

## Who Are the Intended Beneficiaries (Targets) of Employee Health Promotion and Wellness Programs?

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The medical journals and medical-related popular press are filling pages with the news about the increasing levels of obesity, diabetes, and other health-related behaviors, risks, and diseases. This development is not new, but has been on the increase for several years. In the early 1970s, some companies began providing health promotion and wellness programs, primarily to their executives and later extended the programs to other employees. The purpose of the programs was to improve the health of the employee, with the company also benefiting from that improved health through lower levels of healthcare costs and increased likelihood of the employee remaining at work. The programs were simplistic and focused on getting to the high-risk individuals, which were typically defined as employees who have the risks for cardiovascular disease. Second generation programs were more inclusive of other risks and behaviors, such as the use of safety belts, but still were primarily focused on metabolic diseases and high-risk individuals.

After 25 years of measuring and evaluating these programs, it has become clear that the current programs are meeting with success only at the margins. Few companies or locations can demonstrate less obesity, more physical activity, and less disease than the benchmarks of 20 years ago. In addition, the overall adoption of these programs was unexpectedly slow until the rapid rise healthcare costs came into focus.

In response to the marginal success of health promotion and wellness programs, it is clear that a different approach is necessary in order for organizations to effectively address the higher levels of obesity and diabetes, for example, and the growing burden of healthcare costs and decreasing productivity. The solution is to expand the economic outcome metrics; to include programming for worksite environmental factors; to include programs for all employees, regardless of risk levels; to expand the programs to families; to seek professional partners in these efforts; and to install measurement metrics that will provide internal feedback for program revisions. With these Next Generation Programs, the benefits derived from health promotion and wellness programs span the total employee population,

their respective families, the sponsoring organization, and extend well into the community and eventually to the state.

The economic and personal value of a healthy and productive worksite and workforce is indisputable by most measures of success. Individual employees and their families define health outcomes of employee-targeted health promotion and wellness programs by their level of vitality, quality of life, and freedom from the pain and suffering associated with disease. Employers rely on measures of the energy level, productivity, and creativity of the employees and the moderated medical and pharmacy costs that can be associated with these programs. Communities and states measure health outcomes by the number and sustainability of healthy and productive companies within the community or state.

Although the value of these outcomes is widely shared, obtaining a healthy and productive worksite and workforce has eluded most companies and their employees. The reasons for this are obvious, given the “natural flow” of individual health risks, the “natural flow” of individual medical care costs, and the escalating high-stress worksite cultures that have developed in most modern companies. The natural flow of health risks within a population is toward high-risk, in the absence of programs targeted at maintaining the population at low-risk. The natural flow of medical costs follows the natural flow of risks. Increasing marketplace competition results in a more stressful worksite, unless attention is being paid to the workplace environment.

Companies such as the SAS Institute and IBM, located in the Research Triangle, have been leaders in beginning to design total solution and total population programs for their employees and employees’ families. Dow Chemical and Pitney Bowes are also companies beginning to expand the breath and depth of health promotion and wellness programs into a more comprehensive health management solution for the full population. Most cities and states in this country now have healthcare coalitions, wellness councils, and local examples of companies who began with the early programs, but are now looking for more effective solutions.

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At the urging of General Motors, we began to model the best of the 22 major companies in our corporate consortium and to learn from other companies to design the Next Generation of Health Management Programs on a total population level, since it was clear that focusing only on the small percent of high-risk individuals has not been successful in changing the clinical and economic outcome measures. In addition, other companies such as Matria, a population health enhancement company, is rolling out its Next Generation Program as are some of the national health plans including Anthem, Aetna, and CIGNA. These Next Generation programs are expected to be available in the spring of 2007.

