

# **Worksite Wellness: Connecting the Dots in NC to Maximize Employee Health and Well-being**

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# Acknowledgements for NC Progress

## ■ Funders:

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- Health and Wellness Trust Fund
- The Duke Endowment

## ■ Agencies:

- NC Prevention Partners
- DPH and DHHS
- State Health Plan

## ■ Experts:

- Joyce Young
- Laura Linnan
- Meg Molloy
- Alice Ammerman

# Presentation Goals

- Why are we talking about this today?
- What does the evidence show?
- How can NC most effectively continue to improve the health and well-being of employees?

# Rationale for Investment in Worksite Wellness

## ■ Background

- 50% of chronic disease results from preventable causes related to lifestyle
- Common health risks account for 15-35% of annual medical costs
  - depression, stress, obesity, physical inactivity, high glucose levels
- “Captive audience”
- Evidence-based strategies exist that can effectively change risk

NCMJ 2006 JYoung

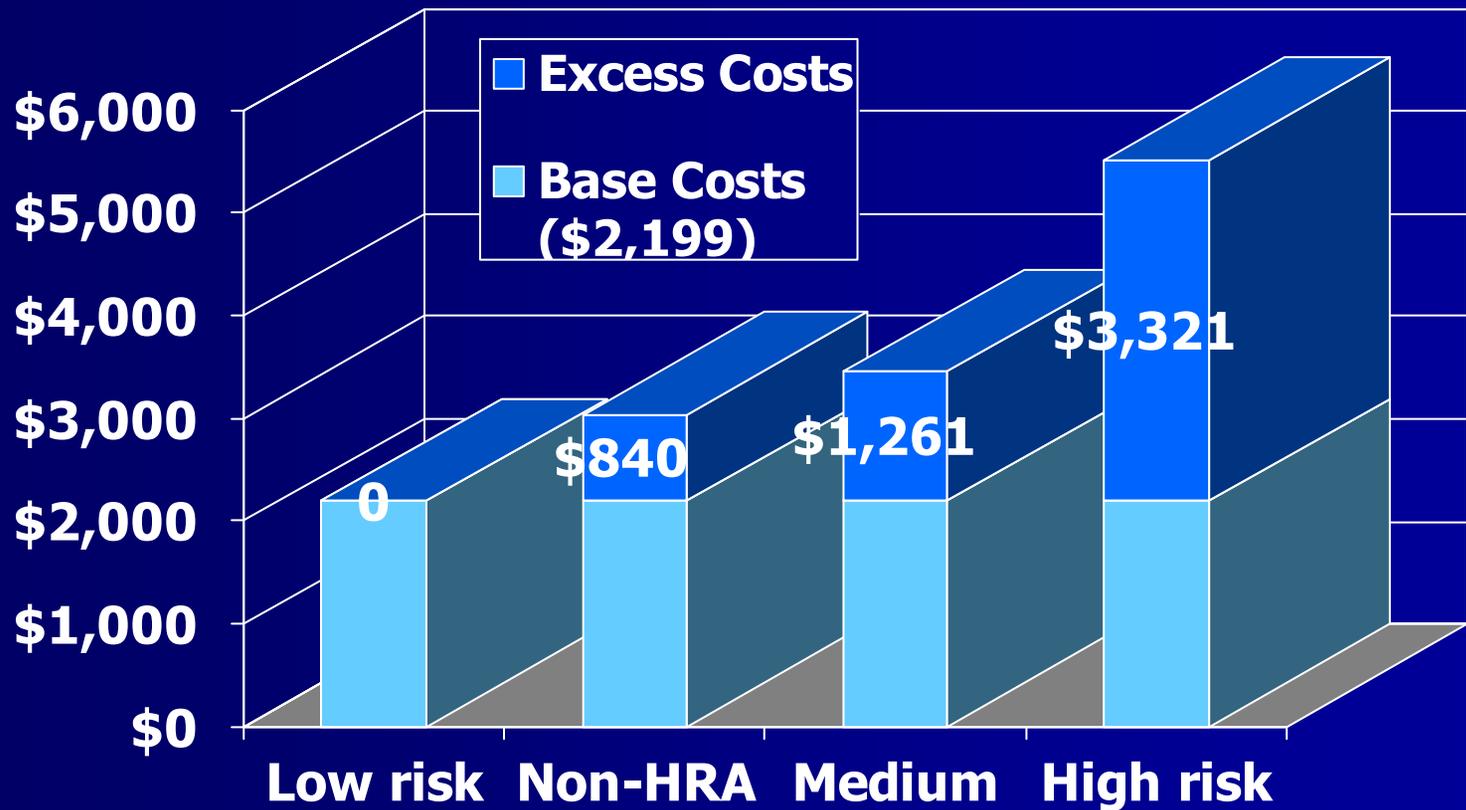
# Estimated Health Risks Among Employees (UMich)

	<u>% high risk</u>
BMI >27.5	41.8%
Stress	31.8%
Physical inactivity	23.3%
Smoking	14.4%
Poor perception of health	13.7%
>5 illness days	10.9%
Existing medical problem	9.2%
Increased cholesterol	8.3%

