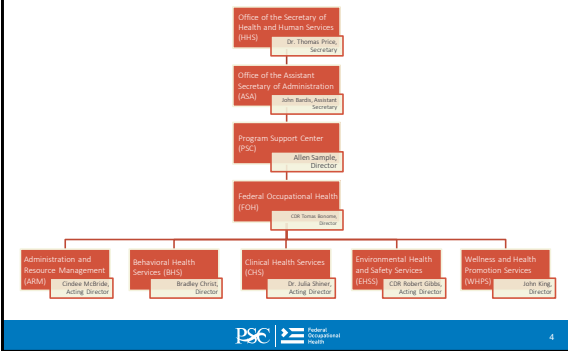




Overview of FOH

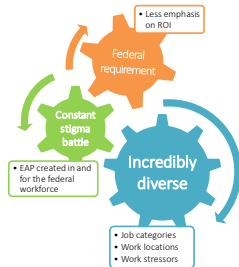


Overview of FOH

- Federal Occupational Health (FOH) is the largest provider of occupational health services in the Federal Government
- Created in 1946 by an amendment to the Public Health Service Act (42U.S.C.), FOH has been providing services exclusively to federal agencies for almost seven decades.
- In 1984, FOH became fully reimbursable – or non appropriated – operating free of congressional appropriations

Problem Statement

- History of research in outcomes
 - Morphed methodology, players changed over time
- Uniquely positioned to explore the federal population
 - More than 900,000 covered EAP lives
 - Unique population



Current Environment

The Federal Government anticipates:






- Requirement for increased accountability documenting employee productivity
- Much greater scrutiny of funds
- Rapid expansion in law enforcement agencies
- Instruction from OMB to grow employee productivity

Workplace Outcome Suite

- Developed by Dr. David Sharar & Dr. Richard Lennox of Chestnut Global Partners in 2010
- Documented validity and reliability (Lennox, Sharar, Schmitz, Goehner, 2010).
- Gold standard measure, used in over 400 EAPs
- Originally 20 items, FOH used the 5-item short version at intake in the call center

Workplace Outcome Suite (WOS)

- Short, 5-item questionnaire
 - designed to measure outcomes of EAP use
- Five scales to assess:

-  Absenteeism
-  Presenteeism
-  Work engagement
-  Life satisfaction
-  Workplace distress

Implementing the Tool

- Change process in the Federal space
 - “Turning the Titanic”
- Random sampling
- Resource allocation
 - Training Call Center – new scripting
 - Additional time on calls
 - Follow up & tracking



METHODS



Test analyses examine changes in scores from before and after respondents received EAP services

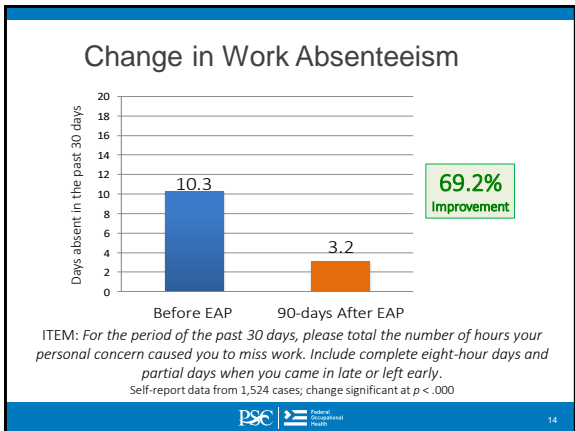
A statistically significant variation in score indicates that an actual change very likely occurred

