



Reducing the Impact of Arthritis In the Workplace

**Employee Health Promotion Coordinator Interviews
and
Employee Focus Groups**

Summary Report

**Minnesota Arthritis Program
Minnesota Department of Health**

2005



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Introduction

One of four Minnesota adults, 25.6%, or 955,000 report arthritis that has been diagnosed by a physician. An additional one of five, 20.1%, or 806,000 Minnesota adults have possible arthritis characterized by undiagnosed chronic joint pain. Of those with physician-diagnosed arthritis, 41.8% have limitations in their daily activities and 34.6% report that arthritis affects their ability to work for pay. The prevalence of arthritis increases with age with 34% of those Minnesota adults ages 45 to 64 reporting physician diagnosed arthritis and another 22.3% with possible arthritis.

Arthritis is the number one cause of work related disability. In 2000, 82% of Minnesota adults with arthritis were covered by an employer's health insurance either as an employee, a spouse of an employee or a retiree. Arthritis poses significant costs to both employers and society. Costs are estimated at \$86 billion each year for medical care and lost productivity.

Formative research in preparation for the development of a worksite toolkit for arthritis was conducted with employers and employees. Employers were interviewed regarding employer's beliefs regarding the impact of arthritis on their workforce, willingness of employees and supervisors to participate in arthritis education programs, health promotion programs currently offered and kinds of arthritis education materials and programs wanted.

Health Coordinator Interviews

Forty-four health promotion coordinators at small and large worksite throughout the State of Minnesota were interviewed over the phone. These worksites were identified in each county from a list of Fortune 500 companies, local chamber of commerce websites, and the Secretary of State's website.

Worksites were only interviewed if they had people who identified themselves as coordinating employee health. In small worksites, this was often the person who coordinated health fairs, safety meetings, and the local blood mobile drive. In larger worksites, the Health Promotion Coordinator was either a manager assigned to that area, a human resource person, or a full-time person contracted or hired for that position.

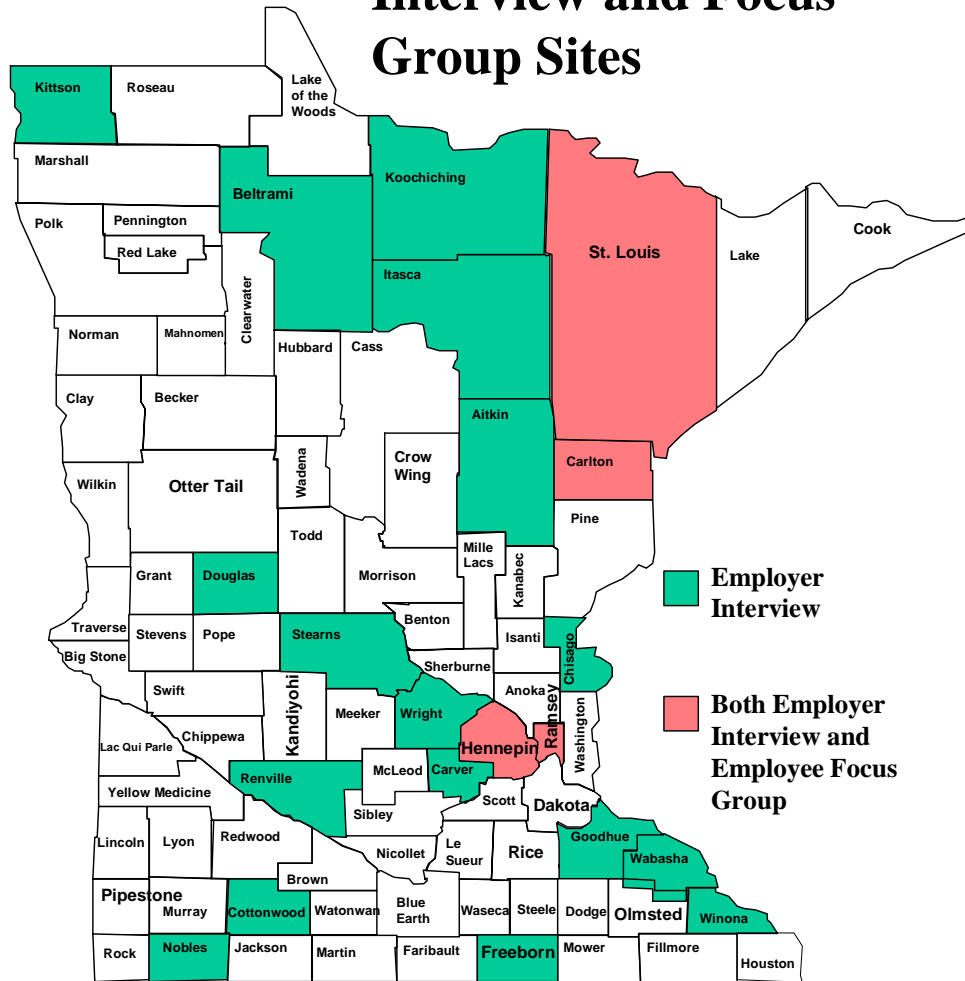
Efforts were made to get a statewide distribution of worksites of different types and sizes. Additional information regarding worksites can be found in Appendix A.

Employee Focus Groups

Focus groups were conducted at seven worksites with 522 employees. Twenty-seven metro and two non-metro focus groups were conducted. Worksites were drawn from the health care, government agencies, and corporate sites.

