



The Business Case for Increased Investment in the Health and Well-Being of New York City Employees

Prepared for the New York City Office of Labor Relations
by the Johns Hopkins Bloomberg School of Public Health
Institute for Health and Productivity Studies

Ron Z. Goetzel, PhD

Enid Chung Roemer, PhD

Karen B. Kent, MPH

Alissa Wong, MSPH-Pending

Executive Summary

WorkWell NYC seeks to create a healthier and more engaged municipal workforce by implementing evidence-informed programs tailored to meet the needs of all segments of the City's extraordinarily diverse employee population.

This white paper examines the role of WorkWell NYC along with similar workplace health and well-being (i.e., wellness) initiatives and presents a strong business case for further investment in a comprehensive workplace health and well-being program at the New York City Mayor's Office of Labor Relations (NYC OLR).

Decades of robust empirical evidence support the assertion that workplace health and well-being programs can yield significant net benefits. Traditionally, these benefits have been quantified in purely financial terms, using a Return-on-Investment (ROI) framework that weighs the cost of implementing these programs against monetizable benefits like reduced healthcare costs and reduced absenteeism, generally using statistical models to compare actual vs. expected values. Even with this limited perspective, there is strong evidence that well-designed and well-implemented workplace programs can break even and, in some cases, save organizations money.

In recent years, as workplace health and well-being programs have evolved toward a more holistic view of employee health, for example, moving beyond physical health to address elements of mental health and organizational culture, a more comprehensive framework for evaluating these programs has evolved. A Value-on-Investment (VOI) framework is a useful approach for capturing important benefits from well-designed health and well-being programs, which may include increased job satisfaction, high retention rates, upticks in productivity, and an enhanced workplace culture.

Three case studies—Franklin County Cooperative (Ohio), Metro Nashville Public Schools (Tennessee), and Montgomery County (Maryland)—illustrate successful models for municipal workplace health and well-being programs. These case studies highlight best practices, including leadership commitment, easy access to mental health resources, and the use of technology to enhance engagement.

Finally, this report outlines strategic recommendations for New York City leaders to build upon WorkWell NYC's existing efforts. Key recommendations include:

- Strengthening leadership support and manager training to promote psychological safety and workplace well-being;
- Expanding outreach and accessibility to ensure all employees, regardless of job function, can take advantage of existing health and well-being programs;
- Leveraging technology and innovative solutions to increase participation;

- Creating a recognition program to incentivize agencies and worksites to adopt best practices; and
- Establishing continuous feedback loops through ongoing measurement and evaluation to ensure quality improvement and documentable program impact.

By integrating a holistic approach to employee health and well-being—encompassing physical, mental, and organizational health—New York City can continue to enhance workforce morale, resilience, productivity, and retention of top talent.

Introduction

WorkWell NYC, situated within the New York City Mayor’s Office of Labor Relations (NYC OLR), aims “to create workplaces that engage and empower employees to live healthy, active lifestyles, and to provide health and well-being services, programs, and resources.” Ultimately, WorkWell NYC envisions having the healthiest municipal workforce in the country. To do so, WorkWell NYC is building scientifically sound programs that are responsive to employee needs, implementing them effectively, and evaluating their outcomes.

This white paper presents a business case for greater investment in the health and well-being of New York City workers through NYC OLR. In addition to reviewing the latest evidence for the effectiveness of comprehensive workplace programs, the narrative summarizes the best practice elements of successful programs based on decades of experience conducting benchmarking studies. Recent literature reviews focused on key elements of workplace mental health and well-being success factors are described. Finally, three case studies of effective workplace programs situated in municipal settings are presented. The paper ends with a set of recommendations for New York City leaders on ways to achieve cost-effective employee health initiatives that focus on prevention rather than treatment by applying a Psychosocial, Organizational, and Environmental (POE) framework to support employee health and well-being.