## Next Generation Health Management Programs

It is now clear that *something* was missing from the early (1975-2005) worksite health promotion program strategies and that *something* is really *two* things: (1) paying attention to everyone in the population and (2) paying attention to the worksite culture and environment itself. If employees are the beneficiaries, then all employees need to be given access to programs addressing health promotion objectives and to the incentives that drive participation, and eventually full engagement, in the process. In our thinking about the Next Generation of Health Management Programs, there are seven components that are critical if the employees (and other beneficiaries) are to fully benefit from these initiatives.

- 1 Corporate leadership must set the vision for health management throughout the company.
- 2 All environmental policies and procedures must be aligned with the goal of a healthy and productive worksite and enlistment of critical partners in the effort.
- 3 Health Risk Appraisals should be available to all employees (and spouses/significant others).
- 4 All individuals should be risk-status stratified and offered access to health promotion interventions and resources appropriate to their needs (risk categories) and interests.
- 5 Population-based health promotion programs should be available to all employees.
- 6 Appropriate incentives for program participation should be available to all employees.
- 7 Measurement, evaluation, and decision support should be conducted to drive program decisions.

The first hallmark of a successful program is the clear and observable vision of the organization's senior leadership. In addition to announcing the vision, leadership must share the vision with everyone in the organization. The next step is to ensure that the organization's policies and procedures are aligned with the goal of a healthy and productive worksite. This includes such things as smoking policies, stairwell access, vending machines, cafeterias, job design, flexible working hours, and benefit design. Critical partners in this effort require the enlistment of the health plan, benefit consultants, primary care physicians, health enhancement companies, and pharmaceutical companies.

Health Risk Appraisals (HRAs) are a core technology for health and wellness programs and need to be completed by

## Crown Equipment Corporation

Crown Equipment Corporation, located in New Bremen, Ohio, manufactures battery powered material handling equipment. Crown is the first company to adopt the components of the Next Generation Health Management Program to move toward a Champion Company.

After successfully rolling out its HRA and wellness screening initiatives with over 90% participation in 2004 to all Crown locations, Crown decided to adopt the full set of health management components while planning for 2007. The president and senior management set the vision to become a Champion Company. The Medical Director, Benefits Manager, and the Program Manager were given the task of implementation to 5,500 employees throughout the company's several locations.

Benefit design is the driver of the program. Participation begins with an impressive benefit credit for employees and spouses to engage in the program, including the HRA, wellness screenings, and health coaching. The company engages outside vendors to assist with its programs for 2007. The health advising initiative is particularly innovative and designed to maintain 90% or higher participation to reach total engagement of the employees and spouses in understanding personal health accountability. Participation with the health advisor is driven by a significant cash award for employees and spouses. Resources are made available to any employee or spouse who wants to further engage in any program designed to help them maintain or improve their health risks and lifestyle behaviors.

The company also has an innovative healthier vending program, including offering a healthy drink and healthy snack during break.

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everyone in the organization. The critical choice of an HRA depends upon the program's overall objective. Some HRAs are focused on health education, others focus on longevity, but our bias is on a more comprehensive approach, which includes vitality or quality of life, medical and pharmacy utilization, disability absences, and presenteeism. The customized individual profiles obtained from HRA completion focus on vitality and risk and behavioral factors leading to quality of life and possible disease. The organizational reports summarize (in aggregate form) the individual health risk profiles and then the data are combined (or modeled) with outcome data to create a scorecard of the health-status of the population.

Once a person completes an HRA, they then need to contact a coach, advisor, or advocate to discuss their risk/health status profile and to create goals to maintain or improve their current health status. This is a very critical step and one that could continue indefinitely. The fifth step is to provide wellness programs to the total population. "Know-your-numbers," "no weight gain," and a "1,000-step pedometer" are examples of programs or interventions that can serve this function well.

Incentives and measurement are the sixth and seventh steps in the Next Generation Program. We now know that the success of a program requires 80% to 95% participation and engagement of the total population, regardless of risk level. Anything less than that falls short of meeting the objectives of a healthy and productive worksite and a healthy and productive workforce.