Participants were interviewed regarding impact of arthritis in the workplace, kinds of arthritis worksite education programs they would like to have offered and methods for encouraging employees to participate in arthritis programs. Focus group questions can be found in Appendix C. Focus group locations were identified from worksite interviews. Focus group participants were recruited by each participating worksite using email and sign up sheets in break rooms and the cafeterias. Additional information on the focus group sample can be found in Appendix A.

Figure 1. Worksite Interview and Focus Group Sites



I. Worksite Environment

A. Health Coordinator Interviews

Health coordinators were asked what kinds of programs that they currently offered their employees on health. The survey tool used can be found in Appendix B. Few offered information on arthritis. Safety was considered a required topic by all worksites and for some was the only area in which there ongoing programs being offered. Many health coordinators believed that ergonomics was an arthritis program.

Figure 2. What Kind of Ongoing Classes or Programs Does Your Worksite Offer?

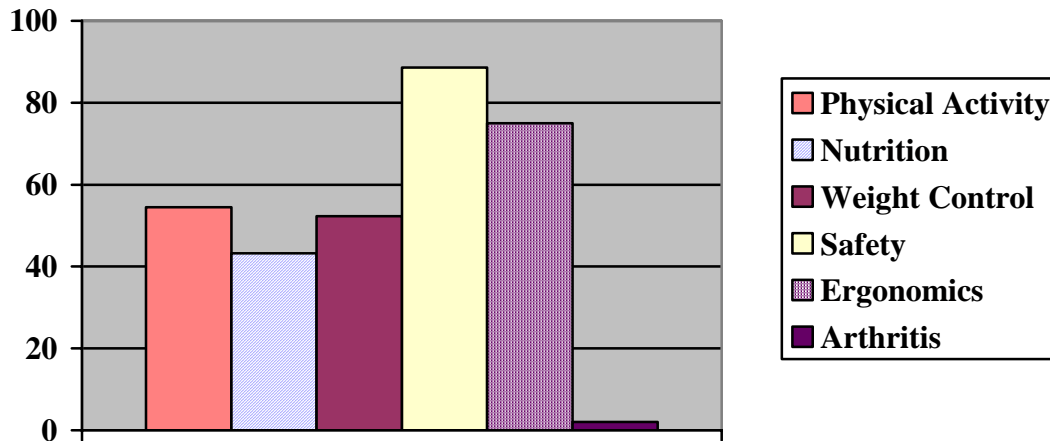
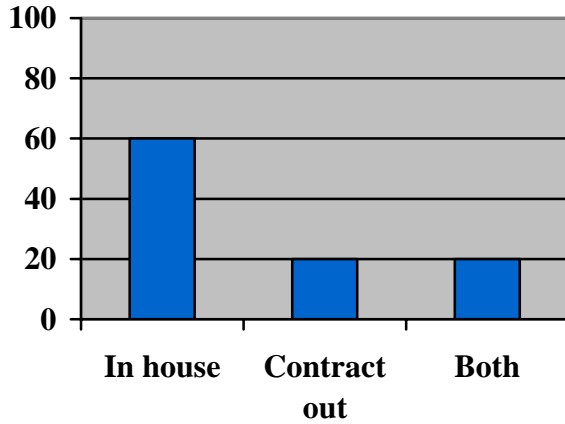


Figure 3. Do You Develop These Programs In House or Contract Them Out?



Most Health Coordinators developed their own program “in house.” Several commented that they would like a health promotion “tool kit” on arthritis in the workplace. Several questioned why arthritis was an important enough issue to deal with at the worksite level.

Figure 4. Do You Offer These Programs On-site or Off-site?

Most programs are offered “On-Site” with some worksites offering discounts for employees to attend their local YMCA. Employees during focus groups preferred that programs be offered “On-Site.”

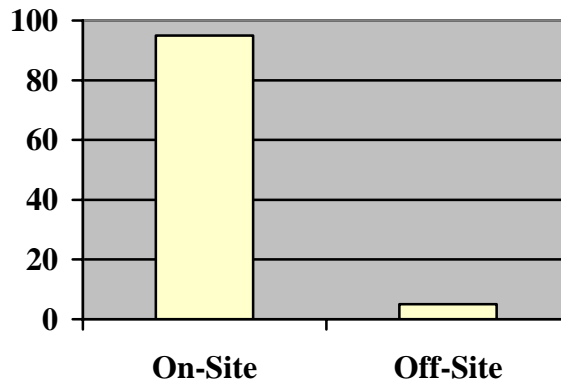
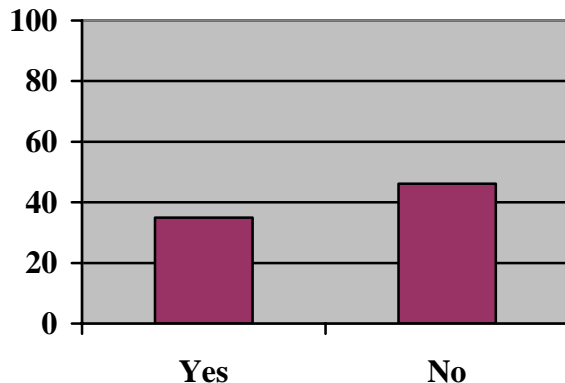


Figure 5. Does Your Organization Have Any Facilities Such as a Gym or Workout Center for Physical Activity?



Some worksites had a gym or worksite center for physical activity, but most worksites did not have these facilities.

Health coordinators used a variety of methods to market programs to employees. Corporate sites used e-mail and web techniques almost exclusively, although posters and table tents in the cafeteria were also used. Manufacturing sites liked posters for their bulletin boards and pamphlets or fliers for their information racks. Information given with pay stubs was also a common method. Combining health messages with safety was seen as a good way to use existing safety meetings.

Figure 6. How do You Market These Programs to Your Employees?