What it Takes to Build and Sustain WorkWell NYC

New York City is a unique metropolitan area because of its size, population density, and diverse ethnic, racial, socioeconomic, and international communities, each with their own set of health and well-being concerns. New York City draws from these diverse communities for its municipal workforce of over 350,000 employees, which includes police officers, fire fighters, teachers, sanitation workers, doctors, lawyers, accountants, social workers, road repair crews, sewage treatment workers, fire boat first responders, clerical staff, traffic enforcement officers, and many other professional categories. Employees have

a range of educational backgrounds; some have high school diplomas while others have advanced degrees. Some speak English as their primary language while others speak a panoply of other primary languages. While the diversity of people, backgrounds, and skill sets has made New York City a prosperous and highly innovative city, it also brings about many challenges.¹

Reaching workers efficiently is a significant challenge due to multiple worksites across the City and different communication channels used that include email, written materials, and verbal briefings. Live daytime programs may not be practical for those driving vehicles or working outdoors. Additionally, computer illiteracy and distrust of electronic communications can hinder participation. Working in remote worksites with limited access to resources, such as exercise facilities or healthy food choices, further limits engagement of a dispersed workforce.

It's also important to note that social determinants impact the health of City employees. Examples include experiences of discrimination and racism; safety and cleanliness of neighborhoods; cost and convenience of housing, access to healthy food, parks, and public transportation; and educational attainment.²

Nevertheless, the mission of WorkWell NYC is to improve the health and well-being of all City employees regardless of these noteworthy challenges. To do so, the program needs to tailor its offerings to reflect the needs and wants of the City's various agencies and coordinate services with programs that are embedded within those agencies without duplicating efforts. Moreover, to achieve measurable improvement in the health and well-being of one of the largest workforces in the country, program offerings must be made visible and accessible, attractive, motivating, and aligned with best and promising practices.

WorkWell NYC partnered with other City agencies in HealthyNYC, a comprehensive vision for improving life expectancy and creating a healthier city for all. It is working toward the aims outlined here: <https://www.nyc.gov/assets/doh/downloads/pdf/about/chronic-disease-strategy-nyc.pdf>.

¹ FY 2023 NYC Government Workforce Profile Report for a complete picture of NYC's workforce: <https://www.nyc.gov/assets/dcas/downloads/pdf/reports/nyc-government-workforce-profile-report-fy-2023.pdf>.

² [databrief139.pdf](#) -- Social Determinants of Mental Health among New York City Adults; [What Impacts Health | County Health Rankings & Roadmaps](#)

Building a Business Case by Monetizing the Benefits of a Healthy Workforce

As the World Health Organization states in its constitution, *"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."*³ Being healthy is generally correlated with being happy, and happy employees are more productive at their jobs.⁴ Being in good health allows one to enjoy life to its fullest, both inside and outside one's occupation.

Unfortunately, health is not always a personal choice. Health risk factors are affected by many complex societal forces that induce stress. These include job-related factors such as income insecurity, poor working conditions, high workloads, and insufficient work-life balance.

Nonetheless, it is useful to understand the cost of having unhealthy workers on the payroll. An earlier business case report in support of WorkWell NYC, published in 2018 by authors Leslie F. Boden and Andrew Goodman from New York University's College of Global Public Health, was entitled *"The Case for a Comprehensive Workplace Wellness Initiative for NYC Municipal Employees."* In that report, the authors reviewed research extracted from publications and scientific literature showing that well-designed, properly implemented, and appropriately evaluated wellness programs can produce positive health outcomes and robust business results. The report's "bottom line" conclusion was that *"New York City's workers need to be healthy to be productive and effective at work and in their communities...[and]... a worksite wellness program enables City workers to live healthy, productive lives and deliver the best public services in the nation."*⁵

