American Heart Association
Position Statement on Effective Worksite Wellness Programs

Position

The American Heart Association supports the implementation of a comprehensive set of wellness initiatives implemented at the workplace. Such programs can be an important means of addressing the nation's rising obesity rates, sedentary behavior, and increasing prevalence of chronic disease. Successful programs will quickly engage employees in activities that maximize their own health and well being, grow rapidly in response to their perceived value and prove sustainable as they establish the 'business case' for their existence. Although programs will vary, a comprehensive program should encompass tobacco cessation and prevention, physical activity, stress management/reduction, early detection/screening, nutrition education, weight management, and cardiovascular disease prevention. Other components of an effective program include back pain prevention and management, adult vaccination, alcohol and substance abuse assessment, maternal and infant health education and guidance regarding effective use of the health care system. All interventions should incorporate motivational interviewing and assessment of readiness to change. Programs must address the needs of all employees at a given workplace, regardless of gender, age, ethnicity, culture or physical or intellectual capacity. In addition, such programs should include modifications of the worksite environment that facilitate healthy behaviors and decision-making that promotes wellness. Each program should be an active learning system where outcome evaluation is an integral component.

Rationale/Background

The importance of addressing the environment that surrounds individual decision-making and promotes healthful behaviors is recognized as an important obesity prevention strategy.[1] Individuals are viewed within the larger context of community, family, and society.[2] Worksite wellness programs should be designed from that perspective. Over 130 million Americans are employed across the United States and since a significant part of their day is spent at work, comprehensive, culturally sensitive health promotion within the workplace is essential to maintain and improve the nation's health.[3] Additionally, time spent at work has increased over the last two decades. The workplace environment is a significant target for obesity prevention efforts in particular.

Health care costs in the United States doubled from 1990 to 2001 and are expected to double again by 2012.[4] Chronic illnesses affect more than a third of working-age Americans and the costs associated with chronic diseases account for approximately 75 percent of the nation's annual health care costs.[5]

Rising health care costs have a huge financial impact on employers. Nearly 60 percent of employers' after-tax profits are spent on corporate health benefits. An estimated 25-30 percent of companies' medical costs per year are spent on employees with excess health risk.[6] That contrasts to three decades ago when only 7 percent of corporate profits paid for health costs.[7] General Motors, for example, has been plagued by tremendous health care liabilities and regularly cautions investors that theses costs will prevent the company from reaching its profit goals at the end of the decade. The economic impact of health care provision may be worse for small businesses.

Employers are bearing the costs of chronic disease and obesity directly through employer-provided health care plans and indirectly through higher rates of absenteeism, presenteeism, disability, and injury. A study with the Chrysler Corporation and the United Auto Workers Union showed that overweight and

obese workers had 143 percent higher hospital inpatient utilization than those with healthy weights.[8] Just three chronic conditions, asthma, diabetes, and hypertension, are associated with 164 million lost work days per year in the United States at a cost to employers of $30 billion.[9] These common chronic conditions cause U.S. employees to miss an average of ten work days per year.[10]

Research suggests that migration to lower risk status is estimated to save $53 per employee and these savings recur each year that the employee remains in a low-risk tier.[11] Addressing risk factors early can make a difference. For example, $5.6 billion in heart disease costs could be saved if one-tenth of Americans began a regular walking program.[12]

Visionary employers are looking beyond health care costs however to consider the total value of health. They understand the importance of establishing work environments that engender fulfillment, improve quality of life, forge positive links with the community, and increase productivity.[13] An effective worksite wellness program can attract exceptional employees, improve on-the-job decision-making and time utilization, enhance employee morale and organizational commitment, reduce turnover, and reduce organizational conflict.[14]

Employer spending on health promotion and chronic disease prevention is a good business investment. Programs have achieved a rate of return on investment ranging from $3 to $15 for each dollar invested with savings realized within 12 to 18 months.[15] Meta-analyses have shown a 28% average reduction in sick leave absenteeism, an average 26% reduction in health care costs, and a 30% average reduction in workers' compensation and disability management claims costs.[16] Other benefits include recruitment, retention, and improved corporate image.[17] Benefits to society from healthier employees extend well beyond the workplace.

Despite these documented benefits, there is an ongoing need for further longitudinal research confirming the link between investment in health promotion in the work place and healthcare cost containment, especially in employee populations at high-risk for chronic diseases. Effective and rigorously tested program evaluation tools are needed to identify best practices, including those which pertain to program design and implementation. It is challenging for the private sector alone to conduct these types of studies due to insufficient time, gaps in skill mix, limited resources, selection bias, adjustment for inflation within the data over the long term, privacy issues, and small samples sizes. Government needs to partner with the private sector to accomplish the necessary research and evaluation required to maximize efforts in one of our key environments.

Employers can think about how their programs bring value in different ways (see Appendix A) – through decreased direct health care costs, proper healthcare utilization, increased performance measures, lower rates of absenteeism, or lower prevalence of chronic disease or illness. These paybacks can be in the short-term and the long-term. Two major universal challenges in worksite wellness programs are achieving high early participation rates and maintaining behavior change over time.