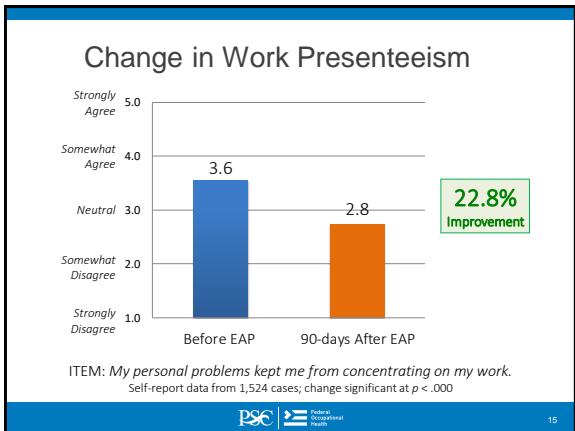
Methods

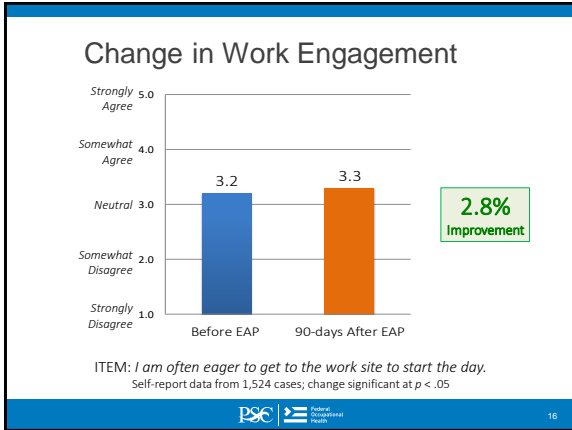
- Random sample of callers were asked to participate at intake, and were contacted 3 months later for follow up
- Response rate = 28%
- N=4800 complete pre and post tests
- Paired samples t-test used to examine changes in questions from pre- to post-test
- All five items were statistically significant, demonstrating the positive impact of using the EAP!

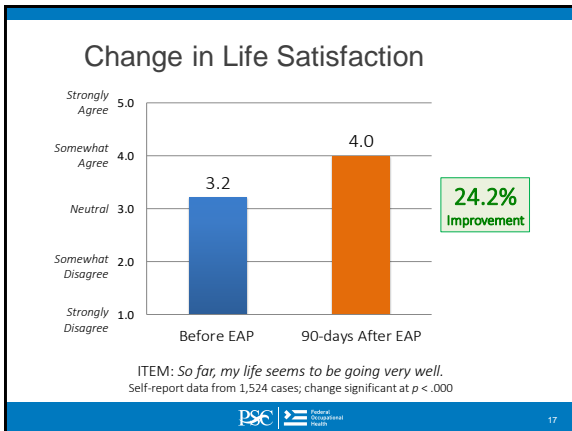
RESULTS!

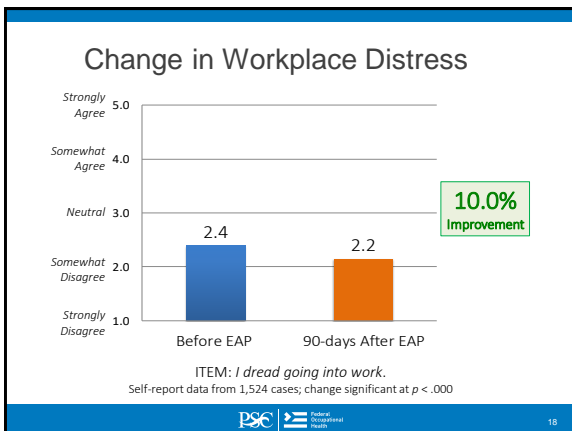
PS&C Federal Occupational Health 13











Return on Investment

Very conservative elements included in the calculator

Did NOT include:

- Relocation costs
- Retraining costs
- Accident costs
- Medical premium costs

(Attridge, Servizio, Sharar & Mollenhauer, 2015)

Return on Investment

For every \$1 invested, the Federal Government gets back **\$1.78**



Discussion

Behavioral health concerns (depression, anxiety, stress) are the primary drivers of lost productivity, with absenteeism following closely behind

23% reduction in presenteeism demonstrates FOH EAP successful impact with clients, allowing them to focus more effectively on the job

Discussion

25% improvement in life satisfaction demonstrates FOH EAP impact in client's lives

Employees who are satisfied outside of work tend to have higher job satisfaction and less intention to leave, thus there's a positive impact on retention

Impact on Retention

25% improvement in Life Satisfaction



10% reduction in Workplace Distress



Questions?

Demonstrating Value: Measuring Outcomes and Mitigating Risk