Business case reports, such as the one cited above by Boden and Goodman, are grounded in an intuitive belief that healthy employees cost less than their unhealthy counterparts, which has been demonstrated in many peer-reviewed studies, including those published by the authors of this white paper.^{6,7} It may seem obvious that sick people cost more than healthy people simply because they incur medical costs. What is less appreciated is that the precursors to illnesses – specifically modifiable risk factors, unhealthy behaviors, and out-of-range biometric markers – also lead to higher costs in the long run. These modifiable risk factors include smoking, poor nutrition, sedentary lifestyle, difficulty in coping with stressful situations, untreated depression, high blood pressure, high blood glucose, and obesity. Employees at high risk are not yet sick. They are,

³ World Health Organization Constitution. <https://www.who.int/about/governance/constitution>

⁴ Avey, J.B., Reichard, R.J., Luthans, F., & Mhatre, K.H. (2011). Meta-analysis of the impact of positive psychological capital on employee attitudes, behaviors, and performance. *Human Resource Development Quarterly*, 22, 127–152.

⁵ Boden, L., & Goodman, A. (2018). *The Case for a Comprehensive Workplace Wellness Initiative for NYC Municipal Employees*. <https://www.nyc.gov/assets/olr/downloads/pdf/wellness/wellnessmatters/workwell-policy-brief-exec-summ.pdf>

⁶ Goetzel, R. Z., Ozminowski, R. J., Villagra, V. G., & Duffy, J. (2005). Return on investment in disease management: a review. *Health care financing review*, 26(4), 1.

⁷ Goetzel RZ, Henke RM, Head MA, Benevent R, Rhee K. Ten Modifiable Health Risk Factors and Employees' Medical Costs – An Update. *American Journal of Health Promotion*. 2020, Vol. 34(5) 490-499.

however, likely to become sick and develop life-long chronic conditions such as heart disease, diabetes, cancer, respiratory disorders, back pain, or other high-cost illnesses.

However, high health care costs due to modifiable risk factors in the NYC workforce are only part of the picture. *Indirect costs* also need to be factored into the cost calculation. Indirect costs include higher rates of accidents on the job leading to workers' compensation claims; long absences and disability payments; lower productivity and higher presenteeism; and involuntary turnover resulting in higher recruitment and retention costs. Here, as is the case for medical expenditures, modifiable risk factors in an employee population are associated with these measures of lost productivity.⁸

Is Return-on-Investment (ROI) the Proper Method to Evaluate Workplace Health and Well-Being Programs?

Many have argued that ROI is the ultimate measure of a program's worthiness. Producing a positive ROI means that an investment in a workplace health and well-being program produces savings in excess of program costs. For example, if a program costs 1 million dollars but saves \$2 million in direct and indirect costs related to health and productivity outcomes, then the investment was a wise business decision because it elicited an ROI of 2:1. Indeed, there are peer reviewed studies performed in real-world settings showing a positive ROI from workplace health and well-being. Some employers sponsoring these studies include brand-name organizations such as Citibank, Procter and Gamble, IBM, Dow, Motorola, Union Pacific Railroad, Johnson and Johnson, Dell Computers, Duke University, and Highmark.⁹ Costs of programs that lead to ROI impacts are about \$400 per eligible employee per year, which is another reason that ROI may not be the right type of measure for a worksite wellness program, depending on the level of funding.¹⁰

These real-world evaluations of workplace health and well-being programs showed that it is possible to bend the curve on health care spending through the adoption of comprehensive and evidence-based programs. However, these studies are expensive to conduct, require large volumes of sensitive person-level deidentified data collected over many years, take advantage of skilled health service researchers and economists to conduct rigorous analyses, and are difficult to

⁸ Goetzel RZ, Long S.R., Ozminkowski R.J., Hawkins K., Wang S., Lynch W. Health, Absence, Disability and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers. Journal of Occupational and Environmental Medicine, April 2004; 46:4, 398-412.