Even though there is a benefit to addressing each individual aspect of a worksite health promotion program, the sum of all the elements together makes the greatest impact on employee well-being.[18] Primary prevention in employees with multiple risk factors is a priority.[19] Addressing health and wellness in the workplace is the right thing to do. It is imperative for helping the nation reach its 2010 goals, reducing the nation's health care bill, promoting health and wellness, and reducing chronic disease. Employers have a prominent, influential position with access to millions of working Americans to address a key environment that holds health plans accountable for the delivery of covered services and impacts health and chronic disease for all employees and their communities.

Policy Recommendations

1. Government agencies should supplement private sector investment in large-scale, objective, longer term studies on programming and outcomes research to better inform the development, implementation and evaluation of worksite wellness programs.[20]
2. Government agencies should model effective worksite wellness programs and serve as laboratories for testing effective interventions with special attention to improved productivity. The effect on high risk and health disparities populations should be particularly scrutinized.
3. Government and employers should work together to create incentives for employees to participate in worksite wellness programs, especially those that focus on long-term behavior change to reduce health risks.
4. A variety of financial incentives or other incentives to participate in worksite wellness programs should be considered, including Federal and state tax incentives to employers and health insurance premium reductions to employees.

Components of an Effective Program
Programs should be structured around specific Healthy People 2010 objectives and guidelines established by the U.S. Preventive Task Force. Employers will be at different stages in the development of their programs. Ultimately, a comprehensive worksite health promotion program contains the following elements:[21,22]

1. Health education and programming which focuses on skill development, lifestyle behavior change, information dissemination, and awareness building, preferably tailored to employees' interests and needs.
2. Supportive social and physical environments.
3. Integration of the worksite program into the organization's structure.
4. Linkage to related programs like employee assistance programs and programs to help employees balance family and work.
5. Cardiovascular screening and risk assessment ideally linked to medical care to ensure follow-up and appropriate treatment as necessary.
6. Some process for supporting individual behavior change with follow-up interventions. Educating employees about basic cardiovascular disease protective modifications to discuss with their physicians.
7. An evaluation and improvement process to enhance effectiveness and efficiency.

Other aspects of an effective program include a mission statement, maintaining confidentiality and privacy, data management, and benefit design.[23] Employers should engage employees in the development and implementation of the program. They should have specific policies that address employees who telecommute or work from remote locations. Also, employers should conduct annual health risk assessment surveys with their employees to determine readiness to change, interest in participating in specific programs, health risks, and current preventive care.

Regular, timely, personalized, communication is an essential component of an effective program (e.g. a powerful internet interface that registers, engages, tracks, and evaluates each eligible participating member).[24] Employees should have the opportunity to participate in programming individually when possible through self-help modules or group sessions where applicable. Program outcomes should be assessed annually.

The American Heart Association recognizes that developing comprehensive programs take time and resources, especially for smaller employers. The Association supports incremental efforts to achieve a more comprehensive worksite wellness program. Specific elements of a program focused on cardiovascular wellness are being developed.

Appendix A:

Summary and Comparison of the Relative Magnitude of the Problems Associated with 14 Disease Prevention/Health Promotion Areas Including Prevalence, Direct Medical Costs, and Performance Loss[25]

DP/HP Topic	Prevalence	Direct Medical Costs	Performance Loss
Early Detection			
Breast Cancer	Very Low (1 in 25 Lifetime Risk)	High ($60-145K for treatment of advanced cancer)	Unknown
Colorectal Cancer	Low (1 in 16 Lifetime Risk of advanced cancer)	Moderate ($18-25K for treatment)	Unknown
Prostate Cancer	High (as high as 33% in men over age 50)	High ($35-100K for treatment of advanced cancer)	Unknown
High Blood Pressure	High (1 in 3 adults have elevated blood pressure)	Very High ($101 billion/year across the nation in estimated costs)	Potentially high
Cholesterol	High (27% of adults have cholesterol of 240 or above)	Very High ($60 billion in medical costs related to elevated cholesterol)	Unknown
Depression	Moderate (13% of workers during any given year)	Moderate (Estimated $12 billion/year)	Moderate (13% of employees miss at least 1 day of work) High(depressed employees work at 20% below capacity)
Behavior Change			
Exercise–general	Very High (58% of employees are sedentary)	Potentially very high (linked to 23% of deaths from CHD, stroke, colorectal cancer, diabetes)	Unknown
Exercise-back pain	Very High (50% in any given year)	Moderate (Workers' compensation costs are $11 billion/year)	High($149 million workdays/year lost)
Smoking Cessation	High (25-35% of employees smoke)	High (estimated $50 billion/year in related expenses)	High (estimated 21% of the annual workdays lost are smoking related)
Nutrition	Very High (80% if adults consume too much fat; 1/3 are overweight)	Potentially very high (related to 5 conditions costing $146 billion)	Unknown
Adult Vaccinations-influenza	Very High (less than 50% adults receive vaccinations)	Low, moderate ($1-12 billion/year)	High (up to 36% higher absenteeism for nonimmunized workers)
Stress Management	High (40% of workers experience severe stress during the year)	Very high ($150-300 billion spent on stress-related conditions	Very High (High stress related to twice as many absences additional cost/person)
Care Seeking			
Minor Illnesses	Very High (as many as 60% of primary care visits may be inappropriate)	Very High (Each inappropriate visit costs $30/employee)	Unknown but assumed to be moderate
Use of ER	Very High (1/3 of ER visits may be incorrect)	Very High (Each inappropriate visit costs $45/employee)	Unknown

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