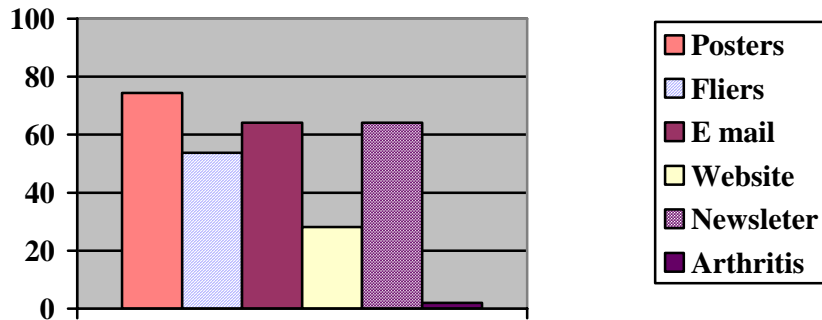
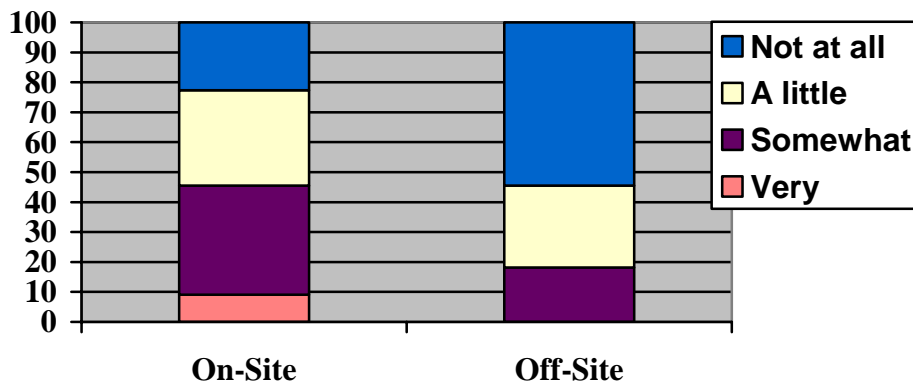


Figure 7. How Willing Do You Think Your Employees will be to Attend Arthritis Education Programs



Less than 50% of employers believed somewhat or believed very much that their employees would be willing to attend arthritis education programs on site. Few employers believed that employees would be willing to attend programs off site even somewhat.

B. Employee Focus Groups

Employees had many suggestions about things worksites could do to help people with arthritis. They suggested the following list of things that could be done to make the worksite physical environment easier for them to do their work.

Employee suggestions for improving worksite environment:

- Accessible parking
- Plow lots and sidewalks quickly
- Openers or flipper handles on doors, especially heavy doors. Many doors do not have automatic openers but are still very heavy for people to open, automatic openers are useful for people with arthritis even if they are not in a wheel chair.
- Building is either hot or cold. Cold in particular was seen as a problem
- Make worksite ergonomic products available to employees
- Conference rooms need ergonomic chairs or at least a variety of chairs to choose from, (i.e., straight back chairs, chairs with arms, chairs without arms, chairs with wheels, higher chairs, lower chairs, etc.)
- Handicapped bathrooms need to be available in all areas. Higher seats are needed by many people with arthritis.
- Steps needed for worksites providing a shuttle van

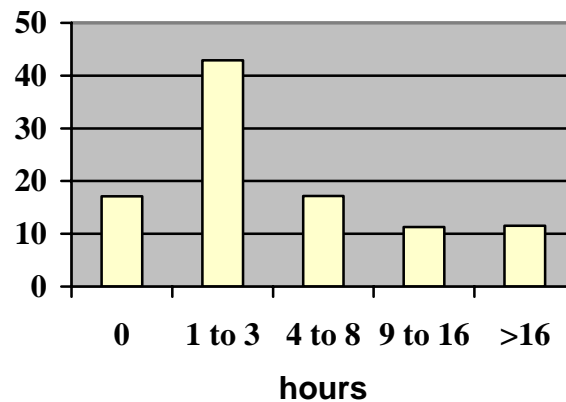
II. Worksite Policies

A. Health Coordinator Interviews

Health Coordinators were not asked specifically what kinds of policies their organization had regarding arthritis and other chronic conditions. Policies regarding time allowed for health or safety activities varied from site to site.

Many worksite required health activities to be done on the employees own time. Paid time for health or safety activities varied between worksites. One worksite allowed everyone ½ hour paid time at lunch to be combined with the ½ hour unpaid time, which was to be used for personal health activities.

Figure 8. How Many Hours Per Month Are Allowed for Health or Safety Activities?



B. Employee Focus Groups

Employees had many suggestions about policies worksites needed for people with arthritis.

Worksite policies suggested by employees:

- Training on arthritis required for all managers and supervisors.
- Sensitivity training regarding arthritis and other disabilities required for all employees.
- Need a policy regarding flexibility to attend classes or physical activity programs during workday.
- Arthritis classes and physical activity programs offered on site.
- Worksite coverage of non prescription drugs or easy to put on pre tax dollars.
- Physical Therapy, Chiropractors, Massage and shots/ treatments available on site.
- Ergonomic policies: Increase access for those in need.