⁹ For example, see Goetzel, R. Z., Ozminkowski, R. J., Baase, C. M., & Billotti, G. M. (2005). Estimating the return-on-investment from changes in employee health risks on the Dow Chemical Company's health care costs. Journal of Occupational and Environmental Medicine, 47(8), 759-768 and Goetzel RZ, Pei X, Tabrizi MJ, Henke RM, Kowlessar N, Nelson CF, Metz RD: Ten Modifiable Health Risk Factors Are Linked to More Than One-Fifth of Employer-Employee Health Care Spending. Health Aff (Millwood); 2012 Nov;31(11):2474-84

¹⁰ See, for example, VOI reports prepared for the TransAmerica Center for Health Studies that review the various costs associated with administering robust health and well-being programs targeting specific conditions: [ti-jhu-white-paper-april-28-2023.pdf](#) and [ti-technical-report-and-employer-guide.pdf](#)

implement in large organizations that are reticent, for legal and practical reasons, to permit “research” on their employees, especially if that requires offering a health improvement programs to some and withholding them from others.

If conducting large-scale evaluations is costly and potentially intrusive, with no guarantee of positive results, what can employers do instead? Another consideration in deciding whether and how to conduct large-scale ROI studies is the limited access to individual health data needed to measure cost data over time.

Shifting the Focus to Value-on-Investment

Offering a business case for workplace wellness programs based solely on the profitability of such programs (measured in dollars and cents) may be shortsighted. Many important benefits accrued from these programs are not easily monetized. This has led many employers to shift their focus from proving a return-on-investment (ROI) to one emphasizing value-on-investment (VOI).

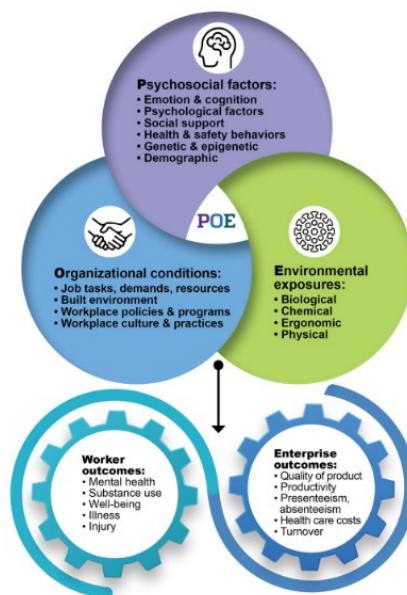
Consider the many priority benefits accrued from a workplace health and well-being that are not easily monetized. These include providing workers with the necessary resources to lead healthy lives on a daily basis; moving from a toxic work environment to one that is welcoming; and reducing workplace stressors by balancing workloads, allowing greater autonomy in decision-making, and upskilling managers so that they are more attuned to employees’ concerns – all of which result in healthier, happier, and more productive workers.

Value to the organization can be viewed creatively, such as employees going above and beyond because they believe in the mission of the organization and their role in supporting that mission. This may be reflected in better cooperation among workers and supervisors, feeling empowered to make independent decisions about work priorities, receiving recognition for their efforts, experiencing a better work-life balance, and authentically believing that leaders care about them as individuals who meaningfully contribute to the organization’s success. Across age groups, these examples of positive outcomes are not easily assigned a dollar value but are priceless in terms of producing a strong, engaged, and thriving workforce.

A Psychosocial, Organizational, and Environmental (POE) framework can be used to guide the identification of values to an organization and areas for program development.¹¹ Employees experience stressors arising from each of its categories. Thus, a comprehensive workplace health and well-being program needs to address each set of stressors to reduce risks and improve individual and organizational health outcomes. (See Figure 1)

¹¹[The Johns Hopkins POE Total Worker Health® Center \(POE Center\) | Johns Hopkins | Bloomberg School of Public Health](#)

Figure 1. POE Framework



Insights into Best Practice Workplace Programs

What, then, is the secret sauce that makes a workplace health and well-being program effective? Here, we can draw upon decades-long research highlighting best and promising practices in worksite programs.¹² Admittedly, the typical design of these programs has shifted over time from a singular emphasis on physical health risks to now include emotional, social, and even spiritual health. Other shifts in emphasis include a greater focus on organizational health (supported by tools such as the CDC Worksite Health Scorecard), and community health, along with a greater understanding of the social determinants of health in either promoting or devaluing a culture of health and well-being.

