

July Webinar - Workplace Health Promotion Programs That Work: Latest Research Tell Us?

Dr. Ron Goetzel

- Some of the research presented today is older, but important. Some research presented is new and emerging. Today's talk will also go over what constitutes best practice.
- The US is trying to solve spending so much money on "sick care". Average of \$10,000+ for every man, woman or child in 2016.
- The US spends 2.5 times the OECD average compared to other countries around the world, and the US's outcome (life expectancy) is worse. The US is spending so much more than any other country.
- Corporate wellness focuses on modifiable health risks that can be improved through workplace sponsored health promotion and disease prevention programs.
- Heart disease and Cancer are chronic diseases that are the top causes of death. Looking further, the actual causes of deaths are lifestyle risk factors (i.e. dietary risks, smoking, high blood pressure, physical inactivity, etc.). Many diseases can be caused (at least in part) by lifestyle choices.
- The vast majority of chronic disease can be prevented or better managed. Stop smoking, eat healthy and get in shape.
- What do you do to help manage these risks? The majority (83%) of employers offer wellness programs, but only 13% have *comprehensive* programs.
- There is a lot of confusion out there in terms of if wellness programs actually work, much because of articles that have been written.
- Old Research
 - In order to achieve positive return on investment (ROI), there are steps that need to be taken such as increasing awareness, participation, increasing knowledge, improve attitudes, affecting behavior change, risk reduction, reduced utilization of healthcare, and finally ROI.
 - For every \$1.00 spend on wellness programs, medical costs and absenteeism costs were both shown to be reduced.
 - Poor health costs money - in the form of medical expenses, absence/work loss, safety, and more.
 - Angina, hypertension and diabetes are some of the most costly physical health conditions.
- What do you do now that it is correlated that modifiable risk factors are associated with cost?
 - Peer-reviewed evaluation studies. These are studies that evaluate workplace wellness programs (Live for Life - Johnson & Johnson) that measures outcomes to see if programs are effective. Rate of increase in healthcare spending was lesser than that of the normative group, and savings increased.
 - Goetzel's rule: an ROI of 1:1 is good enough if you can demonstrate health improvement.
 - It doesn't cost anything to achieve improved health outcomes.
- New Research
 - Up until now the focus has been on what the employer can do at the personal level. Next, we need to look at the context and see how healthy the *employer* is. What is the relationship between employer health and individual employee health?

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- WHAI - Workplace Health Achievement Index - tool for employers to evaluate themselves and the health of their employees
 - Another study added another dimension on how companies not only put in effort to improve health of their employees but also the health of the community.
 - Internal culture of health - how employers are improving health of workers.
External culture of health - how employers are improving health of communities.
 - External is difficult to measure.
 - Results of this study are currently under peer-review.
 - If one had invested in the companies that are Koop award winners, they could have tripled your investment.
 - Places to find the best and promising practices were listed. Refer to slide for more information.
 - CDC's Workplace Health Resource Center
 - Case studies - companies that do it "right" (Johns Hopkins)
 - Johnson & Johnson, Citibank, Dell, Graco, and more...
 - Top two items for making a successful program is 1) Culture of Health, and 2) Leadership Commitment.
 - The workers are the bottom line. *THEY* are the ones that need to find the programs to be satisfactory.
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QUESTIONS & DISCUSSION

- In the study on Slide 58, how was presenteeism measured?
 - Presenteeism was measured with WLQ (a questionnaire).
- Are any of these tools available on the CDC website?
 - The CDC WHRC is a great resource to start. Some, such as the WLQ, you need to ask for permission to use. Some are free, some have a charge associated with them.
- How do we get clients to take personal responsibility and change behaviors? So many come for the incentive and do nothing... (i.e. Clients complaining of high stress levels which they say drives their emotional eating. No time to exercise No follow through on the goals they set.)
 - The key is to link it to something that is important to them.
 - Could ask that person what their 4 main goals in *life* are, beyond just health. See if you can tie the goal to that.
- Measuring cost effectiveness vs. ROI
 - Somewhat technical difference. Cost benefit or ROI is the amount of money saved over the amount of money spent. Cost effectiveness you want to know how much money you're spending, but the outcome is a *health* outcome rather than monetary.
- How can people tie in *qualitative* measures to help measure quality of life?
 - Focus groups and interviews help to get behind the simple answers of a survey.
- Difference between Japan and US in life expectancy and spending
 - Blue zones - Okinawa in Japan is one
 - Japan - The culture is different. Older people still have youthfulness in that society. Family matters. They eat healthy. There is a lot of physical activity involved in their

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culture. Spiritual connectedness. Society values their elderly and keeps them connected to the family infrastructure. These could be some of the factors that make a big difference in health and longevity.

- Do you foresee lower rates offered for those who do the work, keep their numbers in check? Such as on insurance?
 - The ACA of 2010 can offer incentives such as lowering rates for those employees who do qualify. However, some employers use this as their “wellness program” when it is actually a penalty when used in such a way.
- Any additional research on if outcomes based programs work vs participation only?
 - Red Brick and other organizations have done compelling research in this area. The amount of an incentive (i.e. dollar-amount) doesn’t have as much of an impact as one might think.
 - Smoking is an example showing that with incentives, smokers quit and remain non-smokers more-so than other programs.
- Will the slides be available?
 - YES.

Ron will be at the HERO forum in Florida and will announce this year’s recipient of the Koop Award.