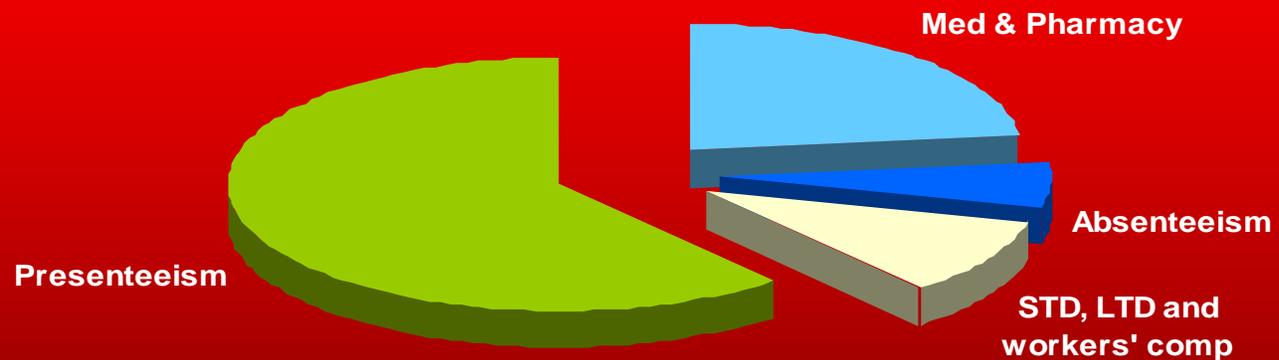
# Overall Categories of Risk Levels (UMich)

	<u>% of employees</u>
Low Risk (0-2)	55.3%
Medium Risk (3-4)	27.7%
High Risk (5+)	17.0%

# Health Costs Related to Health Risks (Edington 2001)



# Relative costs of excess health risks (Burton, Edington 2003)



# Health as a Complete State: Effect on Work and Cost (Keyes 2005 JOEM)

	Completely unhealthy (n= 567)	Incomplete health (n=1878)	Completely healthy (n=574)
Low (bottom quartile) work effort	32%	19%	9%
Any workday cutbacks past 30 days	42%	18%	8%
Any workdays lost past 30 days	37%	15%	8%
Mean # health care visits (medical)	6.1	2.9	0.7

# Effective Worksite Interventions

- **Recommendations include:**
  - **Policy and individual behavior change**
  - **Assessment of health risks with feedback plus interventions**
- **Evidence-based interventions for:**
  - Tobacco cessation
  - Physical activity
  - Nutrition

From CDC, Guide to Community Preventive Services.  
Worksite health promotion. 2/10/09

# Return on Investment

## ■ Positive ROI

- Average annual cost reduction range of 2% to 4% of total claims for comprehensive health promotion
- Generally ROIs (cost-benefit ratios) range from 1:1.5 to 1:3.0
- Mean return on investment of \$3.93 for medical cost savings and \$5.07 for absenteeism savings (Aldana from O'Donnell)

# 5 Elements of Comprehensive Worksite Wellness Program

- Health education with lifestyle behavior change
- Supportive social and physical environment (policy)
- Integration of program into organizational structure
- Linkage to related programs
- Worksite screening and education

HP 2010 goal was 75%; 6.9% of worksites responding to 2004 National Worksite Health Promotion Survey (n=730) offered comprehensive program

Linnan AJPH 2008

# “Improving Employee Health in Six Steps”

- Define strategy and work from a plan
  - Leverage stakeholders, implement with effective program management with specific target goals
- Spend wisely
  - Allocate greater percentage of annual claims expense to health improvement and health risk reduction
- Choose interventions that will work
  - Adjust employee workplace policies and practices, target behavior change, select appropriate suppliers
- Communicate the concept of health in the business
- Measure progress
- Work with experts

# Healthy Workplace Act of 2009 (S803/HR1987)

Senators Tom Harkin (D-IA) and others

Tax credit to businesses that have comprehensive employee wellness programs;

Up to \$200 per employee for the first 200 employees and up to \$100 per employee, thereafter;

Employers who establish qualified programs would be eligible to receive a tax credit for 10 years.

# Carrot vs. Stick Ethical Issue

- Concern that financial rewards and penalties equal “lifestyle discrimination”
- Unhealthy behaviors of some employees affects co-workers by driving up costs of group as a whole

# Shared Resources and Collaboration Can Maximize Employee Health

- Especially true for small businesses
  - 42% of state's employed population works for companies with <100
  - 30% work for companies with < 25

# Recommendation: Establish NC Worksite Wellness Collaborative

Maximize worksite wellness strategies with a state-wide approach using the following 4 components:

- 1- "Healthy Workplace Assessment" at organizational level
- 2- Individual employee assessment through Health Risk Appraisal (HRA) with development of actionable plan based on assessment
- 3- TA with implementing evidenced-based strategies to address needs identified
- 4- Data collection system

# Who Participates in the NC WW Collaborative?

- Needs top level support from Governor's Office
- Leading health foundations
- Agencies and experts currently working with worksite wellness
- Staffed by NC Worksite Wellness Collaborative Personnel

# Recommendation: State Tax Credits for Businesses?

- State activity similar to Harkin's Bill:
- In 2001-2006, 34 bills (13 states) considered tax credits for worksite wellness (0 passed)