Benchmarking studies and literature reviews have highlighted programs, policies, practices, and environmental support structures that lead to exemplary workplace health and well-being programs. Two employer-focused award programs, housed at the Institute for Health and Productivity Studies at the Johns Hopkins Bloomberg School of Public Health, highlight the specific attributes of exemplary workplace programs chosen by The Health Project (C. Everett Koop

¹² For example, see Goetzel, R. Z., Henke, R. M., Tabrizi, M., Pelletier, K. R., Loeppke, R., Ballard, D. W., ... & Metz, R. D. (2014). Do workplace health promotion (wellness) programs work?. *Journal of occupational and environmental medicine*, 56(9), 927-934, and Goetzel, R. Z., Shechter, D., Ozminkowski, R. J., Marmet, P. F., Tabrizi, M. J., & Roemer, E. C. (2007). Promising practices in employer health and productivity management efforts: findings from a benchmarking study. *Journal of Occupational and Environmental Medicine*, 49(2), 111-130.

National Health Awards)¹³ and Luv u Project (Carolyn C. Mattingly Workplace Mental Health Awards).¹⁴ Not only do award winners offer evidence-based interventions with sufficient dose to make a difference, they also provide documentary evidence showing their programs work.

City of New York municipal workforce leaders can learn from the best practices made visible by award-winning programs. A literature review by Kent et al. noted several critical elements of successful programs: a healthy organizational culture, led by committed leaders, adequately resourced, built on strategic and tactical plans, and effectively communicated.¹⁵ Importantly, whatever model for a workplace program is adopted, measurement and evaluation need to be built into the design to ensure success.

In addition to reinforcing the above key program elements of success, other “secret sauce” ingredients include:

1. Establishing explicit connections between the core principles and values of the organization and workers’ health and well-being through a mission statement, key performance indicators linked to salary or bonus, and visible value statements emphasizing the importance of a healthy workforce;
2. Engaging diverse groups of employees in the design, execution, and dissemination of initiatives through wellness committees, town hall meetings, and champions serving as field ambassadors¹⁶ who are trained, recognized, and given time to support the program;
3. Conducting regular strategic and tactical planning sessions to ensure programs are adequately resourced, with set goals, reasonable expectations, and accountability of senior executives for achieving the stated goals;
4. Offering “smart” incentives for participation in programs, thus ensuring that low-wage workers can take full advantage of available programs (e.g., recognition programs, gift cards for filling out surveys, promoting individuals to be “ambassadors for good health,” time off for participating in programs);
5. Facilitating integration and cooperation across various organizational departments and functions, including across agencies that seldom interact;
6. Providing a mechanism for regular screenings and triage following U.S. Preventive Services Task Force (USPSTF) guidelines;

¹³ <https://thehealthproject.com/>

¹⁴ <https://theluvuproject.org/>

¹⁵ Kent, K., Goetzel, R. Z., Roemer, E. C., Prasad, A., & Freundlich, N. (2016). Promoting healthy workplaces by building cultures of health and applying strategic communications. *Journal of occupational and environmental medicine*, 58(2), 114-122.

¹⁶ This is referring to champions in general, and not specifically WorkWell NYC Ambassador and Champion programs.

7. Offering state-of-the-art and science interventions grounded in behavior change theory and practice, which often involves partnering with credible vendors, thus avoiding re-inventing the wheel; and
8. Regularly measuring and evaluating individual program elements and overall program impacts, and ensuring results are shared with leadership, program implementers, and employees.

Growing Interest in Employee Mental Health and Well-Being

The COVID-19 pandemic of 2020 highlighted mental health and well-being as significant predictors of performance and productivity. The focus of workplace programs shifted from a singular view of health as largely physical in nature—for example, controlling one's weight, blood pressure, glucose, lipids, smoking behavior, and alcohol consumption—to one that also addresses mental health and overall well-being. Related to both physical and mental health are other life stressors, including finances, family matters, social relationships (such as loneliness), career progression, social media addiction, and an inability to focus.