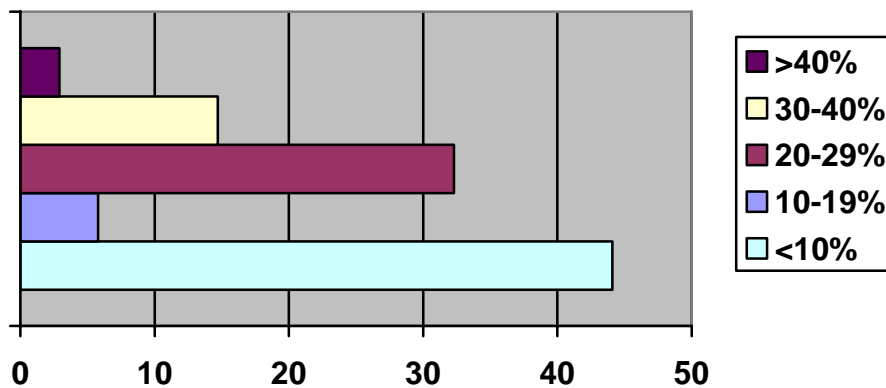
III. Arthritis Information for Supervisors and Managers

Supervisors and Managers need to be aware of the impact of arthritis on the workplace and the needs of employees with arthritis.

A. Health Coordinator Interviews

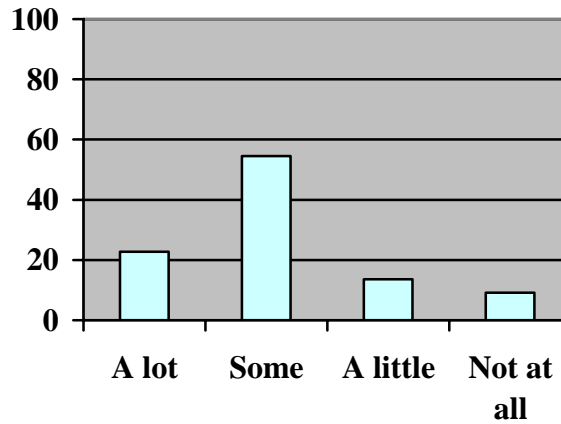
Although 25% of Minnesota adults have a physician diagnosis of arthritis, most employers believe that fewer than 10% of their employees have arthritis.

Figure 9. What Percent of Your Employees Have Arthritis?



Although employees with arthritis believe that arthritis is a major concern within the workforce, most employers only believe that arthritis affects employee health “some” and over 20% believe that arthritis affects employee health “a little” or “not at all.” Worksites with older employees were more likely to see arthritis as a problem. Worksites hiring primarily young men, did not view arthritis as a problem.

Figure 10. How Much Do You Believe Arthritis Affects Your Employee's Health?



B. Employee Focus Groups

Most employees felt that supervisors would benefit from more training in arthritis. When asked what things they believed supervisors and managers should know, they identified the following subject areas.

1. Why Arthritis is a Concern in the Workplace

Employees believe that supervisors need to be aware that arthritis is a major problem at worksite and is only going to increase. Arthritis affects productivity and causes sick leave days due to pain, disability and health care visits.

Employees would like their supervisor to be aware of appropriate worksite policies and referral mechanisms for arthritis-related problems.

2. How Arthritis Can Affect Work Performance

It is important that supervisors understand that some activities are difficult for people with arthritis and that employee performance can vary day to day. Strategies for helping employees cope with their arthritis can be helpful in increasing productivity and performance.

One focus group participant stated:

You can't do your work like you used to. You can't. My carpal tunnel and my neck and my thumbs and my whatever, when they go and I start having pain, I can't type as fast. There's no way I could carry a 65 word letter, a minute, word, letter. So, when I do my work. I used to be able to really work fast. But, then I realized doing that aggravates everything, so I slowed down. So, the fear is, I slow down, I get in trouble because I don't meet

statistics or expectations of my boss. If I slow down, I take better care of my arm. If I speed up, I blow the hell out of my arm and then what do I do. I'm stuck with I'm gonna lose my job and 90 days for waiting to get on a disability thing if I have to do that. Whoever, whatever situation. It's a terrible trap.

3. Understanding the Needs of Employees with Arthritis

Understanding is an important aspect of dealing with employees with arthritis. Most employees felt that it was important that supervisors understand that pain and stiffness from arthritis made some types of work more difficult. An ongoing theme in all groups was the misconception by supervisors that people with arthritis needed to sit still and not move a great deal. These misconceptions make it more difficult for employees to explain their need to get up and move around, stretch, attend exercise programs and use other self-management techniques for managing arthritis.

One employee stated:

The days when I could just stand up and go are gone. I have to stand up, take a minute and make sure that if I were to dash, that I'm not going to go flat on my face. But, I also cannot sit for any length of time. That's a bit of an issue in my job. I have to be up and down and around. But, I have people who hassel me a bit if they can't find me right where they want me every second.

Employees find that the following things make arthritis difficult to cope with in the workplace. They want managers and supervisors to be aware of the needs of people with arthritis.

Things employees identify as making it difficult to cope with arthritis in the workplace:

- Sitting all day is not good for arthritis
- Stationary work need to stretch, reposition every 10 to 15 minutes
- Theatre style seating is a problem for pain in back
- Filing repetitively is painful
- Different things trigger pain and stiffness
- People that hurt are cranky
- Employees may need to refuse to do a task because they unable to do it that day but may be able to do it another day
- Good/bad days
- Fatigue
- Supervisors understanding about arthritis in younger years
- 2 hour meetings require a break or standing up as needed
- Arthritis is a hidden disability

4. Arthritis resources for employees with arthritis

Employees saw supervisors as being their resource for coping with arthritis in the work place. Supervisors in the focus groups felt that employees needed to take responsibility for getting what they need. Ergonomics equipment was a major topic of discussion in most sites. It was clear from focus group discussions that not all departments within each organization have access to the same level of support for ergonomic equipment. Employees wanted a list of resources that they could expect from their employers, supervisors in the group wanted a more general list of employee resources that they could give to employees to seek out on their own.

