the opportunity to manage their stress. Stress, including its reported impact on employees' health, was one of the most concerning findings in the 2013 baseline survey. Concerted efforts made to address employee stress appear to have been beneficial. While these are good signs of progress, stress remains a prevalent concern, with one in five IUB employees feeling stress most or all of the time in the 30 days prior to the survey.
- The final content area, to the far right of the continuum of change, describes the **Health & Illness** measures of IU employees. Across these measures, 14 of 19 increased significantly, while five remained stable. All four self-reported global measures of physical and mental health worsened in the six-year span. Several of the health measures reflect lifetime prevalence (i.e. having EVER been diagnosed with the stated condition). Since it is impossible for employees, once diagnosed with a condition, to be "un-diagnosed," progress in these measures would be demonstrated through a gradual leveling off. Lifetime prevalence rates of high cholesterol, diabetes, pre-diabetes, asthma, depressive disorder, arthritis, and carpal tunnel syndrome all significantly increased, as did current prevalence of obesity and chronic/recurrent low back pain. However, lifetime prevalence rates of hypertension, pre-hypertension, and heart disease remained stable overall. Increases in the proportion of IUB employees rating their health as fair/poor, as well as the proportion who have ever been diagnosed with diabetes, asthma, high cholesterol, or carpal tunnel syndrome met dual significance criteria at IUB, though not IU-Wide. Conversely, rates of pre-hypertension, which significantly increased IU-Wide, were stable at IUB.

Focusing on IUB, this comparison of survey results from 2013 to 2019 demonstrates positive movement toward a culture of health through improved perceptions of organizational support for health, greater access to resources and programs, and substantial progress in stress management. While preventive healthcare utilization remains strong, lifestyle influences on health present persistent challenges to employees. While rates of some health conditions appear to be stabilizing, several others have continued to rise. The high rate of engagement IUB employees report having with *Healthy IU* is a strength that provides an avenue for continued progress toward health at IUB.



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A team within the **IU Richard M. Fairbanks School of Public Health at IUPUI** designs, conducts, and analyzes the IU Workplace Health & Wellness Survey on behalf of Healthy IU.

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