Several literature reviews have been published since the Kent et al. study, and these mostly focus on ways to enhance employee mental health and well-being. One such review by Wu et al. provided the evidence-based framework for the Mattingly awards cited above.¹⁷ Eight best practices were highlighted in the review:

1. **Healthy Culture:** includes the workplace's values and norms such as leadership behaviors, official policies or guidance documents, and common practices and procedures that create an environment of shared values, peer support, and a sense of a positive work climate.
2. **Robust Mental Health Benefits:** includes extensive health plan coverage for mental health services, including access to mental health providers; reducing or eliminating cost-sharing for treatments; and eliminating unreasonable service limits such as the number of outpatient sessions covered, lifetime spending caps, and restrictive rules concerning prescription medication.
3. **Employer-Sponsored Mental Health Resources:** includes mental health counseling and support services through an EAP. Organizations that emphasize mental health in the workplace have EAPs that cover counseling, substance use treatment, and referrals to providers that are available and accept the company's insurance benefits. A strong EAP

¹⁷ Wu, A., Roemer, E. C., Kent, K. B., Ballard, D. W., & Goetzel, R. Z. (2021). Organizational best practices supporting mental health in the workplace. *Journal of occupational and environmental medicine*, 63(12), e925-e931.

program encourages utilization to ensure employee needs are met and that employees who require help are aware of, and can access, the services provided.

4. **Workplace Policies and Practices:** addresses such issues as preventing accidents and injuries, sexual harassment, discrimination, workplace violence, and bullying/incivility.
5. **Healthy Work Environment:** may involve changing the physical surroundings and providing social connectedness opportunities for workers. This may include having quiet rooms on-site for rest, and breaks from work including vacation days, work-free weekends, and “real” lunch breaks.
6. **Leadership Support:** includes training for leaders to address work performance issues, mental health benefits, resources, and the importance of emotional well-being. Having workplace leaders take on the roles of wellness champions can be encouraging to employees when they are facing mental health issues. Managers can also bring employees together to actively identify and address sources of stress or help mediate work-life conflicts.
7. **Outcomes Measurement:** highlighted earlier, is critical to establishing the impact of organizational mental health efforts and may include such measures as EAP utilization and reduction in stigma related to mental health.
8. **Innovation:** includes increased use of telehealth technologies and mobile apps that focus on training mindfulness, enhancing cognitive performance, and addressing work-related stressors.

The above eight best practices can be translated into specific tactics using the POE framework, such as those outlined in Table 1.¹⁸

Table 1.

Psychosocial Interventions	Organizational Interventions	Environmental Interventions
<ul style="list-style-type: none"> • Facilitating employee resiliency and self-help behaviors • Promoting interpersonal support and social connectedness • Utilizing digital mental health resources and apps • Promoting workplace culture, camaraderie, and morale • Administering education, training, and stigma reduction 	<ul style="list-style-type: none"> • Regular, clear, and coordinated communication • Supportive leadership and management practices, including training on mental health awareness • Flexibility and supporting work-life balance • Participatory interventions and problem-solving 	<ul style="list-style-type: none"> • Implementation and enforcement of robust safety measures • Supplying sufficient personal protective equipment (PPE) to all employees

¹⁸ Woods, E. H., Zhang, Y., Roemer, E. C., Kent, K. B., Davis, M. F., & Goetzel, R. Z. (2023). Addressing psychosocial, organizational, and environmental stressors emerging from the COVID-19 pandemic and their effect on essential workers' mental health and well-being: a literature review. *Journal of occupational and environmental medicine*, 65(5), 419-427.