5. How to provide information for managers and supervisors?

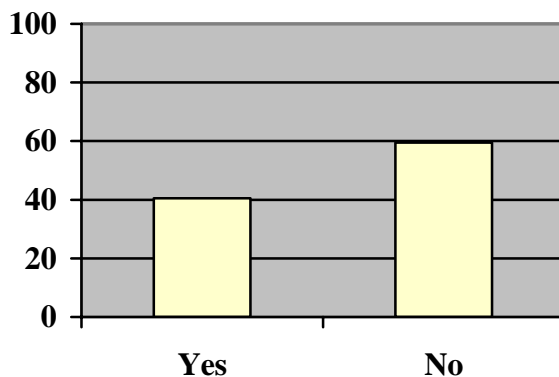
There were several supervisors who attended the focus groups. Participants suggested the following methods for training supervisors.

- Supervisor training programs required as part of American with Disabilities Act Training
- Brown bags
- Web-based instruction

B. Health Coordinator Interviews

Most Health Coordinators did not believe that supervisors and managers would be willing to attend a one-hour training on arthritis unless it was part of the safety requirement or American with Disabilities Act training.

Figure 11. Do You Think Supervisors Would Attend a One-Hour Class About Arthritis in the Workplace?

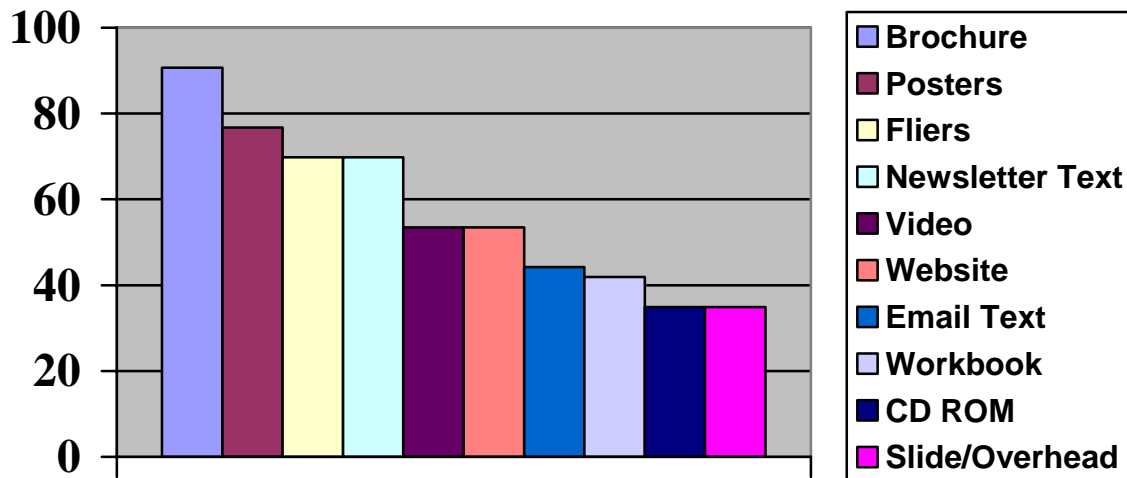


IV. Arthritis Information for Employees

A. Health Promotion Coordinators

When Health Promotion Coordinators were surveyed regarding types of education or promotional materials they would like MDH to develop for worksites on arthritis, Most chose brochures as their preferred type of education material. Over half of the worksites cited websites as being a good venue for information.

Figure 12. What Kinds of Arthritis Education or Promotional Materials Should be Developed for Worksites?



B. Employee Focus Groups

1. What kinds of information?

Several themes presented themselves in the employee focus groups.

a. General information on arthritis

There were many questions about arthritis from focus group participants. Participants wanted to know:

- How is arthritis diagnosed?
- How does someone know if they have arthritis?
- What does a doctor do to diagnose arthritis?
- What kinds of tests does a doctor do to diagnose arthritis?
- What kind of doctor should someone with arthritis go to for a first diagnosis?
- How does someone know what kind of arthritis they have?
- How is arthritis treated?
- When do you know if it is time to have a joint replaced?
- What are the different types of arthritis?

b. Pain management and fatigue

Pain management and fatigue was an ongoing concern for employees. Methods to manage these symptoms at work were of great interest.

c. Ergonomics

Many employees believed that ergonomics was how arthritis was prevented. The belief that stressing joints at work was a major cause of arthritis was prevalent. Many employees were aware of ergonomic services at work and wanted more information on this subject. Some found them quite helpful, others said that unless the special ergonomic equipment was actually purchased for them, that they programs made little difference in their lives. Stories of failed ergonomic ventures were plentiful. One employee stated that there was one workstation in his area that was labeled “ergonomic” and because of that, no one could adjust the height of the chair, the monitor or move anything to a new position. The workstation was designed to be “ergonomic” to meet requirements and nothing could be adjusted to the individual.

Another employee stated:

But, the problem I have is that ergonomics is a very personal thing. It is all completely individual. You can't order a dozen ergonomic things for a dozen people and just order them like a dozen eggs. And, that's what they did. They ordered monitor elevators based on the concern, a legitimate concern, of the tallest employee we had. So, and here I am with a monitor that's sitting up here, which absolutely puts me in the right position. But folks, I've got bifocals.