One of our major learnings over the 30 years we have been studying the health management of populations is that paying attention to healthy (or low-risk) employees is the secret to creating and maintaining a healthy and productive workforce: that is, *keep the low-risk people low-risk*. The second secret is to *first create winners* in the population. For example, initiatives like “know your numbers” and “no weight gain” programs give employees the opportunity for realizing early accomplishment and serve to motivate further attention to personal health risk issues as interventional opportunities are made available. Most programs go immediately for reductions in blood pressure, cholesterol, and body weight; and most individuals end up right back where they started within one or two years.

## Benefits to Employees

Most people immediately think of the employee as the first and foremost beneficiary of these programs, and most programs over the past three decades were focused on the high-risk employees (perceived beneficiaries) in particular, while the low-risk employees were ignored. While a few of the high-risk employees and their families were helped as a result of this strategy, the overwhelming evidence is that high-risk employees (and employed workforce health in general) are no better off by nearly any measure of success than we were 30 years ago.

Three strategies have emerged within the Next Generation Programs. The first strategy is to continue to work with the high-risk individuals, but on a *whole person* and *self-leader* approach, rather than a lifestyle risk or disease management approach. The reason for this is that previous risk reduction strategies focused on single risk factor reduction and tended to ignore other risks that might have influenced the person (e.g., weight loss while ignoring smoking or job satisfaction). In addition, the teaching opportunity is such that each individual could be taught to value their own risk-status and serve as their own leader in maintaining positive risk and behaviors and modifying the rest. The second strategy is to work with all the employees regardless of risk level with the same type of intervention strategy. This strategy is somewhat counter-intuitive, and the goal is to convince the participant to value remaining at a relatively low-risk level. The third strategy flows from the environmental component where the organization creates a working environment and benefits that are aligned with a healthy and productive worksite and healthy and productive individuals.

## Benefits to Employers

Employers most often sponsor these programs hoping to improve overall productivity and decrease medical and pharmacy

spending. However, there is an even greater benefit to employers: survival and prosperity. It is clear that as the world moves toward a global economy and world-wide competition, any company committed to maintaining a competitive position will need to develop and maintain a healthy and productive worksite and workforce.

Also, given the emerging demographics of the American workforce, the value of older workers will increase exponentially. Companies will find that facilitating good health status offsets the medical costs of older workers and the increased company knowledge and relationship possessed by the older workers can be retained by the company. In this era of the “knowledge worker,” older workers are likely to be the reservoirs of much of the important knowledge needed in the future.

The Next Generation Programs were designed in part to engage the maximum number of employees. Previous strategies have suffered from low participation rates (somewhere around 30%) and the obvious avoidance of the programs by the high-risk individuals who felt targeted and stigmatized by the focus on the high-risk interventions. The Next Generation approach attempts to engage all employees—making everyone feel included—and participation rates are now approaching 90% or higher in companies adopting this philosophy and approach.

Employers recognize that they cannot accomplish their goals without help from partners. Health plans, benefit consultants, primary care physicians, health enhancement companies, and pharmaceutical companies all have a major role to play in order for all the benefits to be derived from comprehensive health management programs. Even the most conservative estimates of these programs’ economic benefits in relation to medical and pharmacy costs put the benefit at the break-even point, while the most common return is estimated at 3.0. When absentee days, disability days, and worker’s compensation costs are added to the calculations, the estimated returns are even greater.

## Benefits to Communities and States

Communities and states should encourage employers to sponsor these programs with the intention of improving the overall working environment, an overall decrease in the cost of disease care, and an improvement in productivity, which drives increased revenue for the overall economy and, thus, increased tax revenue. Healthy residents lead to lower medical utilization and higher productivity. When worksites and their workforces are characterized in this way, fewer companies will look for relocation options, and more companies will look to relocate to the state and community where these conditions exist.

## Summary

There is nearly no downside to clinically and economically effective health management programs since each stakeholder is a beneficiary: the family, the employee, the employer, the community, and the state. These programs drive both the cost and the revenue sides of the economic equation. **NCMedJ**