<ul style="list-style-type: none"> • Providing robust and accessible professional mental health services • Offering psychological first aid (PFA), crisis counseling, and other rapidly accessible mental health services 	<ul style="list-style-type: none"> • Organizational resiliency and job security through reallocation of resources • Increased wages and benefits 	
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Case Studies of Workplace Programs in Municipal Settings

In this section, we present three case studies in which municipalities across the country have successfully established workplace health and well-being programs that include some of the above tactics and best practices.

Franklin County Cooperative, Ohio

The Franklin County Cooperative (FCC) supports more than 40 government agencies in Central Ohio, providing benefits and wellness programs to over 65,000 employees and their families.¹⁹ Since 2021, the FCC has prioritized mental health as one of three core focus areas in its strategic plan. Through its Health Improvement Program, the cooperative emphasizes meeting employees where they are by offering resources and services across various platforms, modalities, and topics. This initiative aims to support holistic well-being by addressing key barriers such as access, affordability, and availability. Leadership teams received specialized training and resources to better support their employees, and a financial well-being platform was introduced, featuring informational tools and free access to financial coaching.

The program has achieved measurable results, including improvements in sleep, anxiety, depression, and alcohol use among the 3,252 employees and spouses who completed the Health Risk Assessment (HRA) in 2023 and 2024. Employee Assistance Program (EAP) utilization increased from 12.5% in 2022 to 14.1% in 2023, reflecting greater engagement with mental health resources. Additionally, the percentage of employees who agreed or strongly agreed that “leaders show support for employees’ well-being” rose by 2% from 2023 to 2024. In 2023, 98% of health claims were fully covered by the health plan, underscoring the program’s effectiveness in fostering a healthier and more supported workforce.

¹⁹ <https://bewell.franklincountyohio.gov/>

Metro Nashville Public Schools, Tennessee

Metro Nashville Public Schools (MNPS) utilizes a multifaceted approach to mental health care for its 6,500 teachers and staff, including in-person, telephonic, virtual, and app-based modalities for services, resources, and programming. MNPS has adopted a comprehensive approach to promoting employee mental well-being, combining accessible care, innovative policies, and a focus on workplace culture.²⁰ Their initiatives include free mental health resources, telehealth options, and mindfulness programs to ensure employees can easily access the support they need. MNPS has also implemented forward-thinking strategies, such as eliminating co-pays for in-network mental health visits and establishing direct contracts with psychologists to streamline care. To further enhance their efforts, the district prioritizes workplace culture and leadership support through specialized training programs and uses a data-driven approach to continuously monitor employee needs and address mental health equity challenges.

The impact of these initiatives is significant. Employees who utilized Synchronous Health Digital Health Services reported a 17% reduction in anxiety, a 25% reduction in depression, and a 65% improvement in overall quality of life and health. A separate survey revealed that most respondents felt comfortable asking for help or sharing their opinions at work, while 85% found the employee-sponsored benefits to be helpful. By addressing barriers to care and closing gaps in mental health support, MNPS has successfully improved employee satisfaction, engagement, and overall well-being.

Montgomery County, Maryland

Montgomery County has adopted BurnAlong, a virtual wellness platform, to enhance the health and well-being of its 10,000 employees working across 300 locations. The program is part of the county's commitment to prioritizing employee wellness, reducing stress, and fostering healthier lifestyles. BurnAlong offers a wide range of on-demand and live-streamed classes, covering topics such as yoga, strength training, mindfulness, and financial wellness. These resources are tailored to meet the needs of employees in various roles, including desk workers, bus operators, firefighters, and police officers. The platform also fosters community and social connectedness by allowing employees to engage with coworkers at their respective locations, creating a supportive environment for pursuing wellness goals.

The BurnAlong program addresses the challenge of providing wellness resources to a geographically dispersed workforce by ensuring accessibility and flexibility. Employees can use the platform on their own schedules and focus on specific wellness needs such as fitness, nutrition, cooking, and mental health. This approach ensures the program is inclusive and adaptable to the unique needs of each participant. Early feedback highlights the program's convenience, inclusivity, and ability to empower employees to take proactive steps toward improving their health. By leveraging BurnAlong, Montgomery County seeks to enhance employee satisfaction and well-being

²⁰ <https://www.mnpshealth.org/>

while reducing absenteeism and health-related costs. This initiative aligns employee health with organizational efficiency, contributing to a healthier and more productive workforce.