I need it down here. So, the first thing I do when I'd show up to work is lift the monitor off, get rid of that stand, use it to prop by bad legs up, and put the monitor down and it worked great.

d. Adaptations

Employees were interested in what kinds of adaptations could be made to equipment in order to make their job easier. However, not all adaptations need to be in the form of special equipment. Simple things like allowing employees to sit and rest for a few minutes in a work area or having a tall stool for employees who are required to stand during their jobs could make a big difference. One employee reported:

My department is not very sympathetic at all. You're a complainer if you say anything. But, I just have to make an example, we've got such an aging workforce. I'm been working here for 25 years. Some of the people I work with have been there longer than I have. For instance, they have pains in their joints and everything, too. They're diabetic. Or, whatever. You need to sit down once in a while. So, they removed chairs from like the tray line area, to make sure nobody sat down. Like for the older people that are working there. I said to the director, you know, you sit all day. These people are on their feet and they hurt. She's telling them they need to go to the breakroom. Well, the breakroom is two blocks away. I do find that supervisors are very unsympathetic for these people. They really do need a place to stop and sit down. They'd be way more productive if they weren't exhausted.

e. Americans with Disabilities Act

Employees wanted information on how the American with Disabilities Act pertains to arthritis and how their worksite viewed this act to make policy for people with arthritis. Employees wanted information regarding what kinds of restrictions could be placed on their work as accommodations for their arthritis. Lists of contacts for supervisors and for workers and avenues of communication for persons needing accommodation for arthritis were requested.

f. Arthritis resources

Information on arthritis resources, both within the worksite and outside the worksite were requested by focus group participants. Most would prefer that all resources be available to them at the worksite level. Several wanted lists so that they could locate resources on their own without having to involve anyone at the worksite.

2. How to provide information?

Several types of written information were presented to focus group participants for their comments. The Arthritis Foundation materials in the “Managing Your Arthritis” series and the Arthritis Answers brochure were well received by corporate worksites. These materials are detailed and text-dense. All groups liked the “Arthritis Doesn’t Have to Slow You Down” brochure as an introductory piece, but wanted more detailed information than what was provided in that brochure. Several worksites suggested that the “Arthritis Doesn’t Have to Slow You Down” brochure be made into a series using the topics listed on the back of the brochures. This was thought to be a good means for getting people interested in topics without them having to read too much.

In corporate worksites, people had great ideas of using technology to provide health information. A subset of the participants stated they would prefer to never have to attend a class and would like their information to be available 24 hours, seven days a week in a web format, including exercise programs. One corporate worksite stated that they were not allowed to use work computers for accessing personal health information and that they needed something they could access at home.

Videos/DVD’s were preferred by focus group participants who were non computer users. Videos/DVD’s were seen as a means for bringing the information home.

Suggestions for written information and web-based information are listed below.

Written Information

- Brochures
- Comprehensive, all in one place
- Not repetitive
- Like pictures, use a variety
- Provide a resource list
- Put URL on brochures
- A few liked 8.5x11 format so can save in a file folder
- Shiny paper isn’t necessary...make it recyclable

Web Based

- Streaming
- Link to Minnesota Department of Health Website from worksite website
- Link to Arthritis resources
- Put PACE and other exercise programs in a web format

III. Programs for People with Arthritis

Employee focus group participants were asked a series of questions on arthritis programs in the worksite.

A. What Kinds of Programs?

Many focus group participants had attended other programs on health related topics, hobbies and community service. When asked questions about specific Arthritis Foundation programs, many participants expressed an interest in the Arthritis Self Help Course, People with Arthritis Can Exercise and the Warm Water Aquatics program.

Participants listed the following types of programs as being desirable for their worksite.

- Arthritis Self Help Course
- People with Arthritis Can Exercise
- Warm Water Aquatics
- Arthritis specific programs at fitness center
- Need stretch and strengthen classes at fitness center as current classes are at too high a level, perception is that fitness center is for “hard bodies” and not for the “unfit” employee
- Massage therapy available on site
- Brown bag program on arthritis
- Fitness walk for exercise
- 10,000 steps weight management post surgery, enjoyed beating last days and number of steps
- Health fair—staffed booth about alternative health care
- Hotline or Helpline available
- Training on adaptive equipment

B. When and Where to have programs?

Many employees prefer one-hour programs held over the lunch hour. When asked if they would be willing to attend a two-hour program, most said that they would prefer that program be either over the lunch hour or at the end of the day. Many employees preferred attending programs at their own site. Some were willing to attend programs held off-site in the community especially if it was a warm water exercise program.

C. How to Promote Programs?

Computer savvy group members, suggested internet methods and e-mail for promoting programs. Others suggested placing posters and fliers in the cafeteria or break rooms.

- Provide a discount to warm water aquatics programs held off site
- Provide transportation to off site programs
- Provide flexibility in scheduling to allow employees to attend programs during the work day
- Allow employees to expand their lunch hour for health programs by letting them take an additional hour using leave time or flex time to attend a two hour class
- Remind employees of repeating events using e-mail.
- Wording of title is very important: Include arthritis in each title.
- Take care of all the details so that it is easy to attend
- Make the programs look like fun
- Train worksite employees to teach the classes

VII. Conclusions

Health coordinators hired by employers and employees with arthritis hold different views about the impact of arthritis within the workplace. Health coordinators are frequently not aware of the prevalence of arthritis in adults and how arthritis can impact the daily productivity of their employees. Many health coordinators do not believe that people with arthritis will attend worksite self-management programs for arthritis while people with arthritis state that such programs are wanted and needed.

Employees with arthritis have many concerns about how arthritis is viewed in the workplace. Arthritis is more than just a problem of ergonomics. Arthritis is a chronic disease that requires daily self-management. Reports of employers not understanding the need for employees with arthritis to alternate physical activity with rest were frequently reported in focus groups. Supervisors are in need of information on self-management strategies for people with arthritis so that they can support these strategies within the workplace setting. By supporting arthritis self-management programs, supervisors and employers can decrease arthritis pain and disability in their employees.