Summary and Recommendations

For more than a decade, WorkWell NYC has been providing its employees with an innovative workplace health and well-being program grounded in a culture of health and encompassing eight core principles. They include:

1. A visible commitment of organizational leaders;
2. A dedicated team of managers, union representatives, and workers collaboratively developing, implementing, and evaluating wellness programming;
3. A data-driven strategy built on workplace health assessment;
4. An operating plan that includes programming, implementation planning, and management;
5. Comprehensive, varied, integrated programs and activities;
6. Policies and practices that support workplace health and well-being goals;
7. Strategic communications; and
8. Evaluation that determines impact and allows for program refinement.

Based on the latest research findings, learnings from other municipalities, and internal evaluation efforts such as the WorkWell NYC Pulse Survey, NYC OLR is encouraged to revisit the above eight culture of health principles to document the process toward achieving VOI of its programs and communicate those results to agency leaders and workers.

In particular, NYC OLR, using the POE framework, should consider implementing the following recommendations to increase impact on employee health and well-being.

Psychosocial Interventions

Engage non-participants by addressing their barriers to participation, such as lack of awareness, scheduling difficulties, and access to online/on-demand programs:

1. Expand outreach and accessibility to ensure all employees, regardless of job function, have access to health and well-being programs.
2. Leverage technology and innovative solutions to increase participation.

3. Identify potential new tools/resources that can be offered, particularly in the following topics identified by employees: women's health, meal preparation and budgeting, gut health, professional development, sleep, and stress/burnout.

Organizational Interventions

Gain leadership support for a culture of health and well-being across agencies by:

1. Strengthening Citywide and agency-level commitments to employee wellness through City policy adoption.²¹
2. Providing management training on psychological safety skills to support mental health (e.g., reducing stigma, increasing trust/comfort, and creating safe spaces to discuss mental health and well-being).
3. Providing management training to better support organizational health beyond only promoting and supporting individual health behaviors. For example, boost support on day-to-day organizational/job factors impacting stress and burnout (work demand, job control, resources, job expectations, workflow, manager/colleague support, communications from managers), and enhance opportunities for employees to share concerns and ideas.
4. Creating value-add to agency leadership by bolstering consultation support on assessment/evaluation, strategic planning, program resources, and calls to action for addressing local agency needs and challenges.
5. Establishing a recognition program incentivizing agencies and worksites to adopt best practices.
6. Refining assessment and evaluation frameworks and target goals to measure implementation of the eight culture of health principles and program impact.

Environmental Interventions

Provide healthy, supportive environments that facilitate positive health and well-being by reviewing existing spaces across agencies and considering the following improvements:

1. Quiet spaces for staff for tasks requiring concentration, recovery from stressful events, and contemplative and creative thinking.
2. Dedicated space for physical activity and strength building.

²¹<https://www.nyc.gov/assets/doh/downloads/pdf/about/chronic-disease-strategy-nyc.pdf>

3. Designated spaces to store/heat food from home, eat away from their desk during lunch breaks, and socialize with colleagues.
4. Spaces for health and well-being activities and events.
5. Healthy and affordable food options for purchase at all onsite dining/vending facilities.
6. Spaces inspiring social activities to foster connectedness.

Conclusion

NYC OLR has successfully developed and implemented a citywide employee health and well-being program. NYC OLR needs to shift its measurement and evaluation approach to one that emphasizes VI instead of ROI. Further, initiatives promoted by NYC OLR need to be grounded in the latest research on best and promising practices. WorkWell NYC and City of New York agencies can grow and thrive by addressing the psychosocial, organizational, and environmental forces driving employee health and well-being -- vital to enhancing and sustaining a culture of health for City employees.