Methodology

Health Coordinator Interviews

Forty-four health promotion coordinators at small and large worksite throughout the State of Minnesota were interviewed over the phone from June 2003 through January 2004 . The survey tool for these interviews can be found in Appendix B. These worksites were identified in each county from a list of Fortune 500 companies, local chamber of commerce websites, and the Secretary of State’s website.

Worksites were only interviewed if they had people who identified themselves as coordinating employee health. In small worksites, this was often the person who coordinated health fairs, safety meetings, and the local blood mobile drive. In larger worksites, the Health Promotion Coordinator was either a manager assigned to that area, a human resource person, or a full-time person contracted or hired for that position.

Employee Focus Groups

Focus groups were conducted at seven worksites with 522 employees from June 2002 thru August 2003. Twenty-seven metro and two non-metro focus groups were conducted. Worksites were drawn from the health care, government agencies, and corporate sites.

Participants were interviewed regarding impact of arthritis in the workplace, kinds of arthritis worksite education programs they would like to have offered and methods for encouraging employees to participate in arthritis programs. Focus group questions can be found in Appendix C.

Focus group locations were identified from worksite interviews. Focus group participants were recruited by each participating worksite using email and sign up sheets in break rooms and the cafeterias.

Characteristics of the Samples

Health Coordinator Interviews

Table 1. Size of Worksite Interviewed for Health Coordinator Interview Sample

Number of Employees	Number of Worksites	Percent of Sample
< 100	11	24%
100 to 499	9	21%
500 to 999	2	5%
≥ to 1000	21	50%

Table 2. Percent of Employees older than 40 years in Health Coordinator Interview Sample

Percent of Employees Older than 40 years	Number of Worksites	Percent of Sample
< 25%	11	28%
25 to 50%	16	41%
≥ 50%	12	31%

Tables 3. Percent of Employees Who Are Women in Health Coordinator Interview Sample

Percent of Employees Who Are Women	Number of Worksites	Percent of Sample
< 25%	12	31%
25 to 50%	15	38%
≥ 50%	12	31%

Table 4. Type of Industry for Health Coordinator Interview Sample

Type of Industry	Number of Worksites	Percent of Sample
Agribusiness	3	7%
Construction	1	2%
Entertainment	2	5
Financial	1	2
Health	5	11
Manufacturing	17	39
Meat Packing	1	2
Paper	1	2
Professional Consultants	1	2
Sanitation	1	2
Transportation	2	5
Utilities/Communication	8	18

Employee Focus Group Sample

Table 5. Focus Group Sample Types of Worksites and Participation

Type of Worksite	Number of Groups	Number of Participants
Large Corporations	21	398
Health Care	4	52
Government	2	15
Rural	2	47

Table 6. Gender of Focus Group Sample

Gender	Number	Percent
Women	480	92%
Men	42	8%

Limitations

Health Care Coordinator Interviews

No randomization scheme was applied to who was interviewed. The sample was stratified on location and size of worksites with efforts to get some representation throughout Minnesota. Although 44 employers were interviewed, 13 refused to be interviewed.

Employee Focus Groups

No focus groups were conducted at sites, such as manufacturing, due to the lower numbers of older employees and lower perceptions by management that arthritis is a problem within their workplace. Focus groups were also not completed at smaller worksites, which limits the generalizability of this report to those worksites.

Appendix B Employer Survey Script

Arthritis is the number one cause of work related disability in the United States. Pain and mobility restrictions caused by arthritis are a major cause of worksite lost productivity and sick leave. Additionally, over 80% of people who have arthritis are covered at least in part by a policy provided by either their employer or their spouse's employer.

Physical activity and arthritis self-management practices can help alleviate arthritis pain and increase mobility. The Arthritis Foundation North Central Chapter and the Minnesota Department of Health Arthritis Program have programs and educational materials available for people with arthritis.

The Minnesota Department of Health Arthritis Program is in the process of developing an arthritis tool kit for worksites to use in their employee health promotion program. We are obtaining information from worksites across Minnesota to help us better prepare a tool kit that will help employers provide information on arthritis self-management to their employees. We are gathering this information by asking worksite health promotion coordinators to complete a short survey and by conducting focus groups with employees.

Date: _____

Time of Appointment: _____

Company: _____

Interviewer: _____

Industry Sector: _____

**Worksite Questionnaire
Arthritis**

1. What percentage of your workers do you think have arthritis? _____%
2. How much of a problem do you think arthritis poses in the workplace?
₁ A lot
₂ Some
₃ A little
₄ Not at all
3. How much do you believe arthritis affects your employee's health.
₁ A lot
₂ Some
₃ A little
₄ Not at all
4. How willing do you believe your employees would be to attend arthritis education conducted in the workplace?
₁ Very
₂ Somewhat
₃ A little
₄ Not at all
5. Outside the workplace?
₁ Very
₂ Somewhat
₃ A little
₄ Not at all
6. Do you think supervisors and managers would be willing to attend a one hour presentation about arthritis in the workplace.
₁ Yes ₂ No
7. Would you be willing to host an arthritis focus group at your worksite?
₁ Yes ₂ No

Employee Health Promotion

8. Does your worksite offer classes or ongoing programs in these areas.

- 1) Physical Activity ₁ Yes ₂ No
- 2) Nutrition ₁ Yes ₂ No
- 3) Women's Health ₁ Yes ₂ No
- 4) Weight Control ₁ Yes ₂ No
- 5) Stress Management ₁ Yes ₂ No
- 6) Chronic Disease Management ₁ Yes ₂ No
- 7) Safety ₁ Yes ₂ No
- 8) Arthritis ₁ Yes ₂ No
- 9) Ergonomics ₁ Yes ₂ No
- 10) Other (list) ₁ Yes ₂ No

9. Do you develop these programs within your agency or do you contract them out? ₁ In house ₂ Contract out

a. With whom do you contract them? _____

10. Do you offer these programs on-site or off site? ₁ On site ₂ Off site

11. Does your organization have any facilities such as a gym or workout center for physical activity? ₁ Yes ₂ No

12. How many hours per month on the average is allowed for health or safety activities? Number _____

13. How do you market these programs to your staff? (Check all that apply)

- ₁ Posters
- ₂ Fliers
- ₃ E-mail
- ₄ Web Site
- ₅ Newsletters
- ₆ Other (list)

14. Which kinds of education or promotional materials should the Minnesota Department of Health develop for worksites on health concerns such as arthritis?(Check all that apply)

- ₁ Posters
 - ₂ Fliers
 - ₃ E-mail text
 - ₄ Web Site
 - ₅ Newsletter text
 - ₆ Slide Presentations
 - ₇ Overhead Presentations
 - ₈ Brochures
 - ₉ Workbooks
 - ₁₀ Videotapes
 - ₁₁ CD ROM
 - ₁₂ Other (list)
-

Health Risk Appraisal

15. Is a health risk appraisal used at your worksite? (If **No**, Skip to question 17)

- ₁ Yes
- ₂ No

16. How do you use information from the health risk appraisal?

Demographic Information

- 17. How many employees does your company have?
- 18. What percent of your employees are over the age of 45?
- 19. What percent of your employees are women?
- 20. What percent of your employees speak Spanish as their first language?
- 21. What languages other than English do your employees speak as their first language?

Appendix C

Worksite Focus Groups Questions

Introduction: *Hello my name is xxxxxx, I work with the Minnesota Department of Health's Arthritis Program.*

We will be here for about an hour. Please feel free to help yourself to food and beverages any time during the group.

Today, we will be talking about arthritis. We would like to know your thoughts and ideas about how we could meet the needs of people with arthritis in the workplace.

You may have noticed the microphone in the middle of this table. We will be recording this group because we want to make sure that we don't miss any comments. My co-worker, xxxxxx will write down your key points on the easel pad. Please feel free to let us know if we aren't writing down your thoughts correctly. We won't write your name down by any of the comments and we will only report on the summary information from this and the other focus groups that we are doing.

Before we begin, let me suggest some things that will make our discussion more productive. Please speak up--only one person should talk at a time. If you decide that you don't want to answer a question, just say so. There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we're just as interested in negative comments as positive comments, and at times the negative comments are the most helpful.

It is important for us to hear from each of you today because you have different experiences. So if one of you is sharing a lot, I may ask you to let others talk. And if you aren't saying much, I may ask for your opinion. I have asked you to put your first name on a card in front of you so that we can refer to each other by name..

Opening Question

Let's begin. But first, let's find out some more about each other by going around the table.

Please introduce yourself by telling us your name and what your favorite activity is when you are not at work?

Introductory Questions

Think about an activity in which you have participated at work or with people you worked with that was not part of your job.

What made you want to attend that activity?

How did you feel about doing that activity within your work setting or with people you work with every day?

Transition Questions

Think about the kind of work that you do and your work environment.

What kinds of activities does your worksite do to promote the health of its workers?

(Prompt: Does your worksite offer educational programs on diabetes, heart disease, cancer or arthritis?). What would you like them to do?

Key Questions

Now I would like to ask you some questions specifically about arthritis in the workplace. Please answer these questions thinking about people with arthritis in general.

What kinds of problems do you think arthritis causes employees in the workplace?

Prompt: missed days of work, difficulty in getting things done, pain.....

Is it easy to talk about arthritis in the worksite? Do you think people are afraid to admit that they have arthritis? What can be done to make this better?

I would like to talk with you about the kinds of information and programs that the Arthritis Foundation has to offer that helps people manage their arthritis.

The Arthritis Foundation has many pamphlets and books on the different kinds of arthritis and how to make life with arthritis easier. They also train volunteers to conduct warm water aerobics classes, a class called PACE which stands for People With Arthritis Can Exercise, and a program called the Arthritis Self Help Course. These programs are outlined in the pamphlet in front of you. These programs have been found to help reduce arthritis pain and help people cope with their arthritis on a daily basis.

Have any of you ever used any of these Arthritis Foundation resources?

If the Arthritis programs were offered at your worksite do you think people would attend? If not, what other kinds of programs do you think might work.

When should programs be offered (*prompt: days times locations*)

Should arthritis education and management programs be offered at the worksite or outside of work in a community setting?

What kinds of things could your employer do to encourage people to attend arthritis education programs. (*prompt: work time to do take course, flexible scheduling, course during the work day*)

(If running out of time, end here, otherwise go on to the last two questions.)

Please take a moment and jot down three ways how you think information about how to manage arthritis should be provided to people at your worksite. For example, classes, brochures, newspapers, newsletters, or anything else you can think of. Let's

go around the room and ask people to read off their list and have Jan write them down on the easel pad.

Which of would be a good idea to try first at this worksite?

One final question

What do you think could be done in this worksite to make life easier for people with arthritis?

Ending Questions:

I am going to summarize for us what you have just said. Is this a good summary?

Have we missed anything?

Is there anything that we should have talked about but didn't?

Thank you for coming today. We appreciate your time and your viewpoint. I hope that you enjoy your